

# CRIS Updates (June 2024)

## HB 1477 Committee Updates

The CRIS is meeting on June 18, 2024, 1:00pm-4:00pm. This meeting will focus on needs of and programs for youth and transitional-age youth experiencing behavioral health crisis, as well as recommendations on what system expansions and improvements would best serve youth. Below is a summary of May and June Subcommittee meetings:

Date	Subcommittee	Topics of Focus
May 13	Lived Experience Subcommittee	Opportunities for lived experience involvement; Behavioral Health Crisis Training Needs
May 15	Tribal 988 Subcommittee	988 Hub and MCR rulemaking updates, Native and Strong Lifeline, Bed Registry Listening Session
May 16	Cross System Collaboration Subcommittee	988-911 Warm Transfer Protocols Advisory Committee
June 10	Lived Experience Subcommittee	Crisis Stabilization Bed Registry – Discovery Session
June 17	Tribal 988 Subcommittee	Lived Experience Stories Project, Tribal Crisis Training Needs, Tribal Crisis Coordination Protocols, Tribal MCR Endorsement Standards, Native and Strong Lifeline

## 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 is seeking CRIS feedback through external review by Monday, June 25<sup>th</sup> (see attached to meeting materials). The agency is also working with Tribes to establish Mobile Rapid Response Team standards specific to Tribal teams. For questions on this, please reach out to Demetria Hawkins ([demetria.hawkins@hca.wa.gov](mailto:demetria.hawkins@hca.wa.gov)).

#### 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).

## CRIS Updates (June 2024)

### 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 for 12 weeks 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 7,703 calls, 2,749 texts and 1,051 chats statewide in April 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 90% for all 988 contacts. Phone contacts maintained a 91% answer rate for calls, 99% answer rate for texts, and 89% 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, 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 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 develop a train-the-trainer program for 911 telecommunicators. 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:

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

## CRIS Updates (June 2024)

### Crisis System Technology Platform (Cont'd)

#### Request for Technology Platform Enhanced Medicaid Match

The HCA submitted a request, called a Planning-Advance Planning Document (P-APD), to CMS requesting enhanced Medicaid matching funds (90/10 federal/state match) for the technology platform and systems required to implement HBs 1477/1134. CMS replied to the state with a second "Request for Additional Information" (RAI). The project team is currently working to provide responses to the RAI.

#### HCA Contract for Bed Registry and Referral Tools

HCA has contracted with BerryDunn to support work to increase behavioral health provider awareness of web-based bed registry and referral tools. Input is being gathered from a range of system partner and population perspectives. Tribal partners and providers have received invitations to participate in upcoming listening sessions and surveys. Lived experience discovery sessions are scheduled for June 24<sup>th</sup> and July 1<sup>st</sup>.

#### 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 are due by June 28<sup>th</sup>. 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](mailto:npinson@healthmanagement.com)) if you are interested in participating in this subcommittee.

### Crisis Services Updates

#### SAMHSA National Strategy for Suicide Prevention

The Substance Abuse and Mental Health Services Administration (SAMHSA) released the [National Strategy for Suicide Prevention](#) and a related [Federal Action Plan](#) with 200 discrete actions to be implemented over the next three years.

#### Culturally Informed Crisis Support Training

The Northwest Mental Health Technology Transfer Center Network (MHTTC) is offering a live learning community for mental health practitioners on culturally informed crisis support. Each session includes expert-led instruction and experiential learning. Providers in the behavioral health/mental health workforce who are based in Alaska, Idaho, Oregon, and Washington are eligible to participate. For more information, visit the [MHTTC website](#).

#### 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.

#### 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.

## CRIS Updates (June 2024)

### Crisis Services Updates (Cont'd)

#### 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.