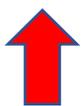
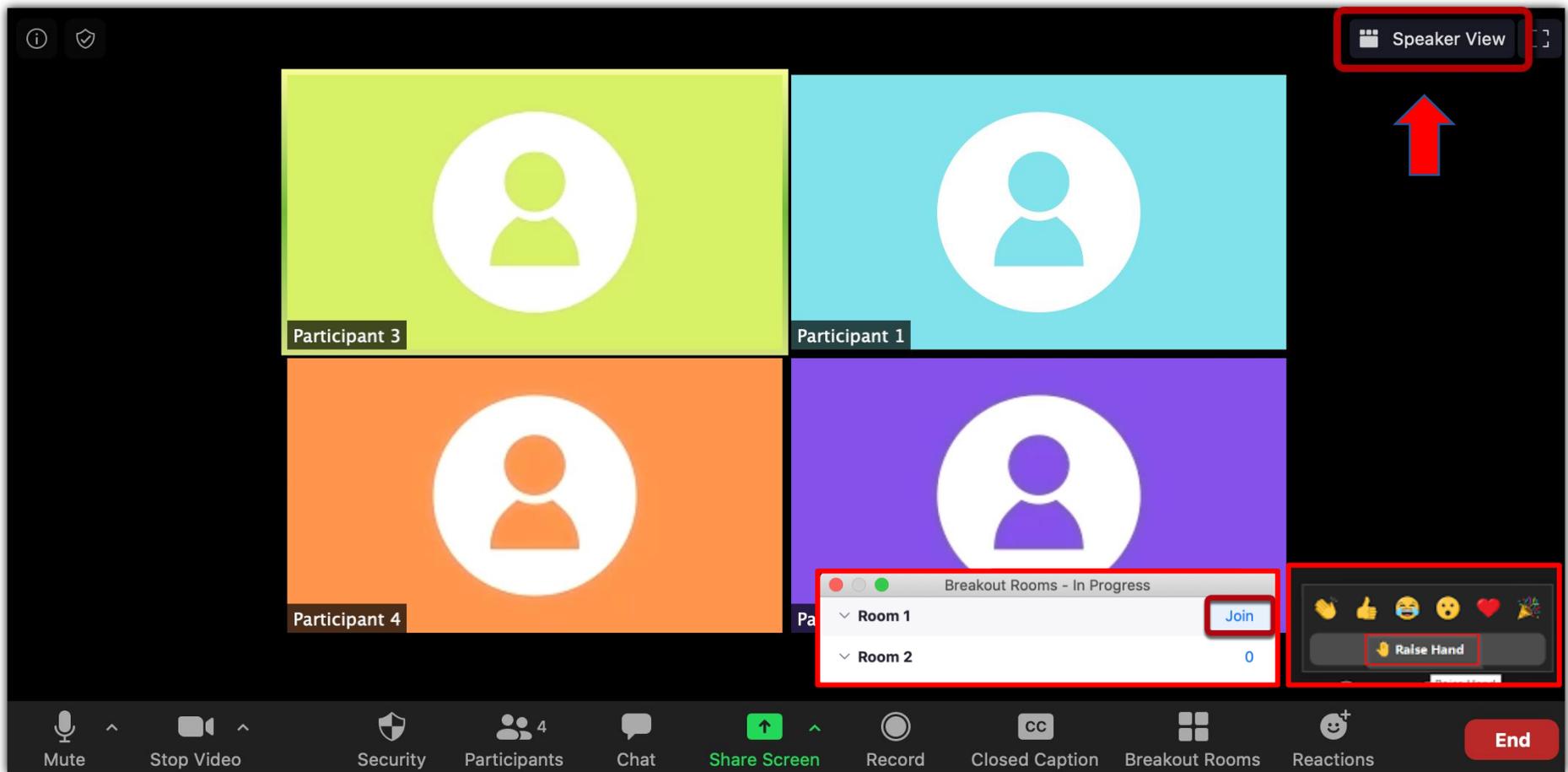


All CRIS Subcommittee Kickoff Meeting

HB 1477 Behavioral Health Crisis
Response and Suicide Prevention
System Redesign

December 2, 2021

Zoom Etiquette



Today's Agenda

TIME	TOPIC
12 pm	Technology Moment
12:05 pm	Welcome, Introductions, Review Meeting Agenda
12:20 pm	Overview of Behavioral Health Redesign Process
12:30 pm	HB 1477 Implementation Updates
12:50 pm	Interactive Discussion: Subcommittee Introductions
1:35 pm	Wrap up & Next Steps
1:38 pm	Public Comment Period
2:00 pm	Meeting Adjourn

Behavioral Health System Redesign – Overview

- **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.

**HARBORVIEW
MEDICAL CENTER**

UW Medicine  King County

- **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

Tribal 988 Subcommittee	Credentialing and Training Subcommittee	Technology Subcommittee	Cross-System Crisis Response Subcommittee	Confidential Information Subcommittee	Rural & Agricultural Communities	Lived Experience
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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

HB 1477 Key Milestones & Timeline 2021-2023

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**

Key Milestones

2021		2022				2023				2024	
Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022	Q1 2023	Q2 2023	Q3 2023	Q4 2023	Q1 2024	Q2 2024

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 2024
Call Centers Designated as Crisis Call Center Hubs by DOH

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

January 1, 2023: Recommendations related to crisis call center hubs, and final recommendations related to funding 988 crisis response services.

July 2023
Best Practice Guidelines for Crisis Call Center Hub Services

January 1, 2024: Final Report with Recommendations

July 2023
Technology Platform fully funded

➤ 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

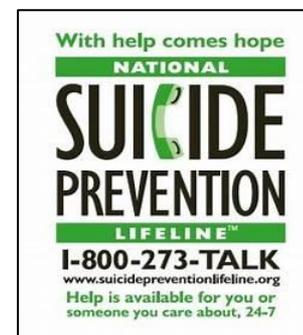
- Individuals with lived experience of suicide thoughts, attempts and/or loss
- A representative from one or more Lifeline crisis center receiving stipends through the grant
- State suicide prevention coordinators
- County or regional mobile crisis service providers/oversight bodies
- Providers of crisis 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 Key Highlights

- 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.



HB 1477

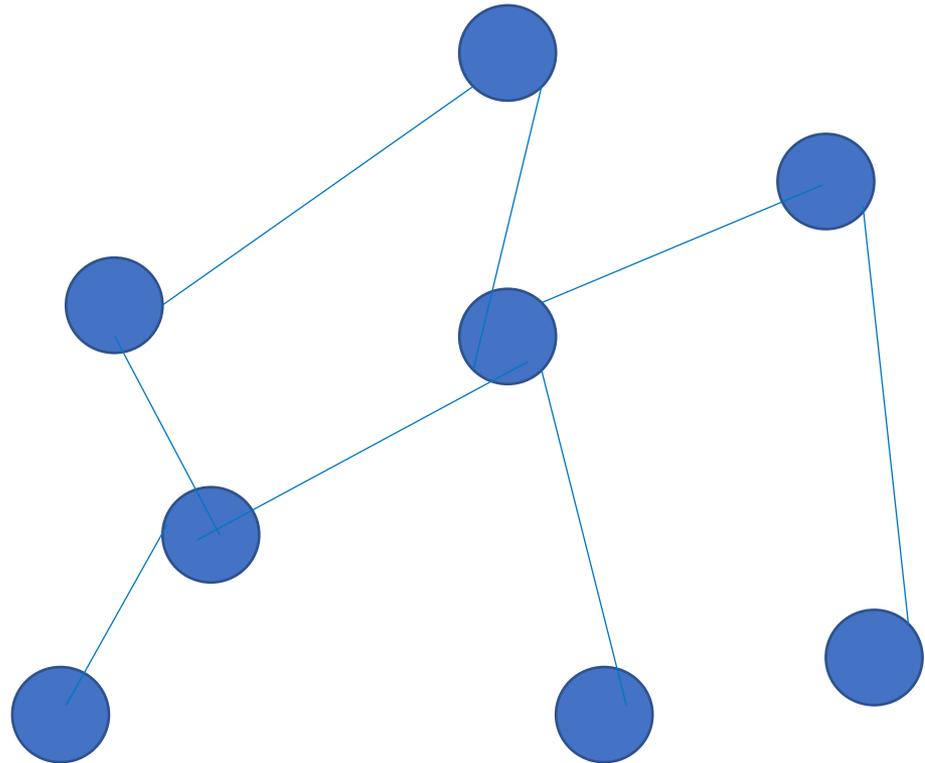
Current work and updates

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.

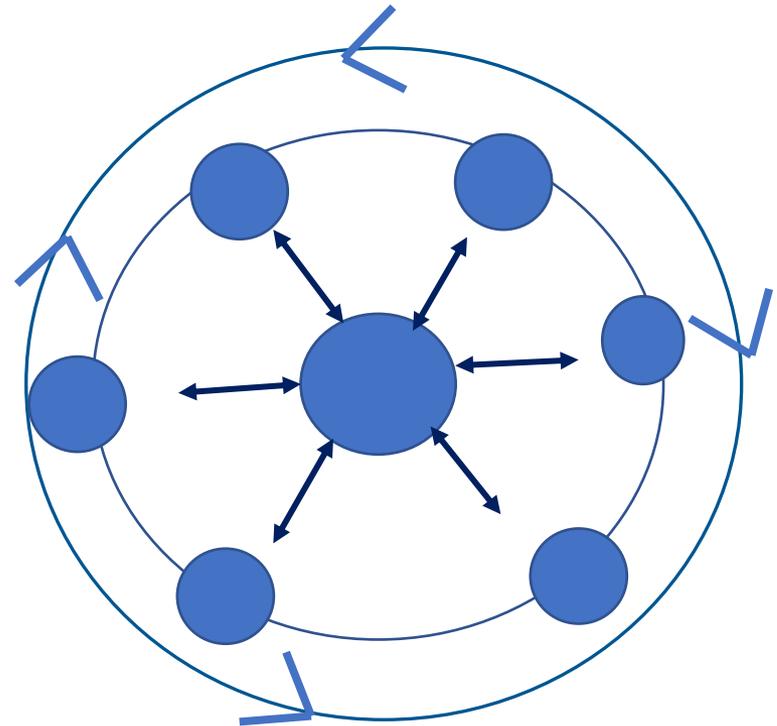
Driving Principles: Where we are

- ▶ Crisis responses that lead to different systems of care.
- ▶ Systems of care that do not communicate.

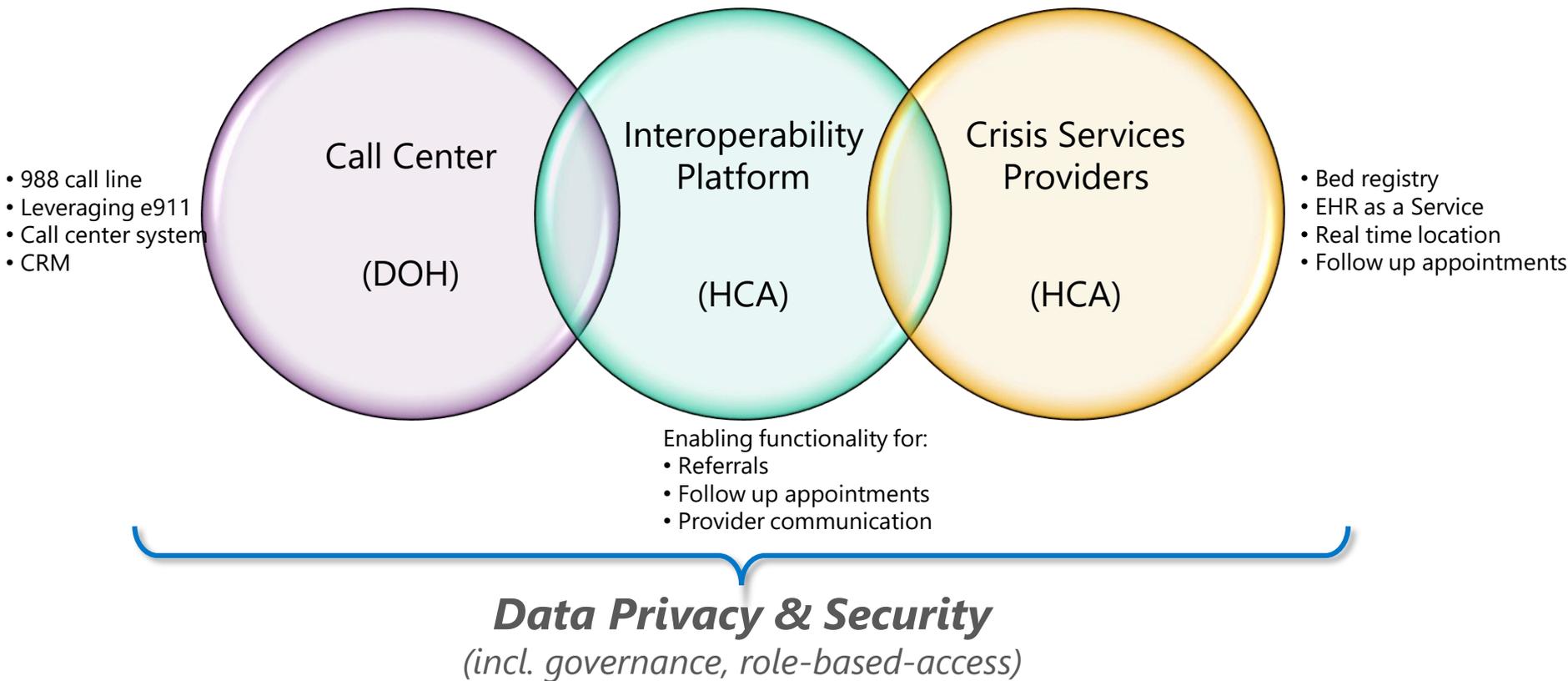


Driving principles: Where we want to be

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



"System of Systems"



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 Breakout Groups

- **Subcommittee members will be moved into breakout groups, and will be asked to provide brief introductions**
 - What brings you to crisis system work?
 - Why are you interested in participating on this subcommittee?

- **Members of the public may choose a breakout group to join**
 - Request to observe only during subcommittee members introductions.
 - Please keep cameras off and mics muted.

WRAP UP & NEXT STEPS

PUBLIC COMMENT

**MEETING
ADJOURNED**