

HB 1477 Subcommittees – Overview

HB 1477 Committee Structure

The HB1477 Steering Committee is forming seven subcommittees to inform the development of recommendations for an integrated behavioral health crisis response and suicide prevention system in Washington. The Steering Committee is establishing the following subcommittees:

1. *Confidential Information Compliance and Coordination*
2. *Credentialing and Training Subcommittee*
3. *Technology Subcommittee*
4. *Rural and Agricultural Communities*
5. *Cross-System Crisis Response Subcommittee*
6. *Lived Experience Subcommittee* (this subcommittee will be open to all persons with lived experience.¹)
7. *Tribal 988 Subcommittee* (The Tribal 988 Subcommittee will be facilitated through the [Tribal Centric Behavioral Health Advisory Board](#).)



* Five of the seven subcommittees are established by HB 1477. The Steering Committee established two additional subcommittees: Lived Experience, and Rural & Agricultural Communities

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

¹ Individuals and families with ***lived experience*** means any person or family member who have first-hand experience with a mental health challenge, substance use challenge, and/or life event impacting one’s life functioning.

- 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.

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.

HB 1477 Subcommittees Objectives

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.
7. **988 Tribal** – to examine and make recommendations with respect to the needs of tribes related to the 988 system.

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

Members for each subcommittee have been selected to provide diverse community perspectives and professional expertise on topics under consideration by each subcommittee. Subcommittees include three broad categories of members, as described below:

1. **Broad Stakeholder members:** Broad stakeholder members were selected based on evaluation of the Statements of Interest submitted by interested candidates,² member criteria outlined by the HB 1477 and the Steering Committee, and consideration of balanced representation across stakeholder categories in each subcommittee. Member selection criteria included:
 - 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.

² Broad public outreach was engaged to invite interested candidates to submit an online Statement of Interest to serve on an HB 1477 Subcommittee. Statements of interest were accepted between October 21 – November 3. 327 Statements of Interest were received in total (Credentialing & Training – 40 statements; Technology = 24 statements; Cross-System Response = 135 statements; Confidential Information Compliance & Coordination = 9 statements; Rural & Agricultural = 37 statements; Lived Experience = 82 statements).

- Prioritize 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).
2. **Agency/Implementation SMEs:** HCA, DOH, BH-ASOs and Call Centers identified lead representatives to participate on each subcommittee. These members will support coordination of updates and information regarding agency implementation efforts relevant to the subcommittee.
 3. **CRIS Members on Subcommittees:** CRIS members are invited to select subcommittees they would like to participate in. CRIS members will play a role to support communication and representation of subcommittee work with the larger CRIS Committee.

To allow meaningful engagement and discussion on topics under consideration, subcommittee size is limited to 10-20 members with the exception of the Lived Experience Subcommittee, which is open to all, and the Cross-System Crisis Response Subcommittee requiring broader engagement of members. We note that the Tribal 988 Subcommittee will be facilitated through the [Tribal Centric Behavioral Health Advisory Board](#), with further information available through their website.

Subcommittee members may change over time based on topics under review and aligned with member expertise. For example, subcommittees may require certain members for the initial focus on 988 implementation and additional or new members when turning toward recommendations for the crisis system redesign. Additional Subcommittees may also be formed to address specific focus areas or topics of interest.

To allow broad engagement of interested individuals, 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.

Please see the [CRIS webpage](#) for a Subcommittee member roster.