

# CRIS Updates (September 2024)

## HB 1477 Committee Updates

The CRIS is meeting on September 24, 2024, 10:00am-4:00pm *in person* in Seattle, Washington at the DoubleTree Hilton at SeaTac. The meeting will also be accessible by Zoom for members planning to participate virtually. Committee members will hear from a lunch panel focused on the crisis response needs of individuals with intellectual and developmental disabilities. Committee members will then focus on synthesizing recommendations for the final report due at the end of the year. Below is a summary of August and September Subcommittee meetings:

Date	Subcommittee	Topics of Focus
Aug 12	Lived Experience Subcommittee	Lived Experience Stories Project Update
Aug 21	Tribal 988 Subcommittee	911-988 Warm Transfer Protocols, Mobile Response Best Practice Guidelines, Native and Strong
Sept 5	Cross-System Collaboration Subcommittee	911-988 Warm Transfer Protocols
Sept 9	Lived Experience Subcommittee	2025 Plans for CRIS Committee, 988 Geo-Routing
Sept 18	Tribal 988 Subcommittee	911-988 Warm Transfer Protocols, 988 Hub Rulemaking, 988 Geo-Routing & Native and Strong

## State Agency Updates

### Crisis Response: Agency Rulemaking and Decision Packages

#### Agency 2025-2027 Budget Decision Package Requests

DOH and HCA have submitted several Decision Packages (DPs) for the 2025-2027 regular budget session. The Office of Financial Management (OFM) has published all agency decision packages on the following webpage: <https://abr.ofm.wa.gov/> (Select 2025-27 Regular, and the click box for Department of Health or Washington State Health Care Authority).

- DOH submitted two DPs relative to crisis services, one focused on the technology platform and the other to increase investment in prevention by establishing a behavioral health prevention infrastructure statewide, focusing on perinatal, infant, early childhood, and school-aged periods.
- HCA submitted a DP to develop the behavioral health integrated client referral system [BHICRS] capable of providing the data necessary to ensure system coordination with the designated 988 contact hubs and the other entities involved in behavioral health care.

#### Rulemaking: Designation of 988 Contact Hubs

DOH is 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 comment period planned for September 21 – October 3, 2024, and a public hearing anticipated on October 10, 2024. Final rules will be effective January 1, 2025. Announcements regarding the Public Comment Period and Public Hearing will be shared as those dates get closer. For questions, comments, or if you would like to subscribe to 988's GovDelivery, contact Amira Caluya, [amira.caluya@doh.wa.gov](mailto:amira.caluya@doh.wa.gov).

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

As required by [2SSB 5120](#), passed during the 2023 legislative session, DOH has filed the [CR-103 for WAC 246-341](#) to adopt new rules relating to licensure of Adult Crisis Relief Centers (CRCs), as well as rules relating to the discharge/transfer from Acute Care Hospitals to CRCs (See [CR-103 for 246-320-111](#)). The CRCs are part of the "safe place to go" crisis service continuum and will provide low-barrier access to care. These revisions will become effective on October 9<sup>th</sup>. For questions regarding these rules, please contact Dan Overton, [Dan.Overton@doh.wa.gov](mailto:Dan.Overton@doh.wa.gov).

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## Rulemaking: 23-hour Crisis Relief Centers for Youth (E2SSB 5853)

[E2SSB 5853](#), passed during the 2024 legislative session, directs DOH to amend the certification rules for Crisis Relief Centers (CRCs) to create standards for licensure or certification of CRCs which provide services to children. Rulemaking efforts for this kicked off on August 5, 2024, and the first workshop was held on September 9, 2024, and will occur every Monday as needed (anticipating 3-5 weeks). More information on this topic, including upcoming workshops and review meetings, is available on DOH's [Behavioral Health Agencies Rules webpage](#). To be notified of meetings and information regarding CRCs and the rulemaking process, [please subscribe to GovDelivery](#). Enter your email address and then under Health Systems Quality Assurance (HSQA), select Behavioral Health Integration. For questions regarding these rules, please contact: Dan Overton, [Dan.Overton@doh.wa.gov](mailto:Dan.Overton@doh.wa.gov).

## 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](#), developed based on input from rulemaking workshops. To be notified of meetings and information regarding the rulemaking process for certified peer specialists, [please subscribe to GovDelivery](#).

## Rulemaking: Mobile Crisis Endorsement Standards

HCA adopted rules 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-103](#)). HCA sought CRIS feedback through external review in June. These rules will be effective September 30, 2024. 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](#). For questions regarding Mobile Crisis Endorsement Standards, please contact: 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).

## 988 Implementation

### 988 Call Volumes

In August 2024, Washington's 988 crisis centers answered 8,762 calls, 2,705 texts, and 1,174 chats statewide, according to Vibrant Emotional Health (national 988 Administrator) data. In addition, the Native and Strong Lifeline (NSLL) answered 695 calls in July 2024 and 632 calls in August 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 (NSLL) to the same extent as the general 988 Lifeline. DOH is currently working with VOAWW to implement text and chat services for the NSLL as Vibrant has approved the addition of these services. Washington maintained answer rates above 91% for all 988 contacts. Phone contacts maintained a 93% answer rate for calls, 98% answer rate for texts, and 98% answer rate for chats. The overall call answer rate in Washington meets the national performance benchmark.

### 988 Media Campaign

The 988 media campaign is raising awareness of 988 across the state. This campaign ran from May through July 2024 and will have a second run in November 2024 and January of 2025. To tailor messaging, DOH sought input from diverse communities, including individuals and

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	<p>families with lived experience and representatives of rural, veteran, and agricultural communities. The campaign website is <a href="http://WA988.org">WA988.org</a>, and in Spanish at <a href="http://WA988.org/es">WA988.org/es</a>.</p>
<b>Cross-System Collaboration</b>	<p><b>RCL and 988 Joint Policy Statement</b> HCA and DOH recently released a <a href="#">RCL-988 Joint Policy Statement</a>, developed in partnership with BH-ASOs and 988 Lifeline crisis centers, outlining recommendations to address the shift in roles of Regional Crisis Lines (RCLs) and the establishment of 988 Contact Hubs. The recommendations align with the vision of HB 1477 by establishing 988 as the primary access point for people in crisis. To maintain key regional expertise and coordination, RCLs will focus their scope of services on coordination of regional resources, oversight and deployment of mobile crisis response teams, and support for professional referrals. HCA and DOH emphasized that implementing this recommendation will take time and will happen in partnership with BH-ASOs and 988 Lifeline crisis centers. DOH and HCA are planning to begin work soon with system partners to develop a regional implementation plan outlining the changes. If you have any questions, please reach out to: <a href="mailto:HCAProgram1477@hca.wa.gov">HCAProgram1477@hca.wa.gov</a></p> <p><b>Mental Health Crisis Call Diversion Initiative</b> DOH, 988 Lifeline crisis centers, and 911 Public Safety Answering Points (PSAPs) are currently engaged in the Mental Health Crisis Call Diversion Initiative (MHCCDI), a one-year pilot focused on diverting mental and 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. This pilot will run between January and December 2024 and will help to gather data, lessons learned, and best practices for transferring behavioral health crisis calls from 911 to 988. WA DOH will release a formal evaluation of the pilot phase in June 2025.</p> <p><b>911-988 Warm Transfer Protocols</b> Building on the MHCCDI, WA DOH is working with Health Management Associates (HMA) to support the 911-988 Warm Transfer Protocols project. This work will engage 988 and 911 partners to develop clear and regionally adaptable warm transfer protocols that provide workflows between 911 and 988, as well as a train-the-trainer program to support implementation of these protocols statewide. This work will include an environmental scan for protocols and resources in Washington and nationally, community listening sessions, Tribal engagement, cross-system partner workshops to develop process maps and call transfer criteria, and development of a training resources.</p> <p><b>Regional Coordination Protocols</b> During the 2023 legislative session, SB 6251 called for the development of regional dispatch protocols to outline partner roles, responsibilities, and processes for responding to individuals in crisis. HCA is currently engaging work with BH-ASOs, 988 centers, and other system partners to develop these plans. These protocols will be updated as 988 Contact Hubs are designated and systems are put into place. Further updates regarding this work will be shared with the Cross-System Collaboration Subcommittee.</p>
<b>Crisis System Technology Platform</b>	<p><b>Timeline for Crisis System Technology Platform Extended</b> The Washington State Legislature passed <a href="#">SB 6308</a> 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. The updated and current project timeline anticipates completion of a holistic feasibility study by December 2024, release of the Request for Proposal (RFP) by July 2025, selection of the successful bidder by December 2025, Vendor development of platform in 2026, and a phased roll out of the platform being in April 2027.</p>

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

#### 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; Electronic Health Records/Provider systems.

#### HCA Bed Registry and Electronic Referral Project

HCA has contracted with BerryDunn to support work to increase behavioral health provider and crisis continuum user 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 health records. Input is being gathered through listening sessions and engagement with a range of system partners and population perspectives, including with Tribal partners. Next steps include a final Needs Assessment deliverable from BerryDunn which will synthesize feedback from surveys and listening sessions, and provide recommendations for how the state should proceed.

#### 988 Geo-Routing Implementation

The CRIS Geo-routing Subcommittee convened on August 21<sup>st</sup>. HCA and DOH staff summarized upcoming changes announced by Vibrant Emotional Health, the National 988 Administrator. These changes include the introduction of geo-routing of 988 calls for the nation's top three wireless carriers, which is planned to begin in Fall 2024. Geo-routing will route someone to a 988 Lifeline crisis centers closer to their physical location instead of routing them by area code, regardless of where they are calling from. This change will maintain caller privacy, as location information will not be shared with 988 Lifeline crisis centers. The geo-routing changes will be implemented during a later phase with smaller wireless carriers, Wi-Fi calling, roaming calls, or text/chat interactions.

### Crisis Services & Funding 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 & Funding Updates (Cont'd)

#### Tribal Mobile Crisis and Tribal Designated Crisis Responders

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. Tribes are also working with HCA to establish Tribal Designated Crisis Responders (DCRs) who will conduct investigation and evaluations through state systems and Tribal court systems.

#### 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.