

Behavioral Health System Redesign

Crisis Response Improvement Strategy Committee Charter, Updated September 30, 2021

The purpose of this charter is to clarify the charge and responsibilities of, and expectations for the Crisis Response Improvement Strategy Committee (CRIS Committee). CRIS Committee members provided feedback on a draft charter at their first formal meeting and affirmed this charter.

The Steering Committee—a smaller body comprised of a subset of CRIS Committee members—has a separate charter.

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 the CRIS Committee and a Steering Committee comprised of a subset of CRIS members.

The Steering Committee is ultimately responsible for developing recommendations to the Governor and legislature 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). Subcommittees may include CRIS Committee members, but may also include individuals with expertise in or lived experiences with each of the systems involved in behavioral health and crisis response.



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

Key Milestones

The Steering Committee—with input from the CRIS 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 the CRIS Committee

The charge of the CRIS Committee is to advise the Steering Committee in developing recommendations for an integrated behavioral health crisis response and suicide prevention system with elements described HB 1477. Specifically, the CRIS Committee is charged with advising the Steering Committee as it undertakes the following:

- 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 Governor and Legislature for how to implement and monitor progress of the 988-crisis hotline in Washington.
- Recommendations to the Governor and Legislature for the statewide improvement of behavioral health crisis response and suicide prevention services.
- Recommendations to serve individuals with substance use disorder who are in crisis in an appropriate and comprehensive way.

Recognizing the role structural racism and other systemic oppressions have on the health and wellness of Washington communities, the CRIS Committee is committed to a community-centered and equity-driven approach. The CRIS Committee will center equity—racial equity, gender equity, equity for people with disabilities, geographic equity, and other forms of equity—in its work. HB 1477 charges the CRIS Committee with inviting testimony from a broad range of perspectives, including tribal members; veterans; people who identify as lesbian, gay, bisexual, transgender, queer, and/or questioning and their allies (LGBTQA); people who identify as Black, Indigenous, or of color (BIPOC); and people with disabilities. The following table articulates other actions the CRIS Committee and project team will take to center equity:

Opportunity	Actions we will take
Committee membership	<ul style="list-style-type: none"> • Add a fourth Co-Chair of the CRIS Committee, to be one of the CRIS Committee members representing lived experience. • If any members need to be replaced, the Washington Health Care Authority (the party responsible for identifying and selecting members) will work to enhance the CRIS Committee’s diversity in race, ethnicity, gender, geography, and representation from communities that have been disenfranchised in the past.
Committee meetings	<ul style="list-style-type: none"> • Ensure adequate time for discussions in CRIS Committee meetings. • Provide meeting materials early enough and in easily understandable and accessible formats to support full member participation. • Use a range of culturally-attuned and trauma-informed facilitation techniques-in and outside meetings to honor and respond to CRIS Committee members’ individual communications needs. • Value lived experience as a valid data source in CRIS Committee deliberations.
Decision-making	<ul style="list-style-type: none"> • Clearly and accurately document different or diverging perspectives in meeting summaries. • Maintain full transparency around decision-making by making Steering Committee meetings public and sharing outcomes of Steering Committee deliberations at CRIS Committee meetings.

Membership

HB 1477 directs that the CRIS Committee include the following members:

- The director of the Washington Health Care Authority (or their designee)
- The Secretary of the Washington State Department of Health (or their designee)
- A representative from the Office of the Governor
- The Washington State Insurance Commissioner (or their designee)
- The Director of Washington State Department of Veterans affairs, or designee.
- One member from each of the two largest caucuses of the Washington State Senate, to be appointed by the Senate President, plus one alternate from each of the two largest caucuses

- One member from each of the two largest caucuses of the Washington State House of Representatives, to be appointed by the Speaker of the House, plus one alternate from each of the two largest caucuses
- A member representing Medicaid Managed Care Organizations, as recommended by the association of Washington Health Care Plans
- Up to two members representing federally recognized tribes—one from eastern Washington and one from western Washington—who have expertise in the behavioral health needs of tribal communities
- State Enhanced 911 Coordinator (or their designee)
- One member from the Washington State Hospital Association
- One member from the National Alliance on Mental Illness
- One member from the Washington Association of Designated Crisis Responders
- One member from each National Suicide Prevention Lifeline crisis call center in Washington
- One member from the Washington Council for Behavioral Health
- Up to two members from Behavioral Health Administrative service organization, one urban and one rural
- One member from an organization specializing in facilitating behavioral health services for LGBTQA populations
- One member representing the behavioral health interests of persons of color as recommended by the Asian Counseling and Referral Service
- One member representing the behavioral health interests of persons of color as recommended by Sea Mar Community Health Centers
- One member from a university-based suicide prevention center of excellence.
- One member from emergency medical services department with a CARES program.
- One member representing the Children and Youth Behavioral Health Work Group
- One member representing a social justice organization addressing police accountability and the use of deadly force
- One member representing the Association of Alcohol and Addiction Programs of Washington State

In addition, the legislation directs that the CRIS Committee includes four members with lived experiences. Specifically,

- A member with lived experience of a suicide attempt
- A member with lived experience of a suicide loss
- A member with experience of participation in the crisis system related to lived experience of a mental health disorder
- A member with experience of participation in the crisis system related to lived experience with a substance use disorder

The Office of Recovery Partnerships (ORP) within the Washington Health Care Authority invited individuals with these lived experiences to apply to serve on the CRIS Committee. ORP reviewed each of the applications to confirm their lived experience as required by legislation, as well as their commitment to fully participate on the CRIS Committee. ORP prioritized applicants to enhance diversity in race,

ethnicity, gender, 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 HCA in the past).

Process for Replacing or Substituting Members

The success of the CRIS Committee depends on building and sustaining collaborative relationships over time and ensuring that each participating CRIS Committee member has a baseline understanding of and context for the issues under discussion. Consequently, while transitions and absences from meetings are inevitable, replacing or substituting CRIS Committee members must be managed carefully, according to the following process:

- Unless specifically called out in the legislation, there will be no alternates for CRIS Committee members.
- If a CRIS Committee member needs to miss a meeting, they should alert the Facilitator as soon as possible. To the extent possible, they should review the meeting materials. The Facilitator will schedule a meeting with the member prior to or just after the CRIS Committee meeting to gather their input and/or debrief. Their input will be incorporated into the meeting summary in a separate section of the report clearly designated for input from members who were not present.
- If a CRIS Committee member needs to step down from their role, they should notify the Facilitator as soon as possible. The process for replacing the member will vary depending on their position, but will follow the initial selection process outlined in this section of the charter. For example, if a legislator needs to be replaced, the Senate President or House Speaker will select the replacement. Similarly, if a member with lived experience needs to step down from their role, ORP will request and review applications and select the replacement. Members will not select their own replacement. For all replacements, racial, gender, geographic, and disenfranchised community representation will continue to be prioritized in the selection process.

Roles and Responsibilities

CRIS Committee members will:

- Participate in up to 12 CRIS Committee meetings between September 2021 and December 2023.
- Review background materials in advance of meetings.
- Engage in individual ongoing learning and development around equity and inclusion, undoing systemic racism, and cultural sensitivity.
- Engage in positive, productive communication with other CRIS Committee members, the Co-Chairs, Facilitator, and project staff.
- Share their perspectives, based on lived and/or work experience(s) with different aspects of behavioral health and crisis response.
- Listen to and consider other perspectives in deliberations and decision-making—including and especially members of the public.
- Value lived experience as a valid data source.
- Review and provide written comments on meeting summaries and three draft Legislative reports.

- Help maintain a cycle of continuous improvement by providing feedback on CRIS Committee meetings, meeting materials, and other aspects of the process to the Co-Chairs and Facilitator.

The four CRIS Committee Co-Chairs will:

- Work with the project team to prepare meeting agendas.
- Enhance transparency and accountability by communicating Steering Committee actions and decisions with CRIS Committee members.
- In partnership with the Facilitator, periodically review the CRIS Committee's progress and recommend adjustments to course as needed.

The Facilitator will:

- Work with the four Co-Chairs to develop meeting agendas.
- Distribute meeting agendas and background materials at least one week prior to the scheduled meeting.
- Work with the project team to develop information, written materials, and presentations that support the CRIS Committee's deliberations.
- Keep meetings focused on the agenda.
- Ensure that each CRIS Committee member has a meaningful opportunity to participate in discussions, regardless of whether they are in-person or online.
- Work with individual CRIS Committee members and the project team to address barriers to meaningful participation—such as language and interpretation needs, broadband and device access, or other barriers.
- Use a range of culturally-attuned and trauma-informed facilitation techniques—in and outside the meeting—to honor and respond to CRIS Committee members' individual communications needs.
- Invite and encourage CRIS Committee member feedback on meetings, meeting materials, and the process.
- Periodically review the CRIS Committee's progress and recommend adjustments to course as needed.

The project team (HMA consultants in coordination with Behavioral Health Institute staff) will:

- Develop background materials, presentations, and data to CRIS Committee members to inform their deliberations.
- Be present and available at CRIS Committee meetings to answer questions and inform the discussion.
- Draft and revise three legislative reports, based on Steering Committee members' direction and feedback.
- Coordinate meeting logistics, including addressing barriers to participation for CRIS Committee members such as ADA accessibility; broadband and device access; transportation access; and language, translation, and interpretation needs.
- Summarize the outcomes of the CRIS Committee meetings in meeting summaries.

Meeting Guidelines

- Meetings will begin and end on time. If agenda items cannot be completed on time, the group may agree unanimously to extend the meeting.
- At the meetings, CRIS Committee members will:
 - Show up on time.
 - Come prepared to contribute to achieving the meeting goals.
 - Share the available speaking time, keep comments brief and to the point, avoid repeating what others have already said, and when a topic has been closed out, avoid bringing it back up again.
 - Focus on successfully completing the agreed upon agenda and meeting objectives.
 - Raise critical issues and challenges, and work together with other CRIS Committee members to identify potential solutions.
 - Stay mentally and physically present. Listen attentively, avoid side discussions when others are speaking, and wait until breaks to attend to non-CRIS Committee business.
 - Attack the problem, not the person. CRIS Committee members will respectfully challenge ideas, not the individual.
 - Put cell phones on silent.
 - In remote meetings, leave camera on (unless there are technical reasons requiring the member to leave their camera off) and microphone muted, unless called upon to speak. Use the “Raise Your Hand” function to indicate when ready to make a comment or ask a question.
- Individuals who are not members of the CRIS Committee may attend meetings as observers, but may not participate in group discussion and deliberations, unless called upon by the Facilitator.

In-Person and Remote Meetings

Due to the ongoing public health emergency related to the COVID-19 pandemic, all CRIS Committee meetings will be held online using the Zoom platform until public health authorities deem it is safe to gather in person. If and when it is safe and logistically feasible for the CRIS Committee to meet in person, there will be a remote meeting option provided for those CRIS Committee members who are medically vulnerable or otherwise unable to participate in person.

Public Meetings and Comments

CRIS Committee meetings are subject to the Washington Public Meetings Act. Members of the public will be invited to observe all CRIS Committee meetings, whether remote or in-person.

Each CRIS Committee meeting will include a 20-minute public comment period, usually near the beginning of the meeting.

All CRIS Committee meetings—whether in-person or remote—will be recorded and posted to the Crisis Response Improvement Strategy committees website.

Decision-making

The Legislature is ultimately responsible for making decisions about how to redesign the behavioral health and crisis response system in Washington. To ensure these decisions are informed by community and expert input, the Legislature charges the Steering Committee with developing recommendations.

The Steering Committee's recommendations will emerge from the work of the CRIS Committee and Subcommittees.

The CRIS Committee has been deliberately formed to include individuals with broad and diverse professional and lived experiences. Each member has valuable input and insights to share. The CRIS Committee will strive for equity and inclusion by seeking consensus and compromise whenever possible. When consensus or compromise is not possible, we will clearly and accurately document diverging perspectives in meeting summaries.

Meeting Summaries

The project team will prepare a written summary of the discussion and comments following each meeting.

- Meeting summaries will describe areas of agreement and disagreement and clarify where and why there is a disagreement to the degree possible.
- The meeting summaries will strive to summarize all points of view clearly and fairly. Meeting summaries will not be a transcript of the proceedings.
- The project team will send meeting summaries to Steering Committee members for their review prior to finalizing.

Communication

Internally

In the interest of streamlining communications, the Facilitator will communicate directly with CRIS Committee members. If a CRIS Committee member would like to communicate with the rest of the CRIS Committee, they should send the Facilitator an email for distribution to the larger group. The Facilitator may choose to bundle this email with other emails to the CRIS Committee.

Externally

Participants of the CRIS Committee should not represent themselves as speaking for the CRIS Committee unless directed to do so. This working rule in no way restricts individual participants, in their capacity as citizens, from interacting with elected officials, the media, or community organizations.