

Committee Recommendations

Throughout 2023, the CRIS and Subcommittees engaged in discussions to develop recommendations to improve Washington’s behavioral health crisis response service continuum. Below is a synthesis of the **18 recommendations** that came of out the 2023 committee discussions organized by the eight (8) areas of Committee recommendations set forth by HB 1477: 1) Vision, 2) Promoting Equity, 3) Services, 4) System Quality and Oversight, 5) Cross-System Collaboration, 6) Staffing and Workforce, 7) Technology, and 8) Funding. In addition to this narrative summary, a companion excel tool provides further detail regarding each recommendation, priority areas identified by CRIS members, and alignment between recommendations and state agency implementation, 2024 legislative priorities, and/or work planned for the CRIS in 2024.

I. Vision

In 2022, the Committee engaged in work to develop a vision for Washington’s Behavioral Health Crisis Response and Suicide Prevention System. This vision and guiding principles establish the foundation of the Steering Committee, CRIS committee, and Subcommittees work to develop recommendations. The vision and guiding principles have not been further updated by Committee recommendations this year and are provided for reference below.

Vision: 988, Washington's Crisis Response: building understanding, hope, and a path forward for those in need, where and when they need it.

Guiding Principles

<i>People in Crisis Experience:</i>	<i>The Crisis System is Intentionally:</i>
1. Timely access to high-quality, coordinated care without barriers	5. Grounded in equity and anti-racism
2. A welcoming response that is healing, trauma-informed, provides hope, and ensures people are safe	6. Centered in and informed by lived experience
3. Person and family centered care	7. Coordinated and collaborative across system and community partners
4. Care that is responsive to age, culture, gender, sexual orientation, people with disabilities, geographic location, language, and other needs	8. Operated in a manner that honors tribal government-to-government processes
	9. Empowered by technology that is accessible by all
	10. Financed sustainably and equitably

II. Promoting Equity

In 2023, a common underlying theme throughout CRIS and Subcommittee discussions has been the desire to make the crisis response system one that is consumer-driven, responsive to diverse cultural and community needs, and designed by individuals who are using or have used the system directly. The

perspective of lived experience is a grounding and powerful lens for understanding where the system is working and not working, as well as key changes necessary to meet the needs of Washington’s communities. Several key themes of recommendations emerged from work in 2023 regarding overarching ways to embed equity and shift toward a culturally responsive and consumer-driven system.

1. ***Engaging Consumer voice in informing system design and changes needed.*** Committees continued to emphasize the importance of engaging individuals from diverse communities that the system is intended to serve in discussions around system design and improvements. Several opportunities were identified for forming workgroups or other mechanisms to engage consumer voice, including:
 - a. Advise on how to make it possible for vulnerable people—particularly people of color, people who identify as transgender and LGBTQ+, and youth—to feel safe calling for help in a crisis and build and sustain more trust in the crisis response system. This could include perspectives on systemic inequities and changes needed.
 - b. Advise on how to assess the level of safety risk in behavioral health crisis and appropriate response needed.
 - c. Advise on how to best communicate information and address stigma and other barriers to access in diverse and often marginalized communities.
 - d. Advise on the development of a diverse crisis system workforce, including establishing workforce pipeline programs and training curriculum.
 - e. Advise on 988 community outreach and education campaign.
 - f. Advise on regional collaborations to address equity and systemic failures.

2. ***Develop a Caller Bill of Rights that provides information to communities about what they can expect when they call 988 and holds the system accountable to providing services that help individuals in crisis.*** This recommendation emerged from discussions regarding the fear people experience in reaching out for help, and experiences that a call can result in further harm or trauma to their experience. Members also emphasized the importance of an individual’s informed consent, while also considering circumstances in which consent may not be possible, such as for individuals diagnosed with anosognosia, a condition in which a person is not aware that they have a psychiatric condition.

3. ***Set up a hub where information can be entered and accessed by all members of the care team and individuals and/or families in crisis.*** Members recommended that individuals and families have access to an information hub to help share information about the person in crisis with the care team. This would give families and individuals the ability to share knowledge and preferences they have for responding to their crisis needs, while also reducing the burden of having to repeat information multiple times with different providers to access care. Committee members with lived experience shared the desire to guide a response to their behavioral health crisis needs, prior to being in a crisis situation that doesn’t allow them to give clear direction, such as through a Mental Health Advanced Directive.

4. ***Strengthen support for consumers to navigate system and simplify access to services.*** Committee members highlighted the complexity of the crisis response system, noting that it’s even difficult for people who work in the system as professionals. System improvements should

simplify access to services for individuals and families in crisis and provide support for navigating the system.

5. ***Broad community outreach and public education to address stigma around behavioral health needs and raising awareness around 988.*** This education could help normalize discussions around stress and mental health needs and support wider understanding of behavioral health crisis. CRIS and Subcommittees emphasized the critical importance that the 988 awareness campaign engage people of color, Tribes, LGBTQIA+, rural and agricultural communities, youth, and other marginalized populations in advising on how best to communicate information and address stigma or other barriers to access in their communities. Committees also underscored the essential importance of the 988 awareness campaign to address the relationship between 988 and 911, and concerns of populations who are not accessing the system due to fear of engagement with law enforcement. Tribes are working with state agencies to develop the Native and Strong Lifeline and Native Resources Hub communication campaign and emphasized the need for investments to support this outreach. This input can inform the Washington State Department of Health’s (DOH) current work to plan and develop the 988 awareness campaign, as established under HB 1134.
6. ***Build upon Tribal Behavioral Health Crisis System improvements and ensure Tribal partners are recognized and connected in the state and local crisis response systems.*** In 2024, Tribes are introducing legislation that continues to build on previous legislative efforts and focuses on keeping Tribes connected with their Tribal members who are in the state crisis system; ensuring Tribes have access to critical information when their members are in the state crisis system; and including Tribal Courts, Indian Health Care Providers, Tribal law enforcement, and Tribal Jails in the state crisis system. (Note: Tribal 2024 proposed behavioral health crisis system legislation is highlighted in this section; additional Tribal priorities for improving Washington’s behavioral health crisis response are integrated in committee recommendations throughout.)
7. ***Conduct research to understand why the crisis response system is not working for some populations.*** Committee members emphasized the importance of attention to populations who are in need of behavioral health crisis support, but who are not currently accessing the system. There is need to further understand the extent to which populations are currently *not* accessing the system, and reasons they are not accessing services so that these barriers can be addressed, such as stigma, fear of law enforcement involvement, concerns around confidentiality, or other reasons.
8. ***Establish a 988 Diversity, Equity, and Inclusion Director.*** DOH currently funds DEI activities within each 988 Crisis Center. This DEI Director could build upon this work and bring a statewide perspective, as well as include appropriate Tribal government to government relations and work with appropriate Tribal liaisons across the state.

III. Services

Throughout 2023, the CRIS and Subcommittees discussed service gaps, progress made to address these gaps, and continued work needed. Below is a summary of recommendations identified by Committees

across the crisis service continuum, underscoring both the need to expand existing crisis response services that are working, as well as opportunities to build new models for supporting people in crisis.

9. *Ensure there are crisis response services available in all regions so that people have access to care wherever and whenever needed.*

A Place to Call:

- **988 Contact Hub Rulemaking:** DOH engaged and received input from committee members and Tribal partners into 988 Contact Hub draft rule development. This process will continue in 2024 with final 988 Contact Hub rules due by January 1, 2025.
- **Importance of quick response to calls:** Committees underscored the importance of speed for a person in crisis to connect with a 988 counselor, and concern with the time delay created by the 988 dial pad options. This issue was raised as a particular area of concern for rural and agricultural communities. (Note: this would require federal action to address.)
- **Youth callers:** Committee members raised concern regarding the inability of 988 to systematically identify youth callers, due to federal confidentiality requirements that limit the collection of caller demographic information. Members emphasized the need for this information to connect youth callers with youth-specific mobile response and other resources, as discussed further in the recommendations relating to Cross-System Collaboration below.
- **Tribal Partners:** highlighted the need for a 988 text and chat option for the Native & Strong Lifeline.

Someone to Come:

- **Continued expansion of both adult and youth mobile crisis response services** to address current gaps in the system and ensure a timely response to people in crisis. Washington State Health Care Authority (HCA) reported on work in 2023 to expand Mobile Crisis Response (MCR) teams across the state, including expansion of the Mobile Response and Stabilization Services (MRSS) model for youth. With HB 1134, HCA is also working to develop endorsement standards for current mobile rapid response teams, and the new community-based mobile response teams.
- **Ensure system capacity to respond to individuals with co-occurring mental health and substance use disorders**, recognizing this is a significant population in need of crisis support.
- **Tribal Partners:** support continued work to develop Tribal Mobile Crisis Response teams as well as Tribal Designated Crisis Responders. As HCA works to establish mobile team endorsement standards outlined by HB 1134, Tribes are working with the agency to establish endorsement standards and ensure capacity funding specific to Tribal mobile rapid response teams.

A Safe Place to Be

- **Prioritize crisis stabilization in the home** to support a sense of belonging and connection with family systems. Committees supported the youth MRSS model focus on in-home stabilization for youth and recommended further research to consider expanding this kind of approach for adults.
- **23-hour Crisis Relief Center rulemaking:** DOH engaged and received input from committee members, Tribal partners, and the public on licensure requirements for the new Crisis Relief Centers for adults established by SB 5120. Final Rules must be adopted by January 1, 2024.
- **Expand peer respite services** as a key strategy for expanding access.
- **Develop partnerships and engage local communities to support expansion of crisis stabilization facilities** across the state. This work should focus on increasing public understanding of the importance of crisis stabilization services as well as engage and support community groups to start their own crisis stabilization program or facility.
- **Review capacity of crisis stabilization facilities to serve individuals with the following types of needs:** 1) Co-occurring mental health and substance use disorders, 2) Intellectual and developmental disabilities, and 3) Activities of daily living support.
- **For youth populations,** expand juvenile justice programs that provide wrap-around services to youth with behavioral health diagnoses and other needs. In addition, pursue policy changes that address forensic diversion for youth (i.e., behavioral health focused care for youth with behavioral health issues that have involvement with law enforcement).
- **Review current requirements for discharge planning** and identify gaps to prevent individuals from being discharged into circumstances that create a repeated cycle of crisis.
- **Develop system capacity to follow up** with people who have experienced crisis.
- **Establish a centralized hub of available services and providers.**
- **Tribal partners:** Ensure that the range of state and local crisis stabilization services (e.g., peer respite, crisis receiving centers, in-patient care) are culturally tailored for Tribal members. In addition, Tribal partners identified opportunities to support expansion of Tribal in-patient facilities through strategies including additional state funding, transfer of public lands to Tribes to build a facility, and removal of licensing and certification barriers.

10. Strengthen overarching system capacity around behavioral health and suicide prevention services. In addition to the expansion of services for people in crisis, committees emphasized the need to focus on system investments needed to prevent behavioral health crisis from happening in the first the first place. Recommendations identified included:

- **Emphasis on the importance of prevention services**, including investments in basic social services and ensuring equity in behavioral health crisis and suicide prevention services across the state.
- **Increase use of telehealth services** to enable access to behavioral health services, particularly in rural areas of the state. This work should include investment in infrastructure to ensure internet access across the state.

IV. System Quality and Oversight

In 2023, CRIS and Subcommittees underscored system oversight and performance measurement as foundational work needed for holding the system accountable for achieving goals, ensuring system transparency, and building trust with communities. With the extension of the CRIS timeline by one year, Committee work in 2024 will focus on a deeper discussion of system performance measures, oversight, and accountability. This work will build on recommendations identified this year.

11. Set standards, system performance targets, and metrics and hold the behavioral health system accountable to ensure outcomes result in meaningful access to services.

- Leverage existing oversight boards for tracking performance and holding the system accountable.
- Advise state agencies on key metrics for the crisis system to ensure it is successful at addressing gaps. (*e.g.*, Set targets for language accessibility and determine gaps; note to use 2018 or earlier for baseline for youth emergency visits to emergency departments for mental health crisis).
- Include standards and performance metrics for endorsement of mobile rapid response teams and community-based crisis teams.
- Implement process to capture qualitative data to document outcomes (patient satisfaction, barriers, unmet needs, etc.).
- Leverage a census model to go into the communities to collect data. Make system improvements based on system user experiences and feedback.
- Create dashboard to display system performance metrics, such as mobile crisis data, and track service outcomes.
- Implement continuous process improvement on data gathering methods and course correct as needed.
- Implement quality control initiative and training to ensure consistent level of services across call centers.
- Ensure system recognition of Tribal data sovereignty

V. Cross System Collaboration

In 2023, CRIS and Subcommittee recommendations focused on a deeper look at work needed to support collaboration across crisis response system partners. Committee recommendations overall emphasized the need to create a unified crisis system response that offers people in crisis a true No Wrong Door access to care. This work entails multiple facets of coordination and collaboration across many system

partners – 988, 911, regional crisis lines, Native & Strong Lifeline, Native Resource Hub, Indian Health Care Providers, Tribal partners, behavioral health mobile response teams, designated crisis responders, and first responders (fire, emergency medical services, and law enforcement), and other partners. In 2023, the CRIS identified recommendations to further support cross-system collaboration as outlined below. These recommendations will inform work in 2024 focused on ensuring this collaboration as critical infrastructure needed for a building a well-functioning crisis response system in Washington.

12. Recommendations to support collaboration between behavioral health crisis response and first responders (fire, emergency medical services, and law enforcement). The CRIS Behavioral Health Crisis Response & First Responder Workgroup identified recommendations to address current system barriers to a future-state vision of a system that support an appropriate, effective, equitable, and safe collaboration between behavioral health crisis response and first responders (fire, police, and emergency medical services). These recommendations are integrated throughout this summary of CRIS 2023 recommendations and provide a foundation for continued work in this area. In addition, the CRIS Crisis Response Dispatch Protocols Workgroup provided input into crisis response dispatch protocols developed by HCA and DOH to support a standardized response across 988 centers and regional crisis lines for callers with varied levels of crisis needs, including emergent situations involving need for immediate in-person response. The Committee also identified opportunity for the CRIS to advise on recommendations to support collaboration, partnership, and trust between 911 and 988 system to better facilitate coordination and handoffs across systems.

13. Develop regional collaborations that convene system partners to create regional plans and protocols for crises. Committee members emphasized the need for development of regional plans and protocols for crisis response that include statewide standards where appropriate, but that are tailored to the unique needs and partners in each region. This work should focus on ensuring a no wrong door access to care. These recommendations may inform work in 2024 by HCA and BH-ASOs, as established by HB 1134, to develop recommendations for regional workforce and resilience training collaboratives that convene a broad range of system partners and stakeholders to support regional cross-system collaboration. DOH and HCA have also continued work to clarify and define the roles of 988 centers and regional crisis lines as the state moves work forward to strengthen and expand the crisis response system.

14. Work is needed to address youth-focused crisis system coordination as a critical focus area to ensure care for youth in crisis. Committee members emphasized concern that 988 call centers are currently not able to systematically identify youth callers (due to federal restrictions) and connect them with youth-specific mobile response and other appropriate resources. Potential strategies identified by the Committee include development of a dial pad “opt-in” prompt to allow youth callers to connect with youth-specific mobile response or other youth-appropriate resources, which would require federal action. Consideration is also needed for integrating 988 with the existing teen suicide hotline so that youth can talk with peers. Additional areas for

building youth-specific cross-system connections include data-sharing agreements across school systems and crisis systems (with appropriate confidentiality safeguards) to provide students with better follow up care.

15. *Need for cross-system coordination protocols between Tribal and state and local systems (including 911, 988, Native and Strong Lifeline, Native Resource Hub, local Tribal crisis lines, Indian Health Care Providers, and Tribal Public Safety and Tribal First Responders).* Tribal partners highlighted opportunities to develop and implement HCA-Tribal Crisis Coordination Plans, which are agreements that can be established between individual Tribes and BH-ASOs to set forth plans for coordination between Tribal partners, state, county and local partners for voluntary and involuntary crisis services for Tribal members. The Tribal Crisis Coordination Plan template was recently updated by Tribal partners and HCA and is available for individual Tribes to tailor and adopt as desired. Future work will include incorporation of the 988 Crisis Centers into these plans, as well as exploration of coordination with 911 and the emergency response system. Further cross-system collaboration work is also needed to develop protocols for RCLs and 988 centers to develop best practices for early identification of individuals with tribal affiliation, warm transfers to the Native and Strong Lifeline and Native Resource Hub, Tribal Mobile Crisis Response dispatch protocols, and ensuring connections with Indians Health Care Providers.

VI. Workforce and Staffing

In 2023, the CRIS and Subcommittees continued to underscore the need for an adequately trained, supported, and diverse workforce that can provide culturally responsive and linguistically appropriate crisis response services across the full continuum of care. Below are key areas of recommendations emphasized by the committees this year:

16. *Expand a diverse workforce that shares language, culture, and experience with the populations being served.* Committee members emphasized the need for a diverse behavioral health workforce that represents the populations being served as a cornerstone to improving Washington’s crisis response system. Without an adequate workforce to provide care, attention to expanding and improving the system carries little value. Below are several specific recommendations identified:

- a. *Continued emphasis on the need to integrate peer providers across the continuum of crisis response services and ensure an adequate wage for these workers.*** SB 5555, passed during the 2023 legislative session, was an important step to recognize peers as a new health profession and require insurance coverage for these services. Committees highlighted several issues to continue to address:
- Engage proactive outreach to ensure organizations are trained and understand ways to integrate peers in a manner that maximizes the important role they can play in client care.

- Support opportunities for culturally appropriate training to increase the Tribal peer workforce, and ensure Tribes are engaged in the Peer Support Specialist rule development.
- Understand and address limitations that Criminal Justice Information Services (CJIS) laws place on the ability of peers to work with law enforcement.

b. Establish requirements for translation and interpretation for crisis response services.

c. Establish a workgroup and engage consumer voice to develop recommendations to build and sustain a behavioral health workforce, including workforce pipeline programs that help to diversify the workforce. There is opportunity to learn from other states about strategies for funding and expansion of the workforce to help meet the need. Communities should also consider opportunities to partner with local community colleges to support crisis provider staffing needs.

d. Ensure parity in payment for behavioral health crisis providers and provide liability protection to crisis responders to reduce barriers to providing services. Committees emphasized the need to ensure that the behavioral health crisis response workforce receives a living wage. As part of agency proposals for the upcoming 2024 legislative session, HCA included a request to provide liability protections to remove barriers for crisis responders to provide care with risk of liability.

e. Advise state agencies on ways on diverse approaches to supporting caregivers. Committees recognized families and caregivers as a critical source of support for people in crisis. There is need to provide respite as well as develop systems to support families of a person in crisis, including resources to mitigate loss of income and skills to support a loved one in crisis.

17. Engage behavioral health providers and first responder partners in trauma-informed and youth-informed trainings to minimize potential harms and build trust across communities.

Committee members underscore the value of cross-system training to build a unified system response in Washington. This training should include the development of standardized training curriculum that may be tailored locally as needed, as well as evaluation components to measure training outcomes and results. This work should also engage individuals with lived experience and diverse consumer voices to advise on training curricula needed. Key training topic areas identified include:

- Overview of roles, authority, requirements, training, and approaches for responding to behavioral health crisis for both behavioral health and first responders.
- Ensure 988 Contact Centers training to be responsive to diverse groups of youth, including youth at wide range of developmental levels, and trained to support parents and caregivers in crisis to keep youth safe.
- Understanding and interacting with rural/agricultural communities.

- How to respond to/support individuals with intellectual and/or developmental disabilities.
- Implicit bias and recognizing and addressing power and privilege.
- Best practices for engaging with people who appear erratic or non-compliant, and understanding the difference between safety issues and behavioral health crisis.
- Coordinate training as requested by the Tribal Mobile Crisis Response Workgroup and Tribal Partners.
- Expand mental health first aid training and education for lay persons. Consider mandating everyone in school take mental health first aid training.

VII. Technology

In 2023, Committee work has focused on informing the Request for Information (RFI) and Request for Proposals (RFPs) process being led by HCA and DOH to establish Washington’s call center and integrated client referral technology platform. The agencies engaged input from the Technology Subcommittee throughout the RFI process, and are currently working with system partners, as well as Technology Subcommittee volunteers, to refine the technical specifications in the RFP based on 988 call center needs, legislative requirements, and learnings from the RFI. In addition, DOH and HCA are engaging input from diverse groups, including the Lived Experience and Tribal Subcommittees, to inform the 988 technology user experience and work to ensure a human-centered design for the technology platform. Committee recommendations specific to the technology platform are otherwise not identified outside of this committee engagement to inform current agency work.

In 2023, HB 1134 also established a new Geolocation Subcommittee to examine privacy issues related to federal planning efforts to route 988 calls based on a person’s location, rather than area code. Further work is planned for 2024 to engage this Subcommittee to inform understanding of these issues and state decisions where relevant.

VIII. Funding

CRIS and Subcommittee recommendations continued to emphasize the need for adequate funding to support equitable distribution of crisis response services across Washington. To support this goal, Committees highlighted specific areas of focus below.

- 18. Provide additional funding to behavioral health crisis systems across regions, and plan for evaluating adequate distribution of resources.***
 - a. Pursue consistent funding for mobile crisis response, rather than braided local funding to expand workforce and improve response times.***
 - b. Provide additional funding to behavioral health crisis response systems in rural communities.***
 - c. Consider enabling "payer blind" crisis services (i.e., services not just for Medicaid clients or commercially insured clients).***
 - d. Ensure crisis service funding to the Medicaid Fee-for-Service (FFS) system, recognizing that many Tribal members are enrolled in Medicaid FFS rather than managed care.***