All CRIS Subcommittee Kickoff Meeting
HB 1477 Behavioral Health Crisis Response and Suicide Prevention System Redesign

December 2, 2021
Zoom Etiquette
<table>
<thead>
<tr>
<th>TIME</th>
<th>TOPIC</th>
</tr>
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<tbody>
<tr>
<td>12 pm</td>
<td>Technology Moment</td>
</tr>
<tr>
<td>12:05 pm</td>
<td>Welcome, Introductions, Review Meeting Agenda</td>
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<tr>
<td>12:20 pm</td>
<td>Overview of Behavioral Health Redesign Process</td>
</tr>
<tr>
<td>12:30 pm</td>
<td>HB 1477 Implementation Updates</td>
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<tr>
<td>12:50 pm</td>
<td>Interactive Discussion: Subcommittee Introductions</td>
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<tr>
<td>1:35 pm</td>
<td>Wrap up &amp; Next Steps</td>
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<tr>
<td>1:38 pm</td>
<td>Public Comment Period</td>
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<tr>
<td>2:00 pm</td>
<td>Meeting Adjourn</td>
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HB 1477, establishes the Crisis Response Improvement Strategy Committee, Steering Committee, and Subcommittees to make recommendations necessary to implement and monitor the progress of the 9-8-8 crisis hotline in Washington, and for the statewide improvement of behavioral health crisis response and suicide prevention services.

- **January 1, 2022**: First progress report to the Governor and Legislature, including results of comprehensive assessment of the current system and preliminary 988 funding recommendations
- **January 1, 2023**: Second progress report to the Governor and the Legislature, including recommendations related to crisis call center hubs, and final 988 funding recommendations
- **January 1, 2024**: Final report to the Governor and Legislature, including recommendations in 13+ areas outlined by the legislation

**BHI and HMA Roles**
House Bill 1477 directs the Behavioral Health Institute at Harborview Medical Center to convene the CRIS Committee, Steering Committee, and Subcommittees. Health Management Associates, Inc. (HMA) is serving as Harborview’s contracted consultant to provide meeting facilitation and staff support for the CRIS committee meetings and HB 1477 deliverables outlined for the Committees.
HB 1477 – Committee Structure

➢ **Steering Committee: Six members of the CRIS Committee**
  
  • Health Care Authority (HCA)
  • Department of Health (DOH)
  • Office of the Governor Representative
  • Senate Member
  • House Member
  • **Added** CRIS Committee 4th Co-chair (Member representing lived experience)

➢ **CRIS Committee: 36 members outlined by HB 1477**
  
  • 10 designated seats
  • 26 appointed or requested by HCA

➢ **Seven Subcommittees**
  
  1. Washington Tribal 988
  2. Credentialing & Training
  3. Technology
  4. Cross-System Response
  5. Confidential Information Compliance & Coordination
  6. Lived Experience
  7. Rural & Agricultural
### About the Behavioral Health System Redesign – Structure

#### Steering Committee
Role: Make Recommendations to the Governor and Legislature

#### CRIS Committee
Role: Advise the Steering Committee as it formulates recommendations

#### Subcommittees
Role: Provide professional expertise and community perspectives on discrete topics

<table>
<thead>
<tr>
<th>Committee</th>
<th>Role</th>
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<tbody>
<tr>
<td>Tribal 988 Sub委员会</td>
<td>Provide professional expertise and community perspectives on discrete topics</td>
</tr>
<tr>
<td>Credentialing and Training Subcommittee</td>
<td>Provide professional expertise and community perspectives on discrete topics</td>
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<tr>
<td>Technology Subcommittee</td>
<td>Provide professional expertise and community perspectives on discrete topics</td>
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<tr>
<td>Cross-System Crisis Response Subcommittee</td>
<td>Provide professional expertise and community perspectives on discrete topics</td>
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<tr>
<td>Confidential Information Subcommittee</td>
<td>Provide professional expertise and community perspectives on discrete topics</td>
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<tr>
<td>Rural &amp; Agricultural Communities</td>
<td>Provide professional expertise and community perspectives on discrete topics</td>
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<tr>
<td>Lived Experience</td>
<td>Provide professional expertise and community perspectives on discrete topics</td>
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* Five of the seven subcommittees are established by HB 1477. The Steering Committee established two additional subcommittees: Lived Experience, and Rural & Agricultural Communities.
### Key Milestones

<table>
<thead>
<tr>
<th>2021</th>
<th>2022</th>
<th>2023</th>
<th>2024</th>
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<tr>
<td>Q3</td>
<td>Q1</td>
<td>Q1</td>
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<tr>
<td>2021</td>
<td>2022</td>
<td>2023</td>
<td>2024</td>
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#### August – December 2021

- **Preliminary Funding Recommendations for the 988 Line** (crisis call centers and crisis services)
- **Comprehensive Assessment the Current Behavioral Health Crisis Response and Suicide Prevention System**

#### January – December 2022

- **Final Funding Recommendations**
- **Recommendations Related to Crisis Call Center Hubs**

#### January – December 2023

- **All Recommendations in areas identified by HB1477**

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**January 1, 2022:** Comprehensive assessment of current system and preliminary recommendations related to funding of 988 crisis response services.

**July 2022:** New 988 NSPL Launch

**January 2023:** Agreements with MCOs and BH-ASOs to support services & coordination

**July 2023:** Crisis Call Center Hub Standards (DOH Rules)

**July 2023:** Best Practice Guidelines for Crisis Call Center Hub Services

**January 2024:** Final Report with Recommendations

**July 2024:** Call Centers Designated as Crisis Call Center Hubs by DOH

**July 2023:** Technology Platform fully funded
Subcommittee Next Steps

➢ Subcommittee 2022 Meetings and Next Steps
  ◦ HMA Subcommittee Facilitation Team to follow up with committee calendar
  ◦ Agendas will be developed to inform CRIS and Steering Committee Recommendations
  ◦ Comprehensive Assessment will inform subcommittee priorities

➢ All Committee and Subcommittee meetings are open to the public and public comments and questions are welcome at any time
  ◦ Public comment via email: HCAprogram1477@hca.wa.gov
  ◦ All committee member lists, meeting dates, agendas and other resources available on the CRIS webpage - https://www.hca.wa.gov/about-hca/behavioral-health-recovery/crisis-response-improvement-strategy-cris-committees
988 & DOH IMPLEMENTATION OVERVIEW

December 2, 2021
988 State Planning Grant Background Review

- 3 National Suicide Prevention Lifeline (NSPL) member centers
  - Volunteers of America of Western Washington, Crisis Connections, and Frontier Behavioral Health

- 988 State Planning Grant in Washington State:
  - Funded by Vibrant Emotional Health – national administrator of the National Suicide Prevention Lifeline (NSPL)
  - Grant implementation partners: Department of Health, Health Care Authority, University of Washington, Volunteers of America of Western Washington, Crisis Connections, and Frontier Behavioral Health
3 Key Highlights

1. **Convened stakeholders** to advise on planning
   - 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.)

*Focus on lived experience*
3 Key Highlights

2. **Identify and address** key system coordination, capacity, and strategies that are foundational for NSPL member centers to implement 988

- 3 member centers can take 988 calls starting July 2022
- Links to the Veteran’s Crisis Line and Lifeline’s Spanish Language Line
- Washington Indian Behavioral Health Hub
- In partnership with the American Indian Health Commission, and within the Volunteers of America member center

- 1 NSPL member center currently has text capabilities
- 3-year plan to expand and sustain NSPL member center capacity to maintain a 90% in-state answer rate for current and projected 988 call, chats and texts
3. **Establish foundation** for implementing, expanding and sustaining best practices within the National Network crisis response system
   - Planning to ensure NSPL operational standards, minimum membership requirements, and minimum performance metrics for 988 contacts are met
Responding to a Behavioral Health Crisis with the 988 System

The 988 response system will create a coordinated system of response and follow-up services that are linguistically, culturally, and geographically specialized across the state.

For behavioral health crises

Call/Text/Chat
988
(medical emergencies can be routed to 911)

Triage

Support/
Safety Planning

Mobile Unit

Hospital Beds

Peer-to-Peer

Next day Referral

Follow-up
HB 1477
Current work and updates
Current work of HCA

- Supports behavioral health services across the care continuum.
- Contracts with managed care plans for behavioral health services.
- Provides financial support to crisis response lines.
- Administers Federally funded Substance Abuse and Mental Health Block Grants.
Driving Principles: Where we are

- Crisis responses that lead to different systems of care.
- Systems of care that do not communicate.
Driving principles: Where we want to be

- Crisis response that starts at any point and leads to continuity of care.
- Systems of care that communicate.
"System of Systems"

- Call Center (DOH)
- Interoperability Platform (HCA)
- Crisis Services Providers (HCA)

Enabling functionality for:
- Referrals
- Follow up appointments
- Provider communication

Data Privacy & Security
(incl. governance, role-based-access)
Future work

- Create an integrated behavioral health client referral system:
  - Real time bed count
  - Deploy and track local responses
  - Track call outcomes
  - Track and document care transitions to non-crisis systems
  - Provide person-centered services
  - Consult with tribal governments and assure access for tribal members
  - Assure collaboration across the continuum and multiple BH initiatives
Interactive Discussion – Subcommittee Introductions

Subcommittees
1. Confidential Information
2. Credentialing & Training
3. Cross-System Crisis Response
4. Technology
5. Lived Experience
6. Rural & Agricultural
➢ Subcommittee members will be moved into breakout groups, and will be asked to provide brief introductions
  o What brings you to crisis system work?
  o Why are you interested in participating on this subcommittee?

➢ Members of the public may choose a breakout group to join
  o Request to observe only during subcommittee members introductions.
  o Please keep cameras off and mics muted.
Wrap Up & Next Steps
PUBLIC COMMENT
MEETING
ADJOURNED