

# E2SHB 1477 overview

**Implementation of the national 988 system to enhance and expand behavioral health crisis response and suicide prevention services.**

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# Background

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- ▶ The National Suicide Hotline Designation Act of 2020 establishes a national suicide prevention and behavioral health crisis hotline.
- ▶ The go live date for the 3 digit “988” crisis number is July 2022.
- ▶ **E2SHB 1477** expands on the implementation of 988.
- ▶ Guides the implementation of call center hubs receiving the 988 calls, the technology platforms to operate and support them, and system of behavioral health crisis response services to support the needs of callers.
- ▶ **E2SHB 1477** implementation is called for in a phased approach to develop technology and designate call centers, establish a committee to assess the current crisis system and resources then advise the expansion of services.
- ▶ **By July 2024** operate a system where crisis services will be available for linking and triage directly from the 988 platform to the caller.

# Legislative intent

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The legislature intends to develop crisis call center hubs and expand the crisis response system in a deliberate phased approach. The legislature intends:

- ▶ That all Washington residents receive a consistent and effective level of 988 suicide prevention and other behavioral health crisis response services no matter where they live, work, or travel in the state.
- ▶ Reduce reliance on emergency rooms and law enforcement to address behavioral health crisis and stabilize persons in the community whenever possible.
- ▶ Include the involvement of partners from a range of perspectives in planning and implementation.
- ▶ Improve access and quality, further equity, assure culturally and linguistically competent response.

# Investments

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- ▶ Investment in new technology to create a crisis call center hub system to triage calls and link persons to follow-up care.
- ▶ Investments to enhance the crisis response system include:
  - ▶ Expand mobile rapid response crisis teams
  - ▶ Deploy a wide array of crisis stabilization services such as 24- hr. crisis stabilization units, crisis stabilization centers, short-term respite facilities, peer run respite centers, and same day walk in behavioral health services

# DOH and HCA roles and collaboration

# Crisis call center hubs and crisis services system

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- ▶ DOH shall have primary responsibility for establishing and designating the crisis call center hubs.
- ▶ HCA shall have primary responsibility for developing and implementing the crisis system and services to support the work of the crisis call center hubs.
- ▶ Establishing crisis call center hubs and crisis response system response will require collaborative work between DOH and HCA.
- ▶ In any instance where one agency is identified as the lead, that agency is expected to be communicating and collaborating with the other to ensure seamless, continuous, and effective service delivery within the statewide crisis response system.

# Crisis call center hubs (DOH)

# Crisis call center hubs (DOH)

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## ▶ DOH funding to meet expected increase in use of 988

- ▶ By July 16, 2022, DOH must provide adequate funding for the state's crisis call centers to meet an expected increase in the use of the call centers based on the implementation of the 988-crisis hotline.

## ▶ DOH adopts rules for call centers

- ▶ By July 1, 2023, DOH must adopt rules to establish standards for designation of crisis call centers as crisis call center. DOH shall collaborate with HCA to assure coordination and availability of service and shall consider national guidelines and recommendations from the CRIS committee.

## ▶ DOH to designate call center hubs

- ▶ By July 1, 2024, DOH shall designate crisis call center hubs to provide crisis intervention services, triage, care coordination, referrals, and connection to crisis response for individuals contacting the 988-crisis hotline from any jurisdiction within Washington 24 hours a day, seven days a week using the system platform developed.



# Requirements to be a designated call center hub

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- ▶ Requires that to be designated as a crisis call center hub, the applicant must demonstrate to DOH the ability to comply with the requirements and contract with the DOH. The contracts entered by DOH shall require designated crisis call center hubs to:
  - ▶ have an active agreement with the administrator of the national suicide prevention lifeline for participation within its network.
  - ▶ Meet the requirements for operational and clinical standards established by DOH and based upon the national suicide prevention lifeline best practices guidelines and other recognized best practices.
  - ▶ Employ highly qualified, skilled and trained clinical staff who have sufficient training and resources
  - ▶ Collaborate with HCA, the national suicide prevention lifeline, and veteran's crisis line networks to assure consistency of public messaging about the 988 crisis hotline; and
  - ▶ Provide data and reports and participate in evaluations and related quality improvement activities, according to standards established by DOH and HCA.

# Technology (DOH and HCA)

# Technology

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- ▶ The department and the authority must coordinate to develop the technology and platforms necessary to manage and operate the behavioral health crisis response and suicide prevention system:
  - ▶ **A new technologically advanced behavioral health and suicide prevention crisis call center system platform** using technology demonstrated to be interoperable across crisis and emergency response systems used throughout the state, such as 911 systems, emergency medical services systems, and other nonbehavioral health crisis services, for use in crisis call center hubs designated by DOH. This platform must include the capacity to receive crisis assistance requests through phone calls, texts, chats, and other similar methods of communication that may be developed in the future that promote access to the behavioral health crisis system.
  - ▶ **A behavioral health integrated client referral system** capable of providing system coordination information to crisis call center hubs and the other entities involved in behavioral health care. This system shall be developed by HCA.

# Technology system requirements:

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- ▶ **Access to real-time information relevant to the coordination of behavioral health crisis response and suicide prevention services including:**
  - ▶ Real-time bed availability for all behavioral health bed types
  - ▶ Information about any less restrictive alternative treatment orders or mental health advance directives related to the person.
  - ▶ Information necessary to enable the crisis call center hub to actively collaborate with providers and payers to establish a safety plan for the person and provide the next steps for the person's transition to follow-up noncrisis care.
  - ▶ The means to request deployment of appropriate crisis response services, which may include mobile rapid response crisis teams, co-responder teams, designated crisis responders, fire department mobile integrated health teams, or community assistance referral and educational services programs and track local response through global positioning technology
  - ▶ The means to track the outcome of the 988 call to enable appropriate follow up, cross-system coordination, and accountability, including as appropriate next day appointments for callers experiencing urgent behavioral health care needs.
  - ▶ The means to verify and document whether the caller was successful in making the transition to appropriate noncrisis follow-up care
  - ▶ The means to provide geographically, culturally, and linguistically appropriate services to persons who are part of high-risk populations or otherwise have need of specialized services or accommodations, and to document these services or accommodations.
  - ▶ When appropriate, consultation with tribal governments to ensure coordinated care in government-to-government relationships, and access to dedicated services to tribal members.
  - ▶ For implementation, DOH and HCA shall collaborate with the state enhanced 911 coordination office, emergency management division, and military department to develop technology that is demonstrated to be interoperable between the 988 crisis hotline system and crisis and emergency response systems used throughout the state, such as 911 systems, emergency medical services systems, and other nonbehavioral health crisis services, as well as the national suicide prevention lifeline

# Sophisticated technical and operational plan

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- ▶ To develop and implement technology and platforms, DOH and HCA shall create a sophisticated technical and operational plan.
- ▶ A draft technical and operational plan must be submitted no later than January 1, 2022, and a final plan by August 31, 2022.
- ▶ DOH and HCA must contract for a consultant to critically analyze the development and implementation technology and platforms and operational challenges to best position the solutions for success.
- ▶ Prior to initiation of a new information technology development DOH and HCA shall submit the technical and operational plan to the governor, OFM, steering committee of the CRIS committee and fiscal committees of the legislature. The plan must be approved by before any funds are expended for the solutions, other than those funds needed to complete the initial planning phase.
- ▶ The plan submitted must include, but not be limited to:
  - ▶ Data management, security, flow, access, and permissions
  - ▶ Protocols to ensure staff are following proper health information privacy procedures, Cybersecurity requirements and how to meet these, Service level agreements by vendor, Maintenance and operations costs, Identification of what existing software as a service product might be applicable, Integration limitations by system, Data analytic and performance metrics to be required by system, Liability, Which agency will host the electronic health record software as a service, Regulatory agency, Fiscal timeline, plan for efficient use of resources, comprehensive business plan analysis

# Crisis services system (HCA)

# HCA shall collaborate with county authorities and BHASOs to develop procedures to dispatch behavioral health crisis services

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- ▶ **HCA shall establish formal agreements with MCOs and BHASOs** by January 1, 2023
  - ▶ To provide for the services, capacities, and coordination which shall include a requirement to arrange **next-day appointments** for persons contacting the 988 crisis hotline experiencing urgent, symptomatic behavioral health care needs with geographically, culturally, and linguistically appropriate primary care or behavioral health providers within the person's provider network, or, if uninsured, through the person's behavioral health administrative services organization;
- ▶ **HCA shall create best practices guidelines** by July 1, 2023,
  - ▶ For deployment of appropriate and available crisis response services by crisis call center hubs to assist 988 hotline callers to minimize nonessential reliance on emergency room services and the use of law enforcement, considering input from relevant stakeholders and recommendations made by the crisis response improvement strategy committee created under section 103 of this act;
- ▶ **HCA shall develop procedures to allow appropriate information sharing**
  - ▶ Communication between and across crisis and emergency response systems for the purpose of real-time crisis care coordination including, but not limited to, deployment of crisis and outgoing services, follow-up care, and linked, flexible services specific to crisis response; and
- ▶ **HCA shall establish guidelines to appropriately serve high-risk populations**
  - ▶ Who request crisis services. The authority shall design these guidelines to promote behavioral health equity for all populations with attention to circumstances of race, ethnicity, gender, socioeconomic status, sexual orientation, and geographic location, and include components such as training requirements for call response workers, policies for transferring such callers to an appropriate specialized center or subnetwork within or external to the national suicide prevention lifeline network, and procedures for referring persons who access the 988 crisis hotline to linguistically and culturally competent care.

# Next day appointments

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- ▶ Health plans issued or renewed on or after January 1, 2023, must make next-day appointments available to enrollees experiencing **urgent, symptomatic behavioral health conditions** to receive covered behavioral health services.
- ▶ The appointment may be with a licensed provider other than a licensed behavioral health professional, as long as that provider is acting within their scope of practice and may be provided through telemedicine consistent with RCW 48.43.735.
- ▶ Need for **urgent symptomatic care** is associated with the presentation of behavioral health signs or symptoms that require immediate attention but are not emergent.



# Governor appointed coordinator

# Governor to appoint 988 coordinator

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- ▶ The governor shall appoint a 988 hotline and behavioral health crisis system coordinator to provide project coordination and oversight for the implementation and administration of the 988 crisis hotline. The coordinator shall:
  - ▶ Oversee the collaboration between DOH and HCA in their respective roles
  - ▶ Ensure coordination and facilitate communication between stakeholders
  - ▶ Review the development of adequate and consistent training for crisis call center personnel and for 911 operators with respect to their interactions with the crisis hotline center.
  - ▶ Coordinate implementation of other behavioral health initiatives among state agencies and educational institutions, as appropriate, including coordination of data between agencies.

# Crisis Response Improvement Strategy (CRIS) committee

# CRIS committee structure

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- ▶ The crisis response improvement strategy committee (CRIS) is established for the purpose of providing advice in developing an integrated behavioral health crisis response and suicide prevention system.
- ▶ The work of the **committee** shall be received and reviewed by a **steering committee**, which shall in turn form **subcommittees** to provide the technical analysis and input needed to formulate system change recommendations.

# CRIS committee role and purpose

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- ▶ The CRIS committee shall assist the steering committee:
  - ▶ To identify potential barriers and make recommendations necessary to implement and effectively monitor the progress of the 988 crisis hotline in Washington and
  - ▶ Make recommendations for the statewide improvement of behavioral health crisis response and suicide prevention services.

# CRIS committee membership

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- ▶ The steering committee shall select three cochairs from among its members to lead the CRIS committee.
- ▶ The CRIS committee shall consist of the following members, **who shall be appointed or requested by the HCA**, unless otherwise noted:
  - ▶ The director of the authority, or his or her designee, **who shall also serve on the steering committee.**
  - ▶ The secretary of the department, or his or her designee, **who shall also serve on the steering committee.**
  - ▶ A member representing the office of the governor, **who shall also serve on the steering committee.**
  - ▶ The Washington state insurance commissioner, or his or her designee.
  - ▶ Up to two members representing federally recognized tribes, one from eastern Washington and one from western Washington, who have expertise in behavioral health needs of tribal communities.
  - ▶ One member from each of the two largest caucuses of the senate, **one of whom shall also be designated to participate on the steering committee**, to be appointed by the president of the senate.
  - ▶ One member from each of the two largest caucuses of the house of representatives, **one of whom shall also be designated to participate on the steering committee**, to be appointed by the speaker of the house of representatives.
  - ▶ The director of the Washington state department of veteran's affairs, or his or her designee.
  - ▶ The state enhanced 911 coordinator, or his or her designee.
  - ▶ A member with lived experience of a suicide attempt, suicide loss, experience in the crisis system related to a mental health or substance use disorder.
  - ▶ A member representing each crisis call center in Washington that is contracted with the national suicide prevention lifeline.

# CRIS committee membership continued

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- ▶ Up to two members representing behavioral health administrative services organizations, one from an urban region and one from a rural region
- ▶ A member representing the Washington council for behavioral health.
- ▶ A member representing the association of alcoholism and addiction programs of Washington state.
- ▶ A member representing the Washington state hospital association.
- ▶ A member representing the national alliance on mental illness.
- ▶ A member representing the behavioral health interests of persons of color recommended by Sea Mar community health centers.
- ▶ A member representing the behavioral health interests of persons of color recommended by Asian counseling and referral service.
- ▶ A member representing law enforcement.
- ▶ A member representing a university-based suicide prevention center of excellence.
- ▶ A member representing an emergency medical services department with a CARES program.
- ▶ A member representing Medicaid managed care organizations, as recommended by the association of Washington healthcare plans.
- ▶ A member representing commercial health insurance, as recommended by the association of Washington healthcare plans.
- ▶ A member representing the Washington association of designated crisis responders.
- ▶ A member representing the children and youth behavioral health work group.
- ▶ A member representing a social justice organization addressing police accountability and the use of deadly force.
- ▶ A member representing an organization specializing in facilitating behavioral health services for LGBTQ populations.

# CRIS proceedings open to public. CRIS to seek communities' input

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- ▶ The proceedings of the crisis response improvement strategy committee must be open to the public and invite testimony from a broad range of perspectives.
- ▶ The crisis response committee shall seek input from tribes, veterans, the LGBTQ community, and communities of color to help discern how well the crisis response system is currently working and recommended ways to improve the crisis response system.



# CRIS steering committee

# Steering committee appointment and role

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- ▶ The steering committee shall convene the committee, select cochairs for the committee, form subcommittees and assign tasks to the subcommittees, and establish a schedule of meetings and their agendas.

# Steering committee assessment and reporting

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- ▶ The steering committee, with the advice of the CRIS committee shall provide to the governor and appropriate policy and fiscal committee of the legislature:
  - ▶ By January 1, 2022, a progress report and the result of its comprehensive assessment.
  - ▶ By January 1, 2023, a report on the CRIS committee's further progress and the steering committee's recommendations related to crisis call center hubs.
  - ▶ By January 1, 2024, a final report.

# Steering committee comprehensive assessment

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- ▶ The steering committee must develop a comprehensive assessment of the behavioral health crisis response and suicide prevention services system by January 1, 2022.
- ▶ This includes an inventory of existing statewide and regional behavioral health crisis response, suicide prevention, and crisis stabilization services and resources
- ▶ The comprehensive assessment shall identify:
  - ▶ Statewide and regional insufficiencies and gaps in necessary behavioral health crisis response
  - ▶ Suicide prevention services and resources needed to meet population needs
  - ▶ Quantifiable goals for the provision of statewide and regional behavioral health crisis services and targeted deployment of resources which consider factors such as reported rates of involuntary commitment detentions, single-bed certifications, reported suicide attempts and deaths, reported substance use disorder related overdoses and overdose or withdrawal related deaths, and incarcerations due to a behavioral health incident.
  - ▶ A process for establishing outcome measures, benchmarks, and improvement targets, for the crisis response system.
  - ▶ Potential funding sources to provide statewide and regional behavioral health crisis services and resources.

# Work of the steering committee

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- ▶ The steering committee, considering the comprehensive assessment, discussion with CRIS committee and hearing reports from the subcommittees, shall report on the following:
  - ▶ A recommended vision for an integrated crisis network in Washington that includes but is not limited to: An integrated 988 crisis hotline and crisis call center hubs; mobile rapid response crisis teams; mobile crisis response units for youth, adult, and geriatric population; a range of crisis stabilization services; an integrated involuntary treatment system; peer-run services including peer-run respite centers, adequate crisis respites services; and data resources.
  - ▶ Recommendations to promote equity in services for individuals of diverse circumstances of culture, race, ethnicity, gender, socioeconomic status, sexual orientation, and for individuals in tribal, urban, and rural communities.
  - ▶ Recommendations for a work plan with timelines to implement appropriate local responses to calls to the 988 crisis hotline within Washington in accordance with the time frames required by the national suicide hotline designation act of 2020.
  - ▶ The necessary components of each of the new technologically advanced behavioral health crisis call center system platform and the new behavioral health integrated client referral system, as provided under section 102 of this act, for assigning and tracking response to behavioral health crisis calls and providing real-time bed and outpatient appointment availability to 988 operators, emergency departments, designated crisis responders, and other behavioral health crisis responders, which shall include but not be limited to:
    - ▶ Identification of the component's crisis call center hub staff need to effectively coordinate crisis response services and access the platform to find available beds and available primary care and behavioral health outpatient appointments.
    - ▶ Evaluation of existing bed tracking models currently utilized by other states and identifying the model most suitable to Washington's crisis behavioral health system.
    - ▶ Evaluation of whether bed tracking will improve access to all behavioral health bed types and other impacts and benefits.
    - ▶ Exploration of how the bed tracking and outpatient appointment availability platform can facilitate more timely access to care and other impacts and benefits.

# Work of the steering committee continued

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- ▶ The necessary systems and capabilities that licensed or certified behavioral health agencies, behavioral health providers, and any other relevant parties will require to report, maintain, and update inpatient and residential bed and outpatient service availability in real time to correspond with the crisis call center system platform or behavioral health integrated client reference system identified in section 102 as appropriate.
- ▶ A work plan to establish the capacity for the crisis call center hubs to integrate Spanish language interpreters and Spanish-speaking call center staff into their operations, and to ensure the availability of resources to meet the unique needs of persons in the agricultural community who are experiencing mental health stresses, which explicitly addresses concerns regarding confidentiality.
- ▶ A work plan with timelines to enhance and expand the availability of community-based mobile rapid response crisis teams based in each region, including specialized teams as appropriate to respond to the unique needs of youth, including American Indian and Alaska Native youth and LGBTQ youth, and geriatric populations, including older adults of color and older adults with comorbid dementia.
- ▶ The identification of other personal and systemic behavioral health challenges which implementation of the 988 crisis hotline has the potential to address in addition to suicide response and behavioral health crises.

# Work of the steering committee continued

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- ▶ The development of a plan for the statewide equitable distribution of crisis stabilization services, behavioral health beds, and peer-run respite services
- ▶ Recommendations concerning how health plans, managed care organizations, and behavioral health administrative services organizations shall fulfill requirements to provide assignment of a care coordinator and to provide next-day appointments for enrollees who contact the behavioral health crisis system.
- ▶ Appropriate allocation of crisis system funding responsibilities among Medicaid managed care organizations, commercial insurers, and behavioral health administrative services organizations
- ▶ Recommendations for constituting a statewide behavioral health crisis response and suicide prevention oversight board or similar structure for ongoing monitoring of the behavioral health crisis system and where this should be established.
- ▶ Cost estimates for each of the components recommended by the crisis response improvement strategy committee.

# Steering committee must monitor and make recommendations related to funding of crisis response services

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- ▶ The steering committee must analyze:
  - ▶ The projected expenditures considering call volume, utilization projections, and other operational impacts.
  - ▶ The costs of providing statewide coverage of mobile rapid response crisis teams or other behavioral health first responder services recommended by CRIS committee.
  - ▶ Potential options to reduce the tax imposed.
  - ▶ The viability of providing funding for in-person mobile rapid response crisis services or other behavioral health first responder services recommended by the CRIS committee.
  - ▶ If the steering committee finds that funding in-person mobile rapid response crisis services or other behavioral health first responder services recommended by the crisis response improvement strategy committee is viable given the level of expenditures necessary to support the infrastructure development and operational support of the 988 crisis hotline and crisis call center hubs, the steering committee must analyze options for the location and composition of such services given need and available resources with the requirement that funds from the account supplement, not supplant, existing behavioral health crisis funding.



# BHI at Harborview to facilitate work of steering committee

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- ▶ The work of the steering committee under this section must be facilitated by the behavioral health institute (BHI) at Harborview medical center through its contract with the office of financial management (OFM).

# CRIS subcommittee

# CRIS Subcommittees

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- ▶ The subcommittees of the CRIS committee shall focus on discrete topics.
- ▶ The subcommittees may include participants who are not members of the CRIS committee as needed to provide professional expertise and community perspectives.
- ▶ Each subcommittee shall have at least one member representing the interests of stakeholders in a rural community, at least one member representing the interests of stakeholders in an urban community, and at least one member representing the interests of youth stakeholders.
- ▶ The steering committee shall form the following subcommittees, and may form additional subcommittees at its discretion:
  - ▶ **A Washington tribal 988 subcommittee**, which shall examine and make recommendations with respect to the needs of tribes related to the 988 system, and which shall include representation from the American Indian health commission.
  - ▶ **A credentialing and training subcommittee**, to recommend workforce needs and requirements necessary to implement this act, including minimum educations requirements such as whether it would be appropriate to allow crisis call center hubs to employ clinical staff without a bachelor's degree or master's degree based on the person's skills and life or work experience.
  - ▶ **A technology subcommittee**, to examine issues and requirements related to the technology needed to implement this act.
  - ▶ **A cross-system crisis response collaboration subcommittee**, to examine and define the complementary roles and interactions between mobile rapid response crisis teams, designated crisis responders, law enforcement, emergency medical services teams, 911 and 988 operators, public and private health plans, behavioral health crisis response agencies, nonbehavioral health crisis response agencies, and others needed to implement this act.
  - ▶ **A confidential information compliance and coordination subcommittee**, to examine issues relating to sharing and protection of health information needed to implement this act.
  - ▶ **Any other subcommittee needed** to facilitate the work of the committee, at the discretion of the steering committee.

# Annual reporting requirements

# Annual reporting requirements

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- ▶ DOH and HCA shall provide an annual report regarding the usage of the 988 crisis hotline, call outcomes and the provision of crisis services.
- ▶ The report will include the mobile rapid response crisis teams and crisis stabilization services.
- ▶ The report shall be submitted to the governor and the appropriate committees of the legislature each November beginning in 2023.
- ▶ DOH and HCA shall coordinate with the department of revenue, and any other agency that is appropriated funding to develop and submit information to the federal communications commission required for the completion of fee accountability reports pursuant to the national suicide hotline designation act of 2020.
- ▶ The joint legislative audit and review committee shall schedule an audit to begin after the full implementation of this act, to provide transparency as to how funds from the statewide 988 behavioral health crisis response and suicide prevention line account have been expended, and to determine whether funds used to provide acute behavioral health, crisis outreach, and stabilization services are being used to supplement services identified as baseline services in the comprehensive analysis, or to supplant baseline services.
- ▶ The committee shall provide a report by November 1, 2027, which includes recommendations as to the adequacy of the funding provided to accomplish the intent of the act and any other recommendations for alteration or improvement.

# Tax

# Tax imposed

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- ▶ A statewide 988 behavioral health crisis response and suicide prevention line tax is imposed on the use of all radio access lines, interconnected voice over internet protocol service lines and all switched access lines in the state.
- ▶ Tax rates and schedule:
  - ▶ October 1, 2021, through December 31, 2022, the tax rate is 24 cents/line.
  - ▶ January 1, 2023, through June 30, 2024, the tax rate is 40 cents/line.

# Appropriations



# DOH appropriations

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- ▶ DOH to route calls to and contract for the operations of call centers and call center hubs.
  - ▶ This includes funding for operations, training, and call center information technology and program staff:
    - ▶ \$23,016,000 for the fiscal biennium ending June 30, 2023
- ▶ DOH to contract for the development and operations of a tribal crisis line:
  - ▶ \$1,000,000 for the fiscal biennium ending June 30, 2023
- ▶ DOH to provide staff support necessary to critically analyze the planning, development, and implementation of technology solutions to create the technical and operational plan:
  - ▶ \$189,000 for the fiscal biennium ending June 30, 2023;
  - ▶ \$80,000 for the fiscal biennium ending June 30, 2023.
- ▶ DOH to participate in and provide support to the CRIS committee:
  - ▶ \$420,000 for the fiscal biennium ending June 30, 2023

# HCA appropriations

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- ▶ HCA to provide staff and contracted support necessary to critically analyze the planning, development, and implementation of technology solutions to create the technical and operational plan:
  - ▶ \$770,000 for the fiscal biennium ending June 30, 2023;
  - ▶ \$326,000 for the fiscal biennium ending June 30, 2023.
- ▶ HCA to participate in and provide support to the CRIS committee:
  - ▶ \$644,000 for the fiscal biennium ending June 30, 2023;
  - ▶ \$127,000 for the fiscal biennium ending June 30, 2023.
- ▶ HCA to fulfill its duties in collaboration with managed care organizations, county authorities, and behavioral health administrative services organizations related to crisis services, and the development of processes and best practices for crisis services:
  - ▶ \$381,000 for the fiscal biennium ending June 30, 2023;
  - ▶ \$381,000 for the fiscal biennium ending June 30, 2023.

# OFM appropriations

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- ▶ OFM to provide staff and contracted services support to the CRIS committee:
  - ▶ \$200,000 for the fiscal biennium ending June 30, 2023.