

# CRIS Updates (May 2023)

## HB 1477 Committee Updates

The CRIS is meeting on May 16, 2023, 12:00-3:00pm. This meeting will focus on accomplishments of the 2023 legislative session and discussion of Washington’s crisis stabilization services and gaps (i.e., ‘A Place to Go’). Several subcommittees and workgroups have also been convening to inform system recommendations, including the recent and upcoming meetings below:

Date	Subcommittee/Workgroup	Topics of Focus
April 10	Lived Experience	Youth Crisis Response
April 19	Tribal 988	Native & Strong Lifeline Someone to Come
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	Finalizing Recommendations to share with CRIS

### Upcoming Tribal Listening Sessions for Crisis Contact Center Hubs Rulemaking:

DOH is working to develop rules for the Crisis Contact Center Hubs for adoption by November 2024. Listening sessions with tribal members, partners, and others are scheduled for the evenings of May 23 and May 30. The intent of these sessions is to provide opportunities for collaboration on the rule development geared specifically toward Tribal partners. Following these listening sessions, DOH will also be seeking CRIS Committee and Subcommittee input to inform the development of these rules.

Please reach out to Nicola Pinson ([npinson@healthmanagement.com](mailto:npinson@healthmanagement.com)) with any questions about the committee and workgroup activities.

## 2023 Washington State Legislative Highlights – Behavioral Health & Crisis Services

<p><b>HB 1004</b> (Installing Signs Near Bridges to Deter Jumping)</p>	<ul style="list-style-type: none"> <li>Requires the Washington State Parks and Recreation Commission to install a sign in memory of Zachary Lee Rager.</li> <li>Authorizes counties, cities, towns, and state agencies to erect informational signs near or attached to bridges providing location specific information about the hazards of jumping.</li> <li>Requires port districts, railroad corporations, and certain state agencies to consider whether to require the installation of informational signs as part of a contract for the construction or replacement of a bridge.</li> </ul> <p>Source: <a href="#">HB 1004 Senate Bill Report</a> (bill as passed)</p>
<p><b>HB 1134</b> (988 Behavioral Health Crisis Response)</p>	<ul style="list-style-type: none"> <li>Establishes an endorsement for mobile rapid response crisis teams and community-based crisis teams that meet staffing, vehicle, and training standards, as well as a performance payment program to support them.</li> <li>Directs the Health Care Authority and the behavioral health administrative services organizations to develop recommendations for the creation of crisis workforce and resilience training collaboratives to offer voluntary regional trainings for personnel in the behavioral health crisis system. Directs the</li> </ul>

## CRIS Updates (May 2023)

	<p>Department of Health to develop informational materials and a social media campaign to promote the 988 crisis hotline and related crisis lines.</p> <ul style="list-style-type: none"> <li>• Establishes liability protection for several entities and personnel for activities related to the dispatching decisions of 988 crisis hotline staff and the transfer of calls between the 911 line and the 988 crisis hotline.</li> <li>• Extends several dates related to reporting, designated 988 crisis contact center hubs, and funding the new crisis call center system platform.</li> </ul> <p>Source: <a href="#">HB 1134 Final Bill Report</a></p>
<p><a href="#">HB 1580</a> (System to Support Children in Crisis)</p>	<ul style="list-style-type: none"> <li>• Requires that the Governor maintain a Children and Youth Multisystem Care Coordinator (Care Coordinator) to serve as a state lead on addressing complex cases of children in crisis.</li> <li>• Requires that the Care Coordinator, in coordination with the Department of Children, Youth, and Families; the Health Care Authority; the Office of Financial Management; and the Department of Social and Health Services, develop and implement a Rapid Care Team for the purpose of supporting and identifying appropriate services and living arrangements for a child in crisis, and that child's family, if appropriate.</li> <li>• Allows the Care Coordinator to have access to flexible funds to support the safe discharge of children in crisis from hospitals and long-term, appropriate placement for children in crisis who are dependent.</li> </ul> <p>Source: <a href="#">SB 1580 House Bill Report</a> (bill as passed)</p>
<p><a href="#">HB 1724</a> (Increasing Behavioral Health Workforce)</p>	<ul style="list-style-type: none"> <li>• Requires the Department of Health to examine licensing requirements for certain behavioral health professions which must be implemented by certain disciplining authorities.</li> <li>• Creates a program to facilitate placement of behavioral health associates with clinical supervision.</li> <li>• Creates a stipend program for out-of-pocket costs incurred by behavioral health associates completing supervised experience requirements.</li> <li>• Removes practice setting limitations for probationary licenses.</li> <li>• Makes changes to licensing requirements for health professions, including behavioral health professions.</li> <li>• Creates two new health professions: certified agency-affiliated counselors and licensed agency-affiliated counselors.</li> </ul> <p>Source: <a href="#">HB 1724 House Bill Report</a> (bill as passed)</p>
<p><a href="#">SB 5120</a> (Crisis Relief Centers for Adults)</p>	<ul style="list-style-type: none"> <li>• By January 1, 2024, DOH must license or certify 23-Hour Crisis Relief Centers (CRCs), which are defined as facilities open 24 hours a day, seven days a week, which offer access to behavioral health care to adults for no more than 23 hours 59 minutes at a time per patient, and accept all behavioral health walk-ins and drop-offs from ambulance, fire, police, designated crisis responders, mobile rapid response crisis teams, fire department mobile integrated health and CARES teams, and individuals referred through the 988 system regardless of behavioral health acuity.</li> <li>• A CRC must not require medical clearance for individuals dropped off by first responders, and must be structured to have a no-refusal policy for individuals dropped off by law enforcement.</li> <li>• A CRC must be structured to accept all other admissions 90 percent of the time and track instances of refusal and the reason for that refusal, making this data available to DOH.</li> </ul>

## CRIS Updates (May 2023)

	<ul style="list-style-type: none"> <li>• A CRC must maintain capacity to assess physical health needs, deliver minor wound care for nonlife-threatening wounds, and provide care for most minor physical or basic health needs, with an identified pathway to transfer to more medically appropriate services if needed.</li> <li>• A CRC must provide access to a prescriber and have the ability to dispense medications appropriate for CRCs.</li> <li>• DOH must develop standards for the number of recliner chairs allowed in a CRC, and the appropriate variance needed to accommodate the no-refusal policy for law enforcement. Real-time bed tracker technology under development for the 988 system must track availability of recliners in CRCs.</li> </ul> <p>Source: <a href="#">SB 5120 Final Bill Report</a></p>
<p><a href="#">SB 5189</a> (Behavioral Health Support Specialist Credential)</p>	<ul style="list-style-type: none"> <li>• DOH must develop rules for the certification of Behavioral Health Support Specialists (BHSSs) by January 1, 2025, in collaboration with the UW Department of Psychiatry and Behavioral Health and in consultation with other stakeholders. A BHSS is defined as a person certified to deliver brief, evidence-based behavioral health interventions under the supervision of a Washington State credentialed provider with the ability to assess, diagnose, and treat mental and behavioral health conditions as part of their scope of practice. A BHSS may not make diagnoses, but will track and monitor treatment response using measurement-based care.</li> <li>• The Health Care Authority must take any necessary steps to ensure that by January 1, 2025, the services of BHSSs are covered under the state Medicaid program.</li> <li>• By July 1, 2025, every carrier must provide access to the services provided by BHSSs in a manner sufficient to meet network access standards established by the Office of the Insurance Commissioner.</li> </ul> <p>Source: <a href="#">SB 5189 Final Bill Report</a></p>
<p><a href="#">SB 5440</a> (Forensic Mental Health consistent with the Trueblood settlement)</p>	<ul style="list-style-type: none"> <li>• Requires a court to determine if there is genuine doubt as to competency before ordering a competency evaluation.</li> <li>• Requires jails to allow access by clinical intervention specialists to provide direct services and consultation for defendants waiting for competency to stand trial services.</li> <li>• Prohibits jails from substituting or discontinuing an individual's medication for a serious mental health disorder when the individual is medically stable on the medication.</li> <li>• Requires courts to dismiss nonfelony charges and refer the defendant for services recommended in a diversion program recommended by a forensic navigator if the court finds the defendant is amenable to the services and can safely receive services in the community.</li> </ul> <p>Source: <a href="#">SB 5440 Senate Bill Report</a> (bill as passed)</p>
<p><a href="#">SB 5555</a> (Creating Profession of Certified Peer Specialists)</p>	<ul style="list-style-type: none"> <li>• Beginning July 1, 2024, certified peer specialists and certified peer specialist trainees are established as new health professions that may engage in the practice of peer support services. Practice of peer support services means the provision of interventions by either a person in recovery from a mental health condition, substance use disorder, or both, or the parent or legal guardian of a youth who is receiving or has received behavioral health services. The person provides the interventions through the use of shared experiences to assist a client in the acquisition and exercise of skills needed to support the client's recovery.</li> </ul>

## CRIS Updates (May 2023)

- The decision of a person practicing peer support services to become a certified peer specialist is voluntary, unless that person or the person's employer bills a health carrier or medical assistance for those services.
- The Washington State Certified Peer Specialist Advisory Committee (advisory committee) is established. The advisory committee consists of 11 members, nine of which are certified peer specialists. One member must represent community behavioral health agencies and one must represent the public at large. Members must not hold an office in a professional association for peer specialists or be employed by the state. DOH and the HCA are encouraged to adopt the recommendations of the advisory committee on topics related to the profession of certified peer specialists.

Source: [SB 5555 Final Bill Report](#)

### **SB 5200** **(Capital Budget)**

#### **Capital Budget: Behavioral Health and Crisis Care Funding Highlights**

- Behavioral Health Community Capacity Grants (\$211M)
  - Regional Behavioral Health Needs - \$28M
  - Preservation Grants - \$7.5M
  - Behavioral Health Youth Facilities - \$18M
  - Intensive BH Facilities - \$28M
- \$613M for phased construction of 350 bed forensic hospital at WSH

### **SB 5187** **(Operating Budget)**

#### **Operating Budget: Behavioral Health & Crisis Care Funding Highlights**

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• 15% Medicaid Rate Increase for Behavioral Health Services (\$267M)</li> <li>• 15% BH-ASO Increase for Non-Medicaid Services (\$67M)</li> <li>• Non-Medicaid MH and SUD (\$25M and \$35M))</li> <li>• 22% Rate Increase on FFS</li> <li>• Operating for Capital Facilities (\$61M)</li> <li>• Mobile Crisis Teams (\$45M)</li> </ul> | <ul style="list-style-type: none"> <li>• Trueblood Diversion Programs (\$8M)</li> <li>• Clubhouse Expansion (\$3.5M)</li> <li>• Fentanyl Prevention Program (\$2M)</li> <li>• BH Room &amp; Board (\$4M)</li> <li>• MOUD for King County (\$500,000)</li> <li>• Crisis Relief Center (\$2M)</li> <li>• Statewide Naloxone Distribution (\$5M)</li> <li>• Washington 211 Network (\$3M)</li> </ul> |
|--|---|