

# Crisis Response Improvement Strategy (CRIS) Committee

September 30, 2021

HEALTH  
MANAGEMENT  
ASSOCIATES

HARBORVIEW  
MEDICAL CENTER

UW Medicine



King County

# Zoom Etiquette: CRIS Committee Members



# Zoom Etiquette: Public Observers



# **Welcome & Introductions**

## CRIS Meeting Objectives

1. Build and sustain collaborative relationships with each other.
2. Understand the Behavioral Health System Redesign process.
3. Affirm CRIS Committee charter.
4. Secure a baseline understanding amongst all CRIS Committee members of:
  - a) The history and context of the crisis response system in Washington State and the effort to get HB 1477 passed.
  - b) Outcomes from the Vibrant 988 State Planning Grant effort, including how WA is taking the groundbreaking approach to leveraging the 988 funding to redesign the crisis response system.
5. Engage with each other on what success will look like at the end of this process.
6. Confirm action items and next steps.
7. Hear public comment.

# Meeting Agenda

TIME	TOPIC and OBJECTIVE
9 am	Technology Review
9:05 am	Welcome and Introductions
9:35 am	Personal Story
9:40 am	Ice Melter and Public Participant Poll
9:50 am	Review BH System Redesign Organizational Structure and Process
10:05 am	Affirm CRIS Committee Charter
10:20 am	Stretch Break
10:30 am	Presentation: Level Setting
11:00 am	Interactive Discussion: What does success look like?
11:35 am	Action Items and Next Steps
11:38 am	Public Comment
Noon	Adjourn

## Rules for Public Comment

1. Each speaker is allocated 2 minutes to speak. This timing will be strictly enforced. The facilitator may, at their discretion, increase or decrease this time. In this case, the facilitator will communicate the change to speakers prior to the start of the public comment period.
2. A speaker may not share or relinquish any remaining time they have not used to another speaker.
3. Speakers are only allowed to speak one time during the public comment period.
4. A person may speak only if they have signed up to speak, in accordance with the CRIS Committee's procedures. Speaker substitutions at the meeting are not allowed.
5. If time in the agenda remains after all individuals who signed up to speak have been called, the facilitator may invite other members of the public to raise their hand to speak. The facilitator will call individuals in the order they raise their hand.
6. Speakers shall refrain from personal attacks and/or threats directed towards staff, CRIS Committee members, or members of the public.
7. Speakers shall be civil and courteous in their language and presentation. Insults, profanity, use of vulgar language, or gestures or other inappropriate behavior are not allowed.
8. Speakers should not expect CRIS Committee members to comment on or respond to their comments directly during the meeting.
9. The facilitator has the authority to enforce these rules. Failure to obey these rules may result in the forfeiture of the remaining speaking time. Individuals who engage in egregious or repeated violations may be asked to leave the meeting.

# Public Comment

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1.	LeAnne	Fackler	9/23/2021 17:05
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26.	Laura	Van Tosh	9/28/2021 20:29
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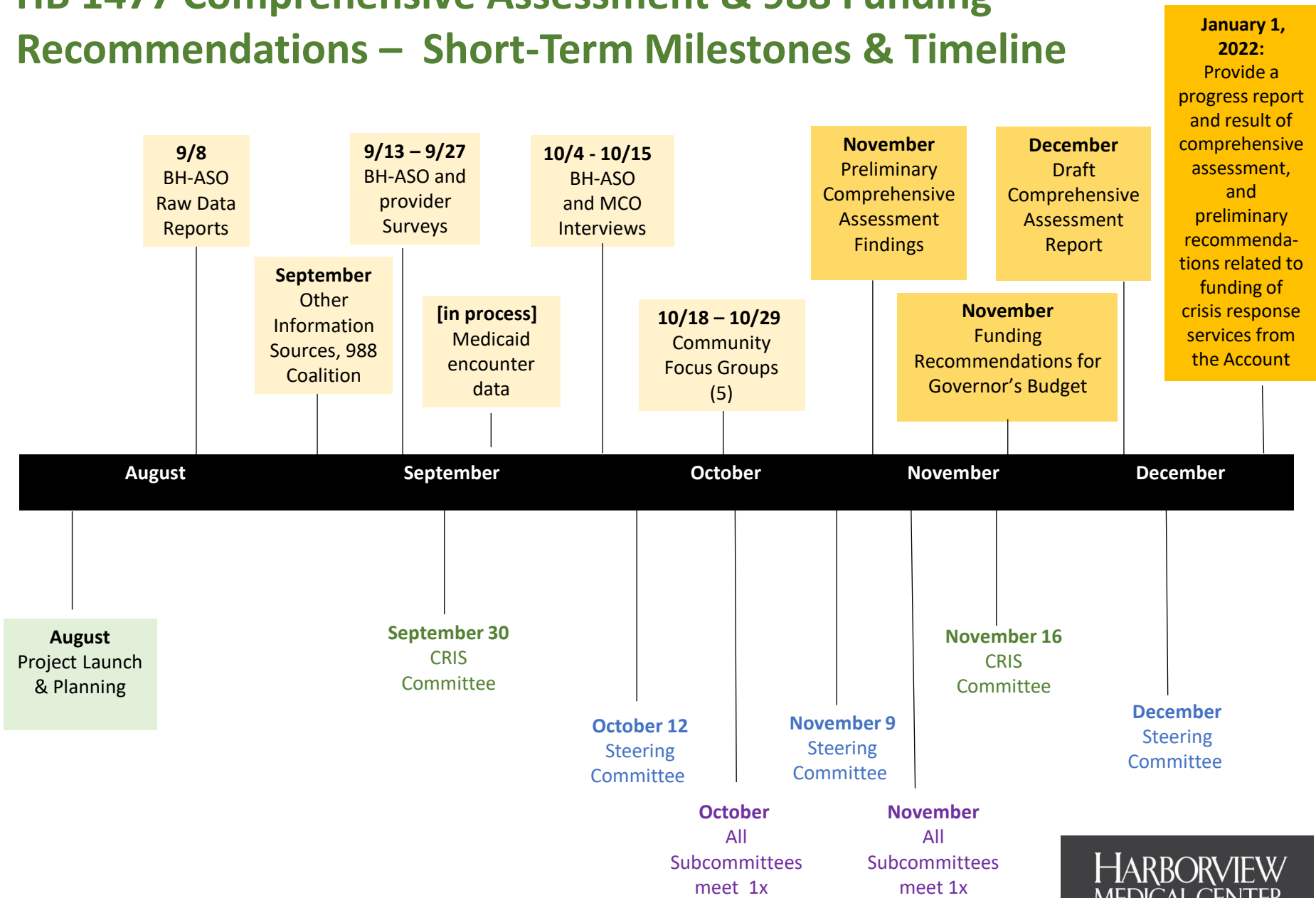
**Behavioral  
Health System  
Redesign  
Process &  
Organizational  
Structure**

**HMA is contracted with the Behavioral Health Institute at Harborview Medical Center to provide facilitation and backbone support to the Crisis Response Improvement Strategy (CRIS) Committee, Steering Committee, and subcommittees to fulfill legislative deliverables outlined by HB 1477 Section 103 & 104.**

- **January 1, 2022:** First legislative progress report, result of comprehensive assessment, and preliminary recommendations related to funding of crisis response services from the Statewide 988 Behavioral Health Crisis Response and Suicide Prevention Line Account (Account).
- **January 1, 2023:** Second legislative progress report, including recommendations related to crisis call center hubs, and final recommendations related to funding crisis response services from the Account.
- **January 1, 2024:** Final legislative report, including recommendations in 13+ areas outlined by the legislation.

- **Steering Committee: Five members of the CRIS Committee**
  - Health Care Authority (HCA)
  - Department of Health (DOH)
  - Office of the Governor Representative
  - Senate Member
  - House Member
  
- **CRIS Committee: 36 members outlined by HB 1477**
  - 10 designated seats
  - 26 appointed or requested by HCA
  
- **Subcommittees formed by the Steering Committee to provide professional expertise and community perspectives**
  - Washington Tribal 988
  - Credentialing & Training
  - Technology
  - Cross-System Response
  - Confidential Information Compliance & Coordination
  - Lived Experience
  - Rural/Agricultural

# HB 1477 Comprehensive Assessment & 988 Funding Recommendations – Short-Term Milestones & Timeline



- **As directed by HB 1477, the Steering Committee has selected three co-chairs from among its members to lead the CRIS Committee.**
  - Amber Leaders
  - Representative Orwall
  - Michele Roberts
- **To advance equity and transparency, the Steering Committee has decided to add a fourth co-chair to be appointed by CRIS Committee members. The fourth co-chair will be one of the four CRIS members representing lived experience.**
  - CRIS members will receive a brief biography of each potential co-chair, and a request to complete an anonymous poll to select a candidate
  - Based on the vote, a co-chair will be selected and invited to the November Steering Committee meeting as a non-voting member
  - Share results with the CRIS Committee via email

# Affirm CRIS Committee Charter

**BREAK**



# CRIS Committee Kickoff HB 1477/988 Overview

Rep. Tina Orwall, M.S.W.





**Current Crisis System  
Vision for 988  
HB 1477**

# emergency numbers

Write in the telephone numbers you will need in case of emergency.

Obtain your Emergency Police and Fire numbers from the list below.



fire



police



state patrol

627-3531



doctor



grady ambulance

523-4711

**FBI**

Federal Bureau of Investigation (FBI)

521-3900

Georgia Bureau of Investigation (GBI)

627-3531

► or dial "OPERATOR" in any emergency and say for example

"I want to report a fire at\_\_\_\_"  
or "I want a policeman at" etc.

If you cannot stay at the telephone, tell the "OPERATOR" the exact location where help is needed.



# *911 was not designed for behavioral health crises*



Police are default responders

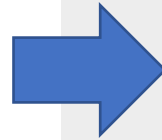
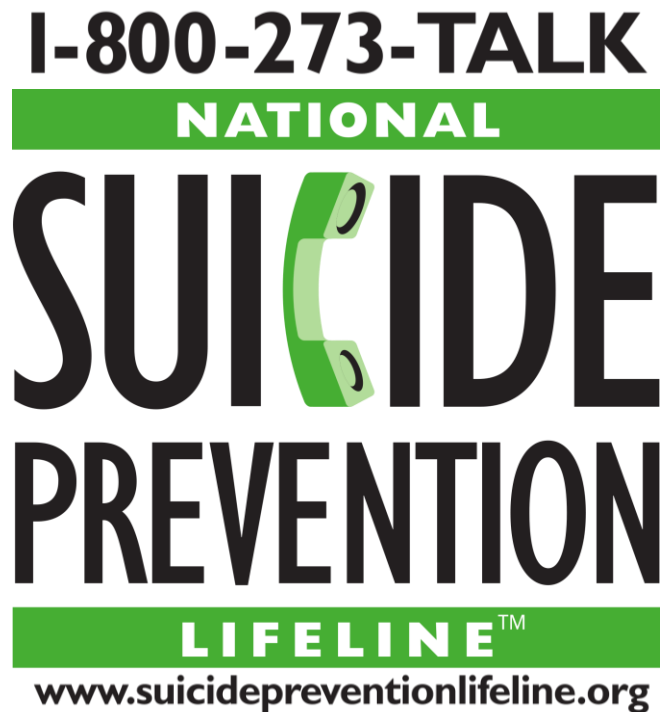


One in 4 shootings is someone experiencing a behavioral health crisis



Police are not clinicians nor did they ask to take on that role





988

Behavioral  
Health Crisis &  
Suicide Hotline



**CRISIS NOW**  
Transforming Crisis Services



**American  
Foundation  
*for* Suicide  
Prevention**



**nami**

National Alliance on Mental Illness

## Community-Based

## Facility-Based

Peer Warm  
Line & Crisis  
Navigators

Crisis  
Clinical  
Answering  
Service

Crisis Call /  
Text / Chat  
Hub

24/7  
Outpatient

Hospital  
Rapid  
Response

Community  
Mobile Crisis

Peer  
Respite/  
Short Term  
Residential

23 Hour  
Urgent Care

Crisis  
Stabilization  
(Short Term  
Crisis  
Hospital  
Beds)

Acute Care  
Inpatient

1

2

3

Contact | Support | Rescue



Anyone, Anytime, Anywhere

# CRISIS CALL HUB

The background of the slide is a dark blue digital interface. It features several concentric circles and dashed lines, suggesting a radar or tracking system. There are three white airplane icons with associated flight numbers: 'UK 8925' in the lower-left, 'CH 7662' in the center-right, and 'US 1452' in the upper-right. A small white dot is labeled 'CHT' in the lower-left. The overall aesthetic is high-tech and data-driven.

## Best Practice:

Suicide Assessment, GPS Mobile Team Dispatch, Bed Registry, Follow up





# MOBILE CRISIS

Best Practice:

Clinical response, Peer part of team,  
GPS-enabled Tech, Engaging Police as  
Last Resort



24H CARE

Best Practice:

Dedicated First Responder Area,  
Incorporate Intensive Support Beds, Bed  
Registry & Connections to Ongoing Care

# HB 1477 (988 bill)



**Population**  
7,290,000

**Medicaid Expansion**  
Yes (56% FMAP Base)

**Anticipated Face to Face Crisis Episodes**  
174,960

**SAMHSA Guidelines**

**Call Hub**  
\$24.5 million

**Mobile Teams**  
\$16.2 million

**Crisis Receiving**  
\$125.2 million

## 988



Legislation: **HB 1477**

# States

**Fee:** 24 cents on each switched access, radio access and VoIP line October 1, 2021 through December 31, 2022, followed by 40 cents beginning January 1, 2023

**Anticipated Revenue:** \$17.9 million in FY2022, \$36.1 million in FY2023 and \$45.7 million in FY2024

**Call Center Expenses:** Including IT supports and CRIS staffing, \$11.4 million in FY2022, ramping up to \$24.5 million in FY2026

**Notable:** Includes \$500k Tribal 988 Line and extensive planning and coordination, with the establishment of a crisis response improvement strategy committee

**Special thanks to Representative Tina Orwall for the info above.**

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- Prepare WA state for 988
- **Enable telecom fee** (24 cents/month, increased to 40 cents)
- Expand our three call centers (suicide hotlines to 988 HUB call centers)
- **Fund the first 988 Tribal line**
- Large scale planning— landscape to expansion efforts --building a culturally sensitive, trauma informed crisis system --including persons with lived experiences
- **NDA's— next day appointment (includes private plans by 2023)**
- Some initial investments to expand crisis teams

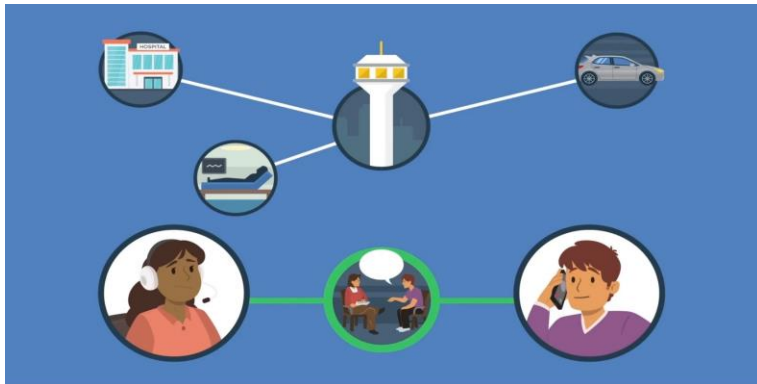
# Expansion of Designated Suicide Lifelines (988 Call HUBS)

Volunteers of America (VOA) 

- 988 Tribal line

Crisis Connections 

Frontier Behavioral Health



- Increased resources to double staffing levels
- Suicide Screenings
- Triage
- Follow up (2022)
- Dispatch crisis teams (rapid response 2023)
- Next Day Appointments (2023)
- Access to bed openings (2023)
- Protocols/warm handoffs with 911

# Enhanced Crisis Response and Crisis Stabilization Bed/Resources

## How do we...

- *ensure crisis response services are available statewide?*
- *enhance crisis teams to be able to respond in 15-20 minutes?*
- *create crisis teams/crisis stabilization services that are trauma informed and culturally sensitive to meet the needs of diverse populations?*
- *build the best crisis stabilization systems in the nation?*



# ***988 planning efforts***

- ***Steering committee, CRIS Committee, Sub committees***
- ***Including voices of people with lived experience in every part of the planning***
- ***Reporting back to the legislature***

*Thank you!*

***Your voices matter in creating 988  
and strengthening Washington's Crisis Response System***

Rep. Tina Orwall, 33<sup>rd</sup> Legislative District





# 988 State Planning Grant



# 988 State Planning Grant

## Background Review

- 988 State Planning Grant in Washington State:
  - Funded by [Vibrant Emotional Health](#)
  - February 1, 2021 – January 31, 2022 (no-cost extension from original date of September 30, 2021)
  - Grant implementation partners: Department of Health, Health Care Authority, University of Washington, Volunteers of America of Western Washington, Crisis Connections, and Frontier Behavioral Health.
- Grant funding supports states and U.S. territories to:
  - **Develop clear roadmaps** for addressing key system coordination, capacity, funding and communication strategies that are foundational to the launching of 988.
  - **Plan for the long-term improvement** of in-state answer rates for 988 calls; goal of 90% or higher.
- Grant deliverables: (1) Washington State Landscape Analysis; (2) Washington State 988 Implementation Plan.

# Ensuring statewide 24/7 coverage for 988 calls, chats, and texts

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- In Washington State, there are three NSPL member centers:
  - Crisis Connections (King County)
  - Volunteers of America of Western Washington (remaining 38 counties) – core chat & text center
  - Frontier Behavioral Health (onboarding; will be covering six counties in the greater Spokane Region)
- NSPL supports suicide prevention and crisis support nationwide, linking callers to support and resources
  - Press 1: Veteran’s Crisis Line
  - Press 2: Lifeline’s Spanish language line



# Secure adequate, diversified, and sustained funding streams for Lifeline Contact Centers

- Currently, NSPL member centers operate on a collective annual budget of approximately \$1 million across all three centers

## 988 Year 1 Projected Costs – Washington State; Independent Model

Washington State population: 7,614,893

Call Volume Projections		988 Cost Per User Contact			
Annual offered 988 contacts	173,300		Y1 Volume	AHT	Cost
Number of crisis call center hubs	3	Estimated cost per contact	128,000	1193	\$66.76
Annual handled contacts	128,000	Inbound calls	72,600	960	\$53.72
Occupancy	55.9%	Outbound calls	3,600	600	\$33.58
		Chat	48,900	1600	\$89.54
		Text (dedicated labor time)	2,900	900	\$50.36
Staffing and Personnel Projections		Total Year 1 Cost Projections			
Number of crisis call center hubs	3	Shared capital	\$162,076		
Counselor FTEs	62.0	Shared management	\$1,131,116		
Supervisor FTEs	12.0	Shared expense	\$256,671		
Quality Assurance FTEs	2.0	Dedicated capital	\$18,976		
Program Manager FTEs	3.0	Dedicated expense	\$337,193		
Workforce Manager FTEs	3.0	Dedicated personnel	\$6,638,330		
Resource Specialist FTEs	3.0				
Staffing and Scheduling FTEs	3.0				
Non-dedicated FTEs*	11.5				
Total FTEs	99.5	<b>Total year 1 projected cost</b>	<b>\$8,544,362</b>		
Average annual salary per counselor FTE	\$56,300				

\*Non-dedicated FTEs are apportioned at 50% of the following positions: Contact Center Director, Contact Center Manager, Human Resources Manager, Accountant, Recruiter, Trainer, and Information Technology Support.

# Expand and sustain center capacity to maintain target in-state answer rates for current and projected 988 volume for calls, texts, chat volume

- The 988 State Planning Grant Team is working with current and projected (five-year forecast) cost per call predictions
  - Intended to proactively address potential capacity challenges
  - Supports collaboration if NSPL member call centers
- Development of a three-year plan to expand and sustain contact center capacity to maintain a 90% in-state answer rate for 988 call, chats and texts
- Plan for ensuring Lifeline operational standards, minimum membership requirements, and minimum performance metrics for 988 contacts are met by NSPL member centers

# WA 988 State Planning Coalition

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- Coalition – knowledge and perspectives that are essential to 988 roll out.
- Must meet monthly, April 2021 – September 2021
  - Individuals with lived experience of suicide thoughts, attempts and/or loss
  - A representative from one or more Lifeline crisis center receiving stipends through the grant
  - State suicide prevention coordinators
  - County or regional mobile crisis service providers/oversight bodies
  - Providers of crisis respite/stabilization services
  - Law enforcement leaders
  - 9-1-1/PSAP leaders
  - Peer support service providers
  - Major state/local mental health and suicide prevention advocacy groups (e.g., chapters of MHA, NAMI, AFSP, etc.)

# Maintain a comprehensive, updated listing of resources, referrals, and linkages; plan for expanded services

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- Ensure NSPL member centers have a system in place to maintain local resource and referral listings (updated annually):
  - Substance abuse treatment and support groups
  - Alcohol recovery programs and support groups
  - Suicide loss survivor support groups
  - Suicide attempt survivor support groups
  - LGBTQ specialized services
  - Culturally relevant support services including services that support racial justice for BIPOC individuals
  - Compulsive gambling support services
  - Social service information and referral
  - Crisis stabilization units
  - In-patient psychiatric unit services
  - Domestic violence support services
  - Sexual assault prevention and survivor services



Questions

# Interactive Discussion



*Imagine it is January 2024. What would make you look back and say, this was a good use of my time? In other words, what does success look like?*

- What are your hopes for this project?
- What are your fears?

# Action Items & Next Steps

# Public Comment

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