

## HB 1477 Subcommittees – Overview & Member Criteria

Below is an overview of the Washington Behavioral Health System Redesign process to develop recommendations for an integrated behavioral health crisis response and suicide prevention system with elements described HB 1477. **After reviewing the information below, if you are interested in serving on a subcommittee, please complete the [online statement of interest form](#) and submit by 5pm on Wednesday, November 3.**

### About the Behavioral Health System Redesign

House Bill 1477, which passed during the 2021 Washington State legislative session, states the Legislature’s intent to establish crisis call center hubs and expand the crisis 24-response system. In the words of the authorizing legislation, HB 1477’s goals are to:

- Save lives
- Advance equity by providing culturally- and linguistically-competent crisis response services
- Provide higher quality response for people in crisis
- Make other improvements to the crisis response system

HB 1477 directs the Behavioral Health Institute at Harborview Medical Center to convene a Crisis Response Improvement Strategy (CRIS) Committee and a Steering Committee comprised of a subset of CRIS members. The Steering Committee is ultimately responsible for developing recommendations to the legislature and the Governor for an integrated behavioral health crisis response and suicide prevention system. The CRIS Committee advises the Steering Committee as it formulates its recommendations. The Steering Committee also convenes subcommittees to provide technical analysis and input on specific topics, such as technology, crisis response for Tribal members, and cross-system coordination (i.e., coordination across crisis response, law enforcement, and emergency medical systems, among others).



\*Additional Subcommittees include Lived Experience, and Rural & Agricultural. The five other subcommittees identified above are established by HB 1477.

## Key Milestones

The Steering Committee will provide a progress report, including results of the comprehensive assessment of the behavioral health crisis response and suicide prevention services systems and preliminary recommendations related to funding of crisis response services, to the Governor and Legislature by January 1, 2022. A second progress report—along with preliminary recommendations related to crisis call center hubs and final recommendations related to funding of crisis response services are due January 1, 2023. A final report to the Governor and Legislature is due January 1, 2024.

## Charge of HB 1477 Committees

The Steering Committee – with input from the CRIS and subcommittees – is charged to make recommendations for an integrated behavioral health crisis response and suicide prevention system with elements described HB 1477. Specifically, the Steering Committee is charged with:

- Developing a vision for an integrated crisis network in Washington that includes:
  - 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
  - Crisis stabilization services
  - An involuntary treatment system
  - Access to peer-run services
  - Adequate crisis-respite services
  - 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.
- Identifying potential barriers and making recommendations to the Legislature and Governor for how to implement and monitor progress of the 988-crisis hotline in Washington.
- Recommendations to the Legislature and Governor for the statewide improvement of behavioral health crisis response and suicide prevention services.

## HB 1477 Subcommittees Objectives

In 2021, we will orient each subcommittee to current Department of Health and Health Care Authority implementation work, national best practices, and ask for comment and/or recommendations on current work to date. Moving forward into 2022, subcommittees will be asked to provide input to inform recommendations on future-state system changes outlined by HB 1477. We are seeking candidates to serve on the subcommittees listed below.

1. **Credentialing and Training Subcommittee** – To inform workforce needs and requirements related to behavioral health system redesign components outlined by HB 1477.

2. **Technology Subcommittee** – To examine issues and requirements related to the technology needed to manage and operate the behavioral health crisis response and suicide prevention system, such as in-coming call management, call routing, documentation systems, and system performance metrics.
3. **Cross-System Crisis Response Subcommittee** – Examine and define complementary roles and interactions of specified crisis system stakeholders, including 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 HB 1477.
4. **Confidential Information Compliance and Coordination** – To inform information-sharing guidelines to enable crisis call center hubs to actively collaborate with emergency departments, primary care providers and behavioral health providers within managed care organizations, behavioral health administrative service organizations, and other health care payers to establish a safety plan for individuals in crisis in accordance with best practices.
5. **Rural and Agricultural Communities** – To seek input and address the unique needs of rural and agricultural communities related to recommendations outlined by HB 1477.
6. **Lived Experience** – To seek input and address the unique needs of people with lived experience and family members related to recommendations outlined by HB 1477.

## Subcommittee Member Responsibilities

Subcommittee member responsibilities will include:

- Participate in Subcommittee meetings between November 2021 and December 2023. In 2021, there will be one subcommittee meeting (second week of November; meeting dates are currently being determined). In total, subcommittees will meet an anticipated maximum of 10 times, with frequency of meetings dependent on deadlines relevant to topics to be addressed by each subcommittee.
- Review background materials in advance of meetings.
- Engage in positive, productive communication with other subcommittee members, the subcommittee facilitator, and project staff.
- Value lived experience as a valid data source.
- Review and provide written comments on subcommittee reports.

## Subcommittee Membership Criteria and Selection Process

HB 1477 outlines the following criteria members participating on subcommittees:

- Members must provide professional expertise and/or community perspectives;
- Each subcommittee must have at least one member representing urban stakeholders, rural stakeholders, and youth stakeholders; and

- The Steering Committee has directed that each subcommittee include members representing lived experience.<sup>1</sup>

The Steering Committee will prioritize subcommittee applicants to enhance diversity in race, ethnicity, gender, disability, geographic representation, and representation from communities that have been disenfranchised in the past, as well as “new” voices (i.e., individuals who have not been actively involved with legislative and agency-level groups in the past). Members will be appointed based on a process to review the subcommittee membership criteria and ensure balanced representation.

To allow broad engagement of interested individuals, we note that all subcommittee meetings will be open to the public and provide opportunity for public comment. Therefore, individuals who are not serving as committee members will still have the opportunity to join subcommittee meetings and provide public comment.

---

<sup>1</sup> An individual and/or family member with ***lived experience*** means any person or family member who has first-hand experience with a mental health challenge, substance use challenge, and/or life event impacting one’s life functioning.