

CRIS Updates (July 2024)

HB 1477 Committee Updates

The CRIS is meeting on July 16, 2024, 1:00pm-4:00pm. This meeting will focus on Tribal behavioral health crisis response, as well as an update on the DOH Diversion Initiative pilot to support connections between 911 and 988. Below is a summary of July Subcommittee meetings:

Date	Subcommittee	Topics of Focus
July 8	Lived Experience Subcommittee	Opportunities for lived experience involvement; Discovery Session for the Behavioral Health Bed Registry and Electronic Referral Project
July 9	Cross System Collaboration Subcommittee	988-911 Warm Transfer Protocols Advisory Committee – updates on Diversion Initiative pilot midpoint data and experience
July 17	Tribal 988 Subcommittee	System updates across the crisis continuum

State Agency Updates

Crisis Response: Rulemaking Highlights

Rulemaking: Designated 988 Contact Hubs

DOH is in the process of developing rules for DOH designation of 988 Contact Hubs based on input from community and Tribal listening sessions and workshops in 2022 and 2023. DOH again circulated the draft rules to interested parties in May 2024 and has completed its final pre-hearing feedback collection period. Work on the CR 102 rules package continues, with the public hearing anticipated in August 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. Information about this rulemaking process is available on the DOH's [Behavioral Health Agency rulemaking webpage](#). On June 5, 2024, DOH held a public hearing with [draft CRC rules](#).

Rulemaking: Peer Support Specialist (SB 5555)

SB 5555 establishes certified peer specialists and certified peer specialist trainees as new health professions. These new peer credentials must be available by July 1, 2025. The [Peer Specialist Rules in Progress](#) webpage includes information about the rulemaking process, including [draft Peer Specialist rules](#).

Rulemaking: Mobile Crisis Endorsement Standards

HCA initiated the rulemaking process to establish the mobile crisis endorsement standards for Community-Based Crisis Teams and Mobile Rapid Response Teams, as required under HB 1134 (2023) (see [CR-101](#)). HCA sought CRIS feedback through external review in June. The agency is also working with Tribes to establish Mobile Rapid Response Team standards specific to Tribal teams. To review the proposed rules, visit [Behavioral Health and Recovery Rulemaking | Washington State Health Care Authority](#).

Additional Rulemaking Information

For other rulemaking relating to behavioral health, see [HCA's Behavioral Health and Recovery Rulemaking](#) webpage, and [DOH's rulemaking page](#) (searchable with key terms).

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988 Implementation

988 Media Campaign

DOH recently launched the 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 website is WA988.org and is also available in Spanish, WA988.org/es. This campaign will run until the end of July 2024 with campaign materials on digital (streaming) and traditional television, digital audio (e.g., Spotify, Pandora), digital display banners, radio, social media (Facebook and Instagram) and community owned media.

988 Call Volumes

According to Vibrant Emotional Health, the national 988 administrator, Washington’s 988 crisis centers answered 8307 calls, 3310 texts, and 1154 chats statewide in June 2024. In addition, there were 508 calls answered by the Native and Strong Lifeline in May 2024. New legislation passed during the 2024 legislative session (SB 6251) requires text and chat services to be offered through the Native and Strong Lifeline to the same extent as the general 988 Lifeline.

Washington State maintained answer rates above 91% for all 988 contacts. Phone contacts maintained a 91% answer rate for calls, 99% answer rate for texts, and 99% answer rate for chats. The overall call answer rate in Washington meets the national performance benchmark.

Mental Health Crisis Call Diversion Initiative

DOH and the 988 Lifeline contact centers launched the Mental Health Crisis Call Diversion Initiative in January, including a one-year pilot 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 specially trained 988 call taker staff in the PSAP. Additionally, DOH is engaging work alongside 988 and 911 partners to develop adaptable statewide warm transfer protocols from 911 to 988 and other crisis care entities, and to develop a train-the-trainer program for 911 telecommunicators.

As part of this work, HMA and DOH are conducting **Tribal and community listening sessions** to gather input to inform the warm transfer protocols. More information about the listening session is available on [DOH’s 988 Program website](#) under the heading, “Community and Tribal Listening Sessions on the 911-988 connection.” Updates on this work are planned for the CRIS meeting in July, as well as with the Cross-System Collaboration Subcommittee.

Crisis System Technology Platform

Timeline for Crisis System Technology Platform Extended (SB 6308)

The Washington state Legislature passed [SB 6308](#) that will, in part, extend the date by which funding would be made available for the Crisis Call Center Platform from July 1, 2024, to January 1, 2026, and specifies that the platform must be implemented as soon as possible. The updated and current project timeline anticipates releasing the Request for Proposal (RFP) on July 1, 2025, with a selection of the successful bidder on January 1, 2026.

Interoperability Platform

HCA is currently working with a coalition of health and human services state agencies to set up the application programming interface (API) gateway that will allow the 988 platform to connect to other services and systems. This will allow interoperability between 988 and other systems including:

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- Federal systems such as Vibrant where possible
- State systems
- Crisis Provider Systems (988 contact hub and regional services)
- County data sources
- EHRs/Provider systems

HCA Bed Registry and Electronic Referral Project

HCA has contracted with BerryDunn to support work to increase behavioral health provider awareness of web-based bed registry and referral tools. There has been a subsequent contract with BerryDunn to expand the work to include information gathering from providers and facilities using electronic or paper EHRs. Input is being gathered from a range of system partner and population perspectives. Listening sessions for Phase A of the project have been scheduled and held, including with Tribal partners, and listening sessions for Phase B (focused on work related to technology like EHRs) have been scheduled. Listening sessions to come include the CRIS Lived Experience Subcommittee, and those using specific EHR types.

Federal Communication Commission Geo-routing Proposed Rules

The FCC released [proposed rules](#) regarding use of geo-routing for 988 calls. CRIS members shared input with DOH to inform development of Washington state comments on these rules, which were submitted on June 28th (please see attached to meeting materials). The CRIS Geo-routing Subcommittee is currently being formed to advise the state on the implementation of the federal rules in Washington. Please reach out to Nicola Pinson (npinson@healthmanagement.com) if you are interested in participating in this subcommittee.

Crisis System Technology Platform (Cont'd)

Crisis Services Updates

Certified Crisis Intervention Specialist II EDGE De-escalation Training

HCA invested SAMHSA Bipartisan Safer Communities Act Mental Health Block Grant (MHBG) funding in a Certified Crisis Intervention Specialist-II (CCIS-II) statewide training for people who do crisis response. This funding is designed to reduce unnecessary contact with law enforcement for persons with SED or SMI during a crisis event. To date, HCA is proud to announce 996 learners earned the CCIS-II credential from the National Anger Management Association. Responders certified include mobile rapid response crisis team clinicians, peers, DCR's, tribal crisis providers, WISe, New Journeys, PACT teams, some 988 call center staff, and some CROA teams. CROA is implementing components of CCIS-EDGE training into their 40-hour Co-Response Academy for cross system collaboration. CCIS-II EDGE has been well received and HCA plans to continue offering this training while expanding it to more crisis providers across the continuum.

Mobile Response Team Endorsement Funding & Actuarial Analysis

In addition to rulemaking to establish mobile response team endorsement standards (see rulemaking section above), HCA has engaged an actuarial analysis related to the team endorsement and performance payment program, with a report due June 30, 2024. A grant program to distribute funds to help interested teams achieve endorsement will launch when rulemaking is complete. Teams can apply for funding to purchase needed equipment, hire staff and support other needs to ensure they can meet endorsement standards. HCA has also met all requirements for an enhanced federal Medicaid match for mobile rapid response crisis teams that will go into effect in April 2024 and last for three years.

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Crisis Services Updates (Cont'd)

Tribal Mobile Crisis

HCA has been working with the Tulalip and Nisqually Tribes to stand up mobile crisis response for their communities and secure grants to help fund the initial phases of the work. This initial work will inform changes to the best practices and model for Tribal crisis response for other interested Tribes.

Mobile Response & Stabilization (MRSS) Youth Teams

Dedicated youth teams in the state have expanded from 4 teams in 2022 to 14 teams currently, increasing coverage from 5 counties to 18 of 39 Washington counties. Teams are rolling out best practices for youth 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 both initial response and crisis intervention and a separate but connected in-home crisis stabilization phase. HCA successfully obtained a state plan amendment that removes the former 14-day limit on in-home stabilization and allows 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.

Crisis Services Funding: Actuarial Analysis and Report

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 Relief Centers, and to recommend options to address these gaps. A [preliminary report](#) was sent to the legislature and Governor in early 2024, with a final report to be completed by December 2024. The work is transitioning to developing a model to better sustain the crisis system including better integrating commercial insurance.

Next Day Appointments

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. Work will resume to address implementation challenges of the current process, including crisis workers’ lack of access to information about enrollment or eligibility in commercial insurance. The work will expand to improve access for Medicaid enrolled clients by utilizing new resources as they arise. Most regions still use mobile crisis teams or walk-in clinics for next day appointments. Attempts are being made to expand access to other types of appointments and improve coordination with commercial plans.

Commercial Coverage of Crisis Services – Updates

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. Work is continuing through the fiscal actuarial work being done for the entire system.