

HB 1477 Crisis Response Improvement Strategy Committee

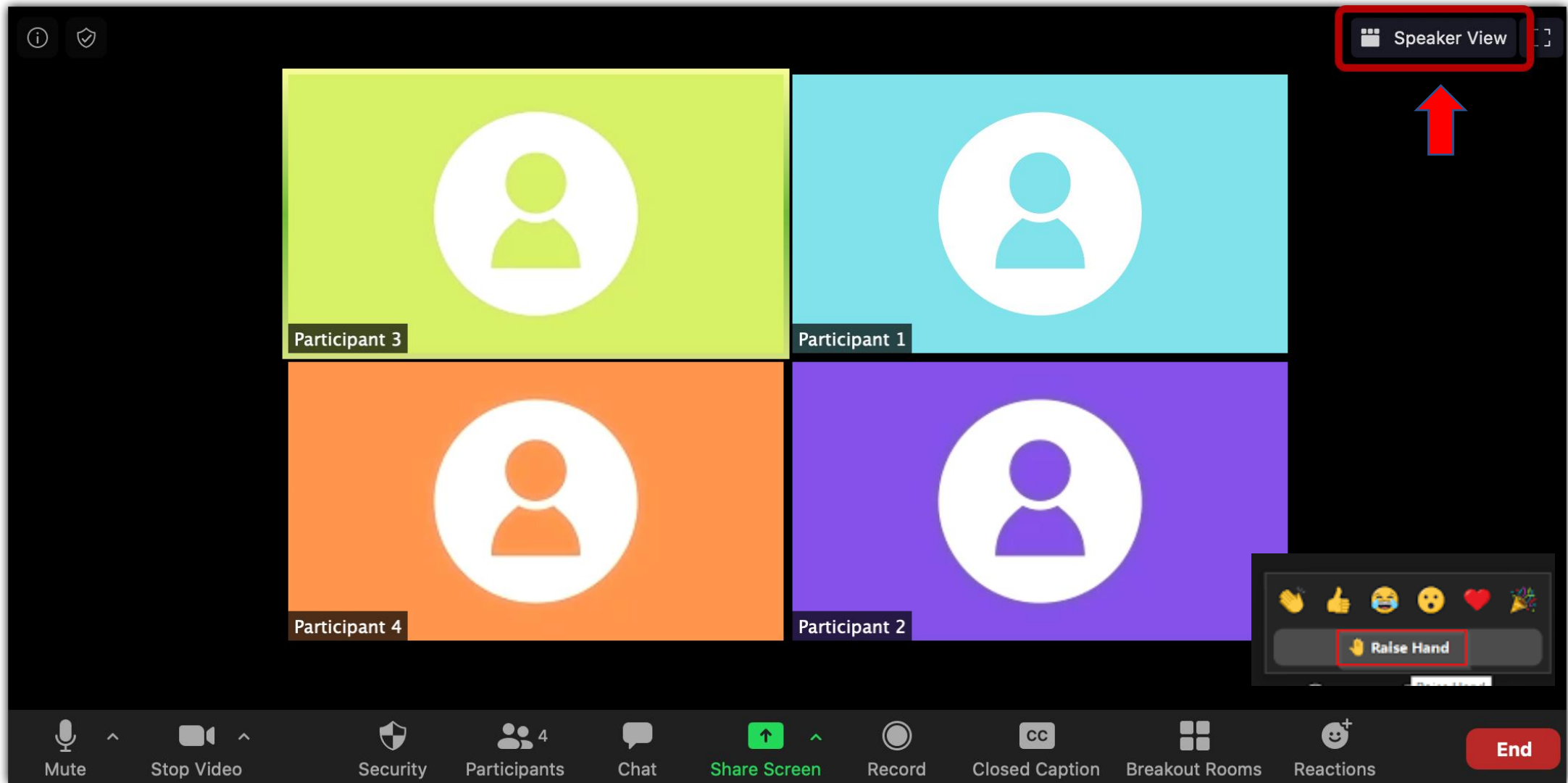
September 20, 2022

HEALTH
MANAGEMENT
ASSOCIATES

HARBORVIEW
MEDICAL CENTER

UW Medicine  King County

Zoom Etiquette: CRIS Committee Members



Zoom Etiquette: Members of the Public



CRIS Committee Meeting Objectives

1. Understand where we've been, where we are now, and where we are going in the CRIS process.
2. Hear updates on state agency activities relevant to CRIS Committee
3. Hear update on development of funding recommendations for use of the line tax established under HB 1477 Section 205.
4. Gain a foundation of understanding of existing best practice crisis response services in communities, in response to feedback from the July CRIS committee meeting.
5. Re-explore gaps and opportunities to expand or add services, now that we have a better understanding of existing services.
6. Confirm action items and next steps.
7. Hear public comment.

Meeting Agenda

TIME	TOPIC
1:00 pm	Technology Review
1:05 pm	Welcome, Introductions, Review Meeting Agenda
1:20 pm	Personal Story
1:40 pm	Updates
2:00 pm	Funding Recommendations for the HB 1477 Line Tax
2:25 pm	Break
2:30 pm	Foundation of Existing Best Practice Crisis Response Services in Washington Communities to inform Future Vision
3:45 pm	Action Items and Next Steps
3:48 pm	Public Comment Period
4:00 pm	Adjourn

CRIS Committee Decision Process Map – 2022

February 2022
(Workplan and Roles)

Objectives:

- ✓ Feedback on Initial Assessment.
- ✓ Development of High Level Workplan to frame overall objectives for work ahead.
- ✓ Understanding of committee and state agencies roles.

March 2022
(Centering Equity)

Objectives:

- ✓ Identify tangible actions to center equity in the High Level Workplan.

May 2022 (Vision & Guiding Principles)

Objectives:

- ✓ Adopt vision and guiding principles for Washington's behavioral health crisis response system.

July 2022 (Crisis Service Gaps & Goals)

Objectives:

- ✓ Recommend expanded and/or new crisis system services to achieve Washington's vision based on understanding of current services in Washington and crisis system best practices.

September 2022 (Service Goals & Line Tax Recs)

Objectives:

- ✓ Examine gaps and opportunities to expand or add services to achieve the vision for Washington's crisis response system.
- ✓ Understand plans for development of funding recommendations for the HB 1477 line tax.

November 2022 (Draft Progress Report)

Objectives:

- ✓ Review draft January 2023 Progress Report – 1) Vision, 2) Equity, 3) Services, 4) Quality & Oversight, 5) Cross System Coordination, 6) Staffing & Workforce, 7) Funding & Cost Estimates, 8) Technology (Tech/Ops Plan).

December 2022 (Final Progress Report)

Objectives:

- ✓ Review final January 2023 Progress Report.

PERSONAL STORY

Objective: Set the context for why we are engaged in this work.

Seika Brown

CRIS UPDATES

*Objective: Share updates relevant to
CRIS Committee*

CRIS Committee Updates

September 20, 2022

National 988 System:

Crisis Call Center & Behavioral Health Integrated Client Referral System

Engrossed Second Substitute House Bill 1477;

Section 102, 109; Chapter 302, Laws of 2021

Technical and Operational Plan Overview

- Technical and Operational Plan Final plan review
 - Scope of the Plan
 - Review and approval of the Plan
 - Comments and discussion from CRIS Technology subcommittee plan review
 - Next steps

Goal of the Technical and Operational Plan

NEW SECTION. Sec. 109. A new section is added to chapter 71.24 RCW to read as follows: For the purpose of development and implementation of technology and platforms by the department and the authority under section 102 of this act, the department and the authority shall create a sophisticated technical and operational plan.

Written jointly by Dept of Health and Health Care Authority

Submitted to:

Governor,
Office of Financial Management
Steering Committee of the CRIS
Appropriate policy and fiscal committees of the legislature

Approved by:

Office of the Chief Information Officer
Director of the Office of Financial Management
Steering Committee of the CRIS

Feedback from:

Senate Ways and Means Committee chair,
House of Representatives Appropriations Committee chair,
Senate Environment,
Energy and Technology Committee chair,
Senate Behavioral Health Subcommittee chair
House of Representatives Health Care and Wellness Committee chair

HB 1477 Committee Review Process

- **March-August 2022:** Technology Subcommittee monthly meetings (Tech/Op Plan updates and input)
- **September 12:** Technology Subcommittee comments on the Tech/Op Plan. HCA and DOH are incorporating feedback, as appropriate.
- **September 15-23:** CRIS committee opportunity to provide additional comments. CRIS comments will be shared with the Steering Committee to inform their review and approval.
- **Mid-October:** Steering Committee review and approval
- **October 31, 2022:** Final Technical and Operational Plan submitted.

Components of the Technology and Operational Plan

- (1) Data management;
- (2) Data security;
- (3) Data flow;
- (4) Data access and permissions;
- (5) Protocols to ensure staff are following proper health information privacy procedures;
- (6) Cybersecurity requirements and how to meet these;
- (7) Service level agreements by vendor;
- (8) Maintenance and operations costs;
- (9) Identification of what existing software as a service products might be applicable, to include the:
 - (a) Vendor name;
 - (b) Vendor offerings to include product module and functionality detail and whether each represent add-ons that must be paid separately;
 - (c) Vendor pricing structure by year through implementation; and
 - (d) Vendor pricing structure by year post implementation;
- (10) Integration limitations by system;
- (11) Data analytic and performance metrics to be required by system;
- (12) Liability;
- (13) Which agency will host the electronic health record software as a service;
- (14) Regulatory agency;
- (15) The timeline by fiscal year from initiation to implementation for each solution in this act;
- (16) How to plan in a manner that ensures efficient use of state resources and maximizes federal financial participation; and
- (17) A complete comprehensive business plan analysis.

Technology Subcommittee Comments

- Comments on confusing language, typos, terms to add to the glossary.
- Suggest re-ordering sections of the document.
- Expand Project Timeline (Appendices T and U) to a Project Roadmap. Update to include MVP.
- For each project stages, have a clearly defined accountability matrix and sign-off model (include gates on timeline).
- Call Routing & Call Routing Technology (e.g., decouple “9-1-1 Infrastructure” language from discussions of the National Emergency Number Association (NENA) i3 Standard, better define GPS vs. geolocation (routing, referral, escalation), define interoperable and integrated (e.g., 988 and 911 are interoperable for escalation).
- Consider interoperability with 211 resource directory.
- Clarity on which states intend to use Vibrant Unified Platform.
- Data Access clarifications.
- Community Information Exchange (CIE).
- Use interoperable standards.
- Clarify requirements regarding consent
- Add details on needed staff/consultants.

Next Steps

- ▶ Incorporate Feedback from the HB 1477 Technology Subcommittee
- ▶ Incorporate Feedback from Tribal Review
- ▶ Incorporate feedback from Legislative Review
- ▶ Incorporate feedback from OCIO
- ▶ CRIS Members invited to share additional comments to inform Steering Committee review. Please send comments to Nicola Pinson (npinson@healthmanagement.com) by Friday, September 23.

Questions:

Technical and Operational Plan

Healthcare Authority	Department of Health
Kelly.McPherson@hca.wa.gov Jennie.Harvell@hca.wa.gov Huong.Nguyen@hca.wa.gov	Todd.Mountin@doh.wa.gov Deborah.Spaulding@doh.wa.gov



**FUNDING
RECOMMENDATIONS
FOR THE HB 1477
LINE TAX**

Objective: Share update on development of funding recommendations for use of the line tax established by HB 1477.

■ HB 1477 Funding Recommendations for Line Tax – Background

HB 1477 requires the Steering Committee to submit recommendations on the funding of 988 crisis services from revenues generated by the fee established in Section 205. Preliminary recommendations were submitted January 1, 2022, and final recommendations are due January 1, 2023.

Section 205 Tax and Permitted Uses – Background:

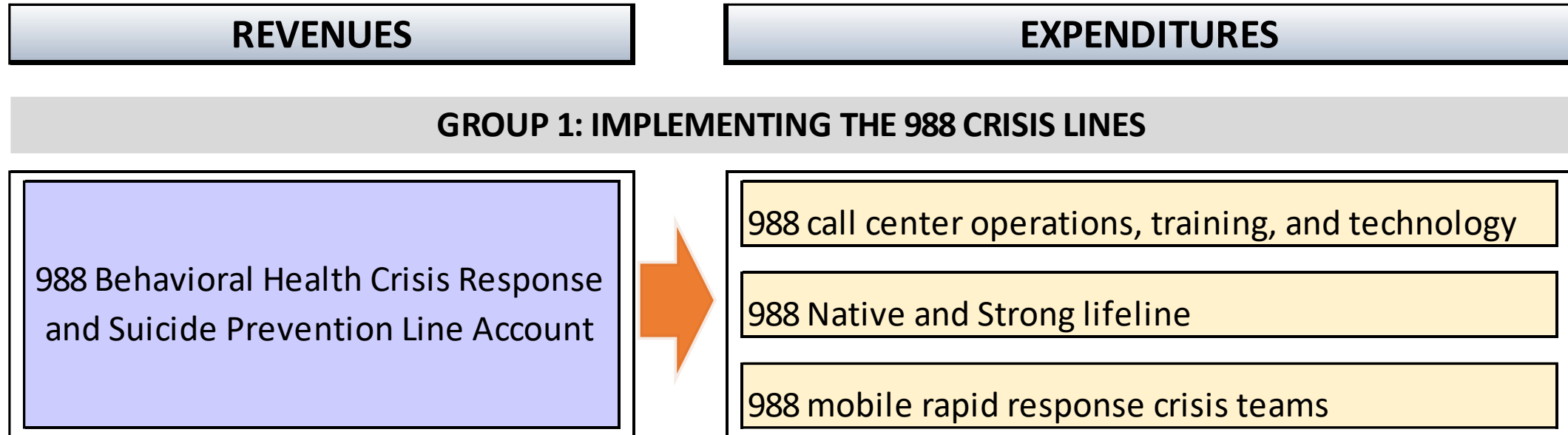
- The tax went into effect on October 1, 2021. The current tax rate is 24 cents per line. Beginning January 1, 2023 the tax rate increased to 40 cents per line.
- In its first five years, it is projected that the line tax will result in \$239.4 million in the account. (Source: HB 1477 fiscal note summary)
- Revenue from the account can fund three specific items and is not intended to supplant other revenue streams.
 - ❑ 988 call center operations, training, and technology
 - ❑ 988 Native and Strong Lifeline (for tribal populations)
 - ❑ 988 mobile rapid response teams (pending availability of resources)

■ Crisis System Funding Sources and Costs

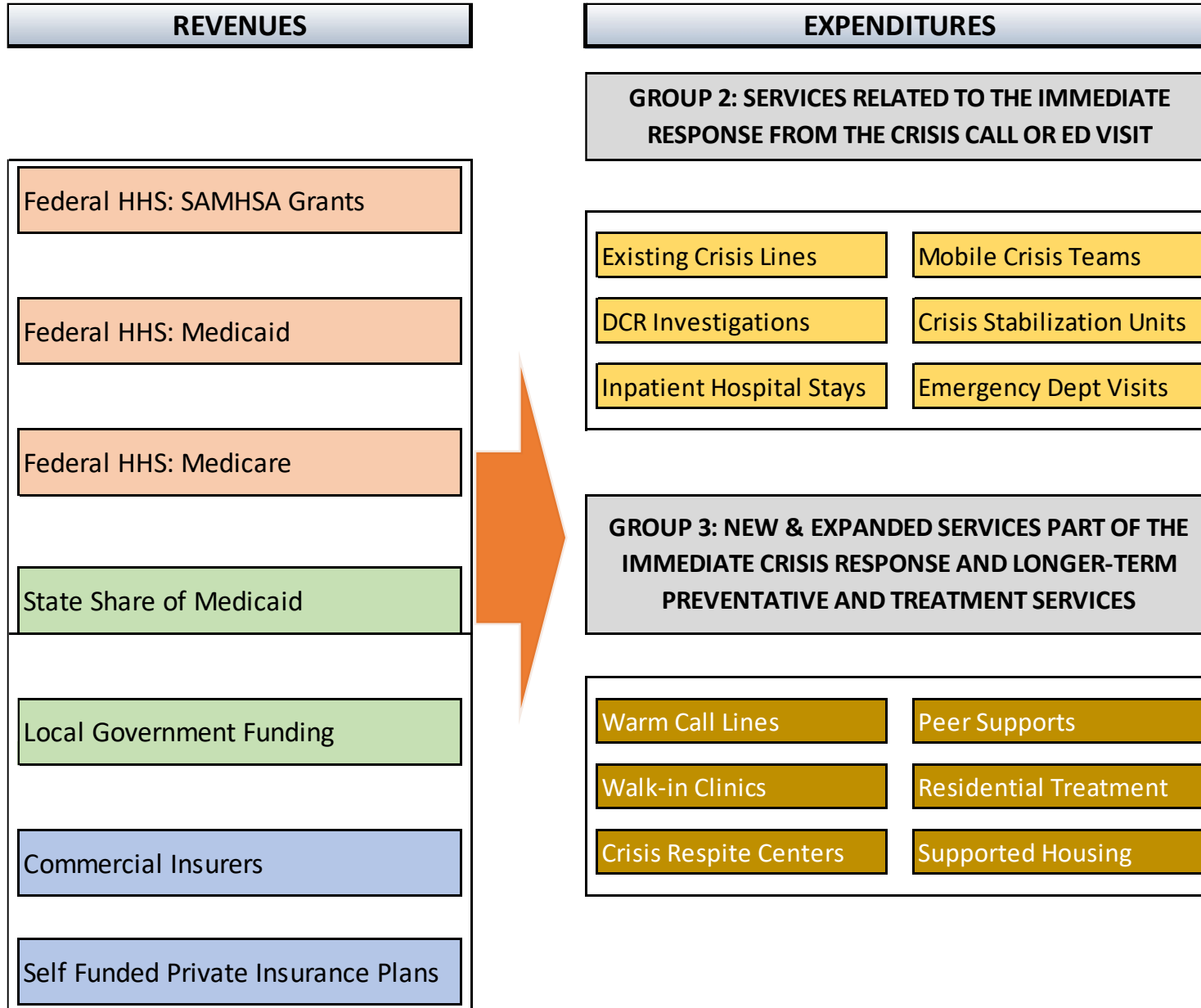
Beyond recommendations focused on the line tax, HB 1477 tasks the Steering Committee with recommending a plan for statewide equitable distribution of crisis system services, as well as development of cost estimates for each of the components of the integrated behavioral health crisis response and suicide prevention system. Funding and costs are being segmented into three groups:

Group	Revenue Source	Cost Estimates from Steering Committee
1 Implementing the 988 Crisis Lines	Line tax	Report due January 1, 2023
2 Services related to the immediate response from the crisis call or ED visit	Multiple sources excluding the line tax	Report due January 1, 2024
3 New and expanded services to support a more integrated health crisis response system	Multiple sources excluding the line tax	Report due January 1, 2024

■ Crisis System Funding Sources and Costs – Group 1



Crisis System Funding Sources and Costs – Groups 2 and 3



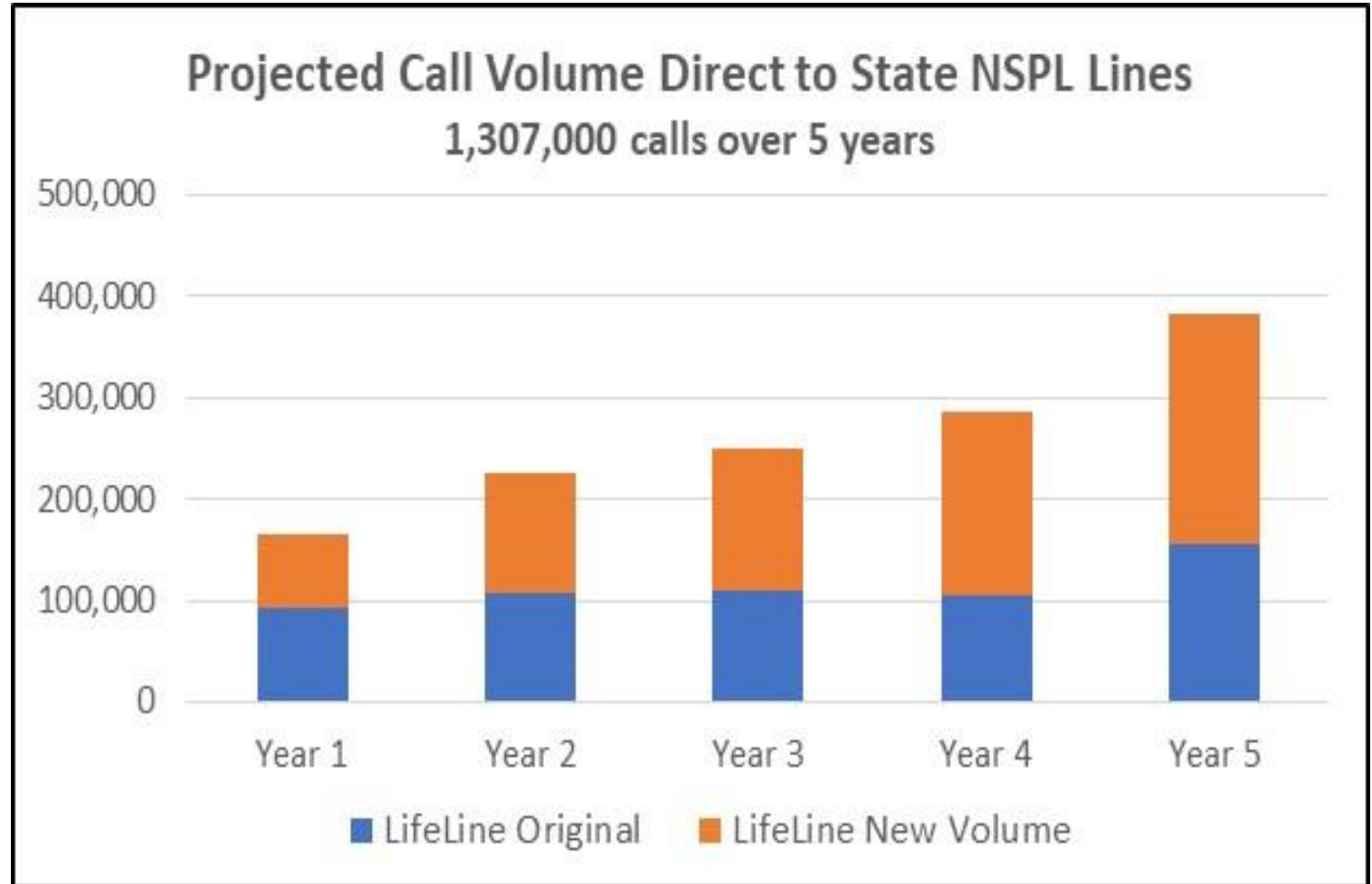
Department of Health Fiscal Estimate for 988 Lines

The DOH has created a 5-year cost estimate to stand up Washington’s National Suicide Prevention Lines (NSPLs, or 988 Lines) and the Native and Strong Lifeline. The costs for mobile crisis teams are not in this cost estimate. The line tax (\$239.4 M) appears to cover the costs of the 988 call centers in the first 3 of 5 years.

Elements of the Model	Source for Information in the Cost Model
Volume of Calls	Vibrant estimated for state projected volumes; Washington state agency estimations.
Method that Calls come in Voice, Chat, Text	Vibrant estimated for states the cost per voice call and then an estimate of the premium for calls via chat/text.
Enhanced Supports Required Spanish Translation Native and Strong Lifeline	Using state population data, 13.5% of population is Hispanic. Assumed 10% of all calls will need translation. Cost model for separate staffing for Native and Strong Lifeline.
Cost Per Call (staffing, facility costs, overhead) Different estimates for voice, chat, text Additional costs for Spanish translation	Cost per voice call estimate: \$66.76 in Year 1 (Vibrant estimate) Cost per chat or text estimate: \$89.46 in Year 1 (added labor) Spanish translation: additional 5% premium (for all modalities)
Costs for State Administration and Oversight	DOH estimates

■ HB 1477 Initial Assessment: Preliminary Funding Recommendations & Baseline Data

- The Department of Health prepared preliminary call center costs estimates based on projected volumes and cost figures provided to states by Vibrant Emotional Health, the Administrator for the 988 Suicide and Crisis Lifeline
- DOH contracts with 3 WA centers for 988 Suicide and Crisis Lifeline services
- Federal and State requirement: 90% in state answer rate



■ 988 Call Center Activities in 2022 – Summary

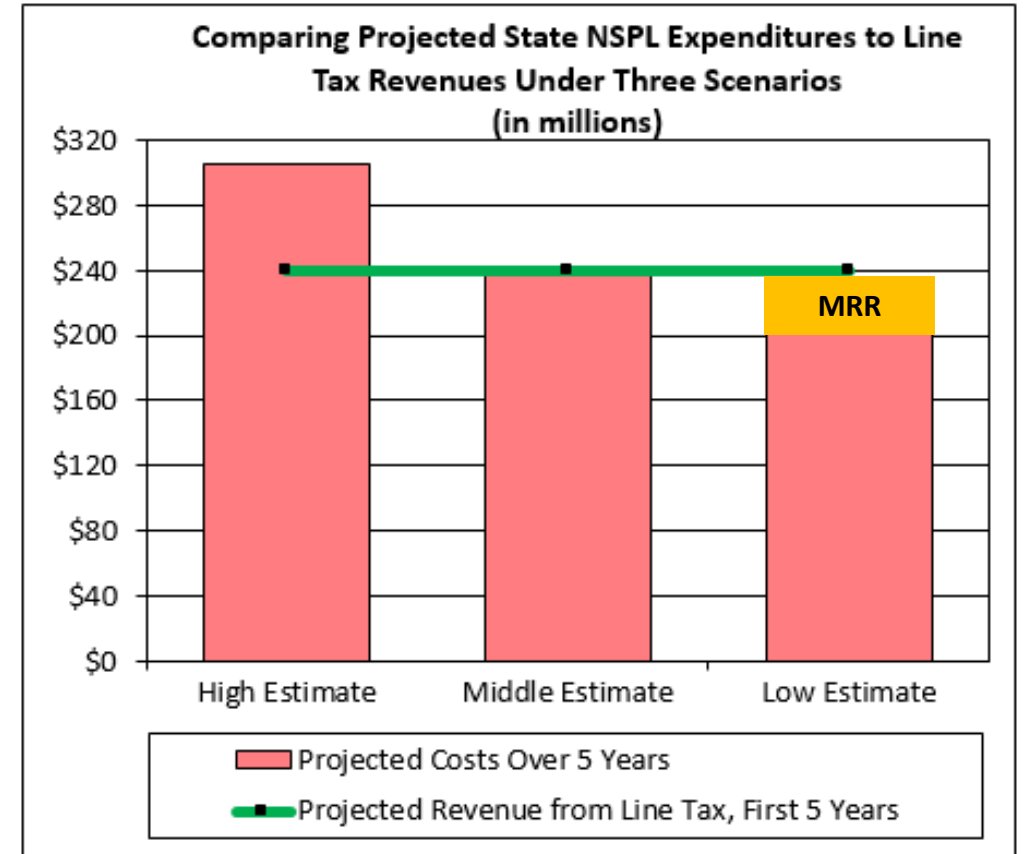
- Capacity Building:
 - Approximately 130 positions trained to implement 988 services
 - Increased in-state answer rate
- 988 went live on July 16, 2022
 - July - around a 30% increase in call volume (July compared to June)
 - Focused on scaling promotion with capacity

HB 1477 Funding Recommendations for the 988 Line Tax – January 1, 2023 Report

With the 988 lines just going live in July, although call volume is being tracked closely, it is still too soon to determine with certainty what the expected call volume will be over the next 5 years.

Further, there are multiple factors that come in when assessing the cost per each call (e.g., voice vs. text, if translation is required).

Because it is very early in the process, it is premature to state with certainty that the line tax will cover all of the costs of the 988 lines over the next five years or if there will be funds from the tax to support rapid mobile crisis response teams. The HB 1477 Initial Assessment submitted January 1, 2022 estimated that the line tax revenue would cover the costs of the 988 call centers in the first 3 of 5 years.



	Total Calls in Estimate	Percentage of Calls from Middle Estimate
High Estimate	3,430,778	133%
Middle Estimate	2,583,461	100%
Low Estimate	2,159,802	84%

BREAK

Foundation of Existing Best Practice Crisis Response Services in Washington Communities to inform Future Vision

Objectives:

- Gain a foundation of understanding of existing best practice crisis response services in communities, in response to feedback from the July CRIS committee meeting.
- Re-explore gaps and opportunities to expand or add services, now that we have a better understanding of existing services.

**BEST
PRACTICES
IN CRISIS
RESPONSE
FIRE/EMS,
POLICE**

Kim Hendrickson
CRIS Committee Presentation
September 20, 2022

*Director of Housing, Health and
Human Services, City of Poulsbo*

*Board Chair, Co-Responder
Outreach Alliance (CROA)*

*CRIS Committee member
representing Fire CARES Programs*

CROA

We promote and support the co-response field and its practitioners through advocacy, collaboration, training, and the development of professional standards.

website -- croawa.com

ROLE OF FIRST RESPONDERS (FIRE/EMS AND POLICE) IN CRISIS RESPONSE

Significant number of 911 calls involving fire, EMS, and police relate to behavioral health needs and crisis

- Estimates range from 10% to 50%

Consensus that first responders are not needed in many of these behavioral health calls, but there will always be some need for fire/EMS and police response:

- **Safety issues** (police)
- **Medical issues** (fire/EMS)
- **Transportation** capacity (fire/EMS, police)
- **Need for speed** (average response time for a first responder vs average response time for a mobile crisis team)
- **Availability issues** (“we’re the only boots on the ground 24/7” –Chief Chuck DeSmith, Renton Regional Fire)
- **Requests from behavioral health and medical professionals**—DCRs, mobile crisis teams, clinicians.

*Recent trend: **less** police involvement in crisis calls and **more** involvement from fire/EMS.*

EFFECTIVE 988 TRANSFORMATION

Understands the importance of first responders in crisis response—fire/EMS and police are part of the continuum of care.

Promotes best practices for first responders so they are well prepared for crisis situations and open the door to support and care.



“Washington needs more doors- and alternatives to emergency departments”

-Professor Jennifer Stuber, UW

HEALING OUTCOMES



BEST PRACTICES: POLICE

SPECIALIZED TRAINING THAT IS USED IN THE FIELD

- Recognizing signs and symptoms
- Communication and de-escalation skills
- Trauma informed and trauma responsive
- Empathy
- Identifying community programs and partners

COMMUNITY PARTNERSHIPS

(crisis intervention team concept)

- Working closely with outside behavioral health, medical and social service providers to divert from incarceration.

CO-RESPONSE

- **Police programs** that partner behavioral health providers and police
- Crisis response and follow up
- Care navigation



WASHINGTON PRACTICE

Mandated 8- hour Crisis Intervention Team Training and 40-hour optional training (plus continuing ed)

Encouragement of police co-response teams-state legislation and funding

- Approximately 25 police-based co-response programs in operation
- Teams provide both in the moment crisis response and follow-up care coordination
- Aligning peers and police through LEAD and Recovery Navigator programs; peer-centered co-response

BEST PRACTICES: FIRE/EMS

SPECIALIZED TRAINING THAT IS USED IN THE FIELD

- Medical orientation: signs and symptoms
- Communication and de-escalation
- Trauma informed and trauma responsive
- Empathy
- Identifying community programs and partners

COMMUNITY PARTNERSHIPS

- Working closely with outside behavioral health, medical and social service providers to divert from emergency systems.

CO-RESPONSE

- **Fire/EMS programs** that partner behavioral health providers with firefighters, EMTs, paramedics
- Medical and behavioral health orientation (“*merging medicine and social work*”-Chief Maxwell, South County Fire)
- Crisis response and follow up
- Home based interventions

Crisis Support Training (CST)



MENTAL HEALTH FIRST AID
for FIRE AND EMS AM

Utah bill would create EMS licenses specifically for behavioral health

Bill sponsor Sen. Daniel Thatcher said Utah could become the first state to have teams of EMS professionals specifically trained and licensed to respond to behavioral health emergencies

WASHINGTON PRACTICE

Minimal training requirements or support for training:
“there’s really nothing for us available.”

Recent legislation permits alternative response teams in the fire service- no mention of behavioral health response (RCW 35.21.930).

Growing interest in fire-based co-response connected to Mobile Integrated Health movement

-Approximately 15 programs currently partnering firefighters/EMS workers with behavioral health professionals

-Many concerns about training, funding, sustainability

Untapped potential of fire/EMS response

EMERGING BEST PRACTICES- FIRE/EMS/ POLICE

Alignment of Co-Response Teams with **Mobile Crisis Teams**

- Dispatch coordination 988/911—reducing wait times
- Follow-up
- Information sharing

Alignment of Co-Response Teams with **Hospitals**

- Follow up post discharge—EMS prevention
- Home based stabilization for non emergent situations

Creation of EMS-Mobile Crisis Teams to provide rapid response to individuals in crisis

- Combining medical and behavioral health expertise-potential to do medical assessments, medication management, home stabilization
- Highly relevant in rural/frontier areas that lack BH services (importance of telehealth and home-based stabilization)
- Trauma-informed ITA process – police car as a last resort

“Fire Departments fund prevention programs, not crisis response programs—we can’t do this work without sustainable funding.” –Chief Jim Gillard, Poulsbo Fire



CERTIFICATION OF ENROLLMENT

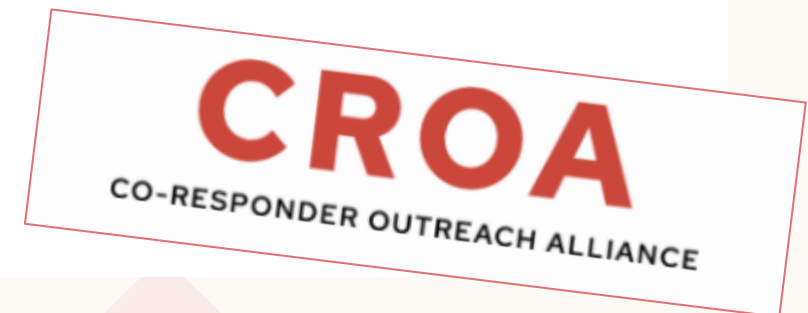
SUBSTITUTE SENATE BILL 5644

Chapter 232, Laws of 2022

67th Legislature
2022 Regular Session

BEHAVIORAL HEALTH CO-RESPONSE SERVICES—BEST PRACTICES

EFFECTIVE DATE: June 9, 2022



CRIS Member Breakout Groups

Room 1	Room 2	Room 3
Suzanne Rabideau	Laura Collins	Michael Anderson-Nathe
Amber Leaders	Anna Nepomuceno	Bipasha Mukherjee
Claudia D'Allegri	Caitlin Safford	Dillon Nishimoto
Ellen Carruth	Darya Farivar	Heather Sanchez
Jan Tokumoto	Jessica Shook	Jane Beyer
Justin Johnson	Joan Miller	Jenn Stuber
Kashi Arora	Senator Judy Warnick	Kimberly Hendrickson
Krystina Felix	Levi Van Dyke	Michael Reading
Puck Kalve Franta	Linda Grant	Michelle McDaniel
Robert Small	Michele Roberts	Representative Tom Dent
Ron Harding	Senator Manka Dhingra	Summer Hammons
Representative Tina Orwall	Darcy Jaffe	

1. How can we expand what we currently have to better align with best practices?
2. What do we need that we don't currently have to better align with best practices?
3. What are additional considerations needed to address gaps in care for specific populations?

ACTION ITEMS & NEXT STEPS

PUBLIC COMMENTS

	Name
1.	Carolyn Goza
2.	Laura Van Tosh
3.	
4.	
5.	
6.	
7.	
8.	
9.	