HB 1477 Crisis Response Improvement Strategy Committee

February 15, 2023

Health Management Associates

Harborview Medical Center

UW Medicine | King County

Zoom Etiquette: CRIS Committee Members

Zoom Etiquette: Members of the Public

CRIS Committee Meeting Objectives

1. Understand where we've been, where we are now, and where we are going in the CRIS process.
2. Answer questions from CRIS committee members about updates in the monthly CRIS e-newsletter.
3. Review, discuss, and gain clarity on how mobile crisis teams and co-responder services are distributed regionally and by population.
4. Gather CRIS member input to inform how we approach future discussions about expanding mobile crisis team services.
5. Confirm action items and next steps.
6. Hear public comment.

Meeting Agenda

TIME	TOPIC
3:00 pm	Technology Review
3:05 pm	Welcome, Introductions, Review Meeting Agenda
3:20 pm	Personal Story
3:40 pm	Agency Q&A
4:00 pm	Discussion: Review and gain clarity on regional system gaps
4:40 pm	Break
4:50 pm	Provide insight to inform future discussions
5:45 pm	Action Items and Next Steps
5:48 pm	Public Comment Period
6:00 pm	Adjourn

CRIS Committee Comments – Areas for Work in 2023

Areas of Work for 2023	CRIS member comments
System goals and metrics	• Inventory of current data and metrics • Consideration of variables impacting ability to meet goals/metrics • Consequences for not meeting metrics
Crisis system services	• Deeper analysis of data to understand system gaps by population and geography (service maps by region), including co-response and first responder services, and transportation • Clarify roles and expectations for law enforcement • Clarify relationship between 911 and 988 • Focus on building on the existing system and adding best practices • Create understanding of who is leading the system, and the role of BH-ASOs at the regional level • Consider no show rates for next day appointments
Funding	• Funding for 988 call centers to further diversity, equity & inclusion efforts
System Infrastructure	• Further discussion of geo-location and implications for confidentiality • Recognition of Vibrant technology platform for future system design • Workforce strategies will be critical • Need for better understanding of current training for crisis response workers • System efficiencies between 988 and RCLs, and coordination between 911 and 988

CRIS Committee Decision Process Map – 2023

March 2023
(Service Gaps, Cont'd)

Objectives:
✓ Cont'd: discuss crisis system gaps, with focus on youth system, role of co-responders.

April 2023 –
(Service Gaps, Cont'd)

Objectives:
✓ Cont'd: Discuss crisis system gaps with a focus on A Place to Go – Crisis Stabilization

May 2023 (System Goals & Measures)

Objectives:
✓ Gather CRIS input to inform crisis system goals and measures.

June 2023
(Added Services)

Objectives:
✓ Recommend expanded and/or new crisis system services needed to meet goals.

July 2023 (Added Services cont'd & Costs)

Objectives:
✓ Cont'd: Recommend expanded and/or new crisis system services needed to meet goals.
✓ Review related costs.

August 2023 (Quality Oversight)

Objectives:
✓ Discuss recommendations for crisis response system oversight.

September 2023 (Policy Recommendations)

Objectives:
✓ Review draft policy recommendations as foundation for Final Report.

November 2023
(Report Review)

Objectives:
✓ Review and provide input on draft HB1477 Final Report.

CRIS and Steering Committee 2023 Calendar – Overview

Month	Date
March	CRIS: March 22, 3:30-6:30pm
April	CRIS: April 26, 2:30-5:30pm
May	CRIS: May 16, 12-3pm
June	Steering Committee: June 6, 12-2pm CRIS: June 20, 1-4pm
July	*TBD*
August	*TBD*
September	CRIS: September 19, 1-4pm Steering Committee: September 26, 12-2pm
October	No meeting
November	CRIS: November 7, 12-3pm
December	Steering Committee: *TBD*

Personal Story

Objective: *Set the context for why we are engaging in this work.*

CRIS Committee: My Son's Story

February 15, 2023

Jerri Clark

Grassroots advocate, MOMI

Jerri.clark@momi-wa.org

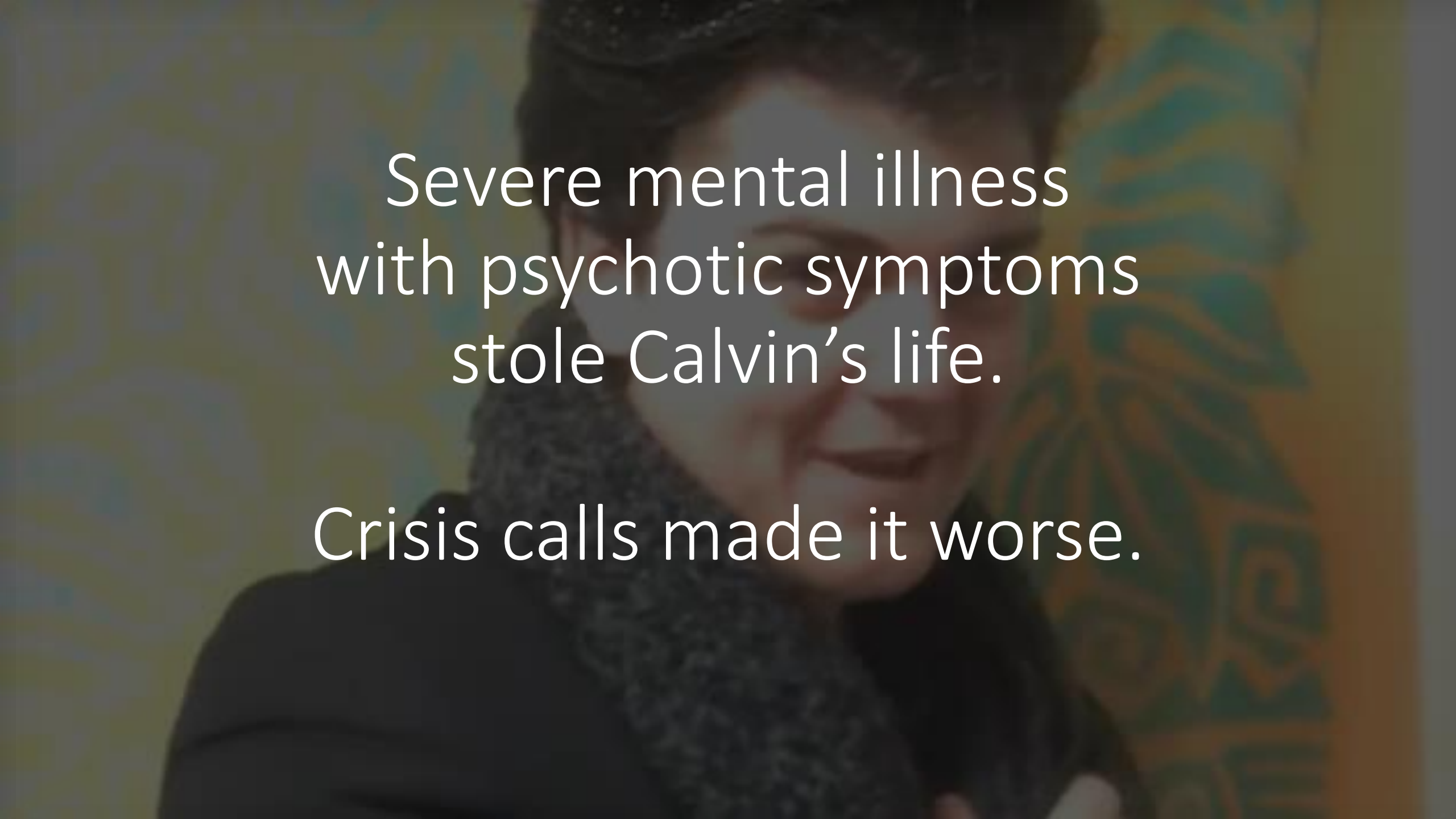
MOTHERS OF THE MENTALLY ILL

Meet Calvin

- Honor student
- State debate champion
- Surfer, competitive swimmer
- Loving, generous, kind

Requirements for crisis help:

- Hurt himself
- Become incapacitated
- Commit a crime
- Hurt me


Severe mental illness
with psychotic symptoms
stole Calvin's life.
Crisis calls made it worse.

1. Required to hurt himself

2. Become medically incapacitated


3. Commit a crime


4. Or…hurt me???

SUBSCRIBE NOW
$1 for 3 Months

Kitsap Sun

[News] Sports Opinion Kitsap Life Obituaries eNewspaper Legals

NEWS

Former Bainbridge High student not guilty by reason of insanity in Sequim woman's death

Andrew Binion
Kitsap

Published 5:26 p.m. PT April 9, 2019

PORT ANGELES — A former Bainbridge High School student accused in 2017 of bludgeoning a 71-year-old family friend at her Sequim house was found on Tuesday to be not guilty by reason of insanity.

A gavel *Kitsap County*

Attorneys on both sides said the case was a failure of the mental health care system.

FOX13 Live Good Day Studio 13 Spotlight Weather Sports Contests More

Neighbors say Tacoma mother struggled to find son mental health help before her murder

By Matthew Smith | Published February 6, 2023 10:47PM | Tacoma | FOX 13 Seattle |

Neighbors react after Kent teacher was murdered in her own home, allegedly by her son in mental health crisis

A teacher at Cedar Heights Middle School in the Kent School District was killed in her Tacoma home earlier this month, allegedly stabbed to death by her son.

DAILY NEWSLETTER

All the news you need to know, every day

Email Address

Sign Up

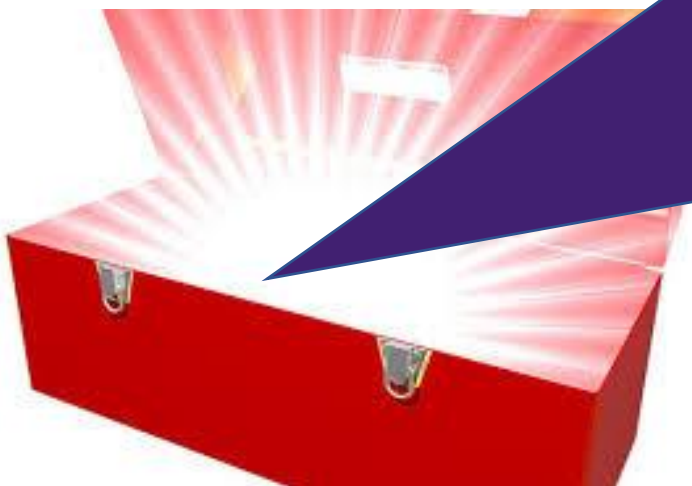
By clicking Sign Up, I confirm that I have read and agree to the Privacy Policy and Terms of Service.

the status quo

What is AOT?

Assisted Outpatient Treatment is a tool for civil courts and mental health systems to collaborate to make appropriate treatment accessible for individuals with serious mental illness.

Treatment Advocacy Center can help!



People NEWS ENTERTAINMENT ROYALS LIFESTYLE STYLEWATCH SHOPPING PODCASTS

Schizophrenia Caused Eric Smith to Threaten His Mother's Life, but He Refused to Get Help — Here's Why

Like more than half of people with serious mental illness, Smith suffered from anosognosia, a condition where your brain doesn't recognize it's sick

By **Eileen Finan** and **Alexandra Rockey Fleming** | Published on February 15, 2023 09:45 AM

PHOTO: FREDRIC BRODEN

Twelve years ago Eric Smith believed he was a secret agent who needed to kill his mother to save the world — like half of all people with

My friend Eric Smith talks about how years of crisis ended differently because of AOT

Federal dollars are available
&
SMI is a priority for flexible 988 community services grants

U.S. Department of Health & Human Services

SAMHSA
Substance Abuse and Mental Health Services Administration

Search SAMHSA.gov

Find Treatment | Practitioner Training | Public Messages | Grants | Data | Programs | Newsroom

Home » Grants » Block Grants » MHBG

- Grants
- Grants Dashboard
- Applying
- Grant Review Process
- Grants Oversight
- Grants Management
- Continuation Grants
- Block Grants
  - SABG
  - MHBG
    - Contacts
  - Laws and Regulations
  - Resources
- GPRA Measurement Tools
- Contact Information
- Grants Glossary
- Grant Awards Archive

Community Mental Health Services Block Grant

The Community Mental Health Services Block Grant (MHBG) program makes funds available to all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and 6 Pacific jurisdictions to provide community mental health services.

What is the Community Mental Health Services Block Grant (MHBG)?

The MHBG program's objective is to support the grantees in carrying out plans for providing comprehensive community mental health services. The MHBG program is authorized by section 1911 of Title XIX, Part B, Subpart I and III of the Public Health Service (PHS) Act (PDF | 253 KB).

SAMHSA's Center for Mental Health Services' (CMHS) Division of State and Community Systems Development (DSCSD) administers MHBG funds. Grantees can be flexible in the use of funds for both new and unique programs or to supplement their current activities.

In addition to providing MHBG awards, CMHS provides recipients with technical assistance (TA). The TA supports the use of evidence-based programs.

Targeted Populations

The MHBG program targets:

- **Adults with serious mental illnesses.** Includes persons age 18 and older who have a diagnosable behavioral, mental, or emotional condition—as defined by the Psychiatric Association's *Diagnostic and Statistical Manual (DSM) of Mental Disorders*. Their condition substantially interferes with, or limits, one or more major life activities, such as:

Frozen in time at 23

- A place to go?
- People to help?
- Not for Calvin.
- Let’s make sure 988 means a better future for others like my son.

CRIS Committee: My Son's Story

February 15, 2023

Jerri Clark

Grassroots advocate, MOMI

Jerri.clark@momi-wa.org

MOTHERS OF THE MENTALLY ILL

AGENCY Q&A

Objective: *Answer questions from CRIS Committee about updates in the monthly e-newsletter*

Discussion: Review and Gain Clarity on Regional System Gaps

Objective: Review, discuss, and gain clarity on how mobile crisis teams and co-responder services are distributed regionally and by population

Current System Data: Overview of Limitations Identified to Date

Data	Gap
Demographic Information	There is no centralized location to track data on individuals receiving MCR services to identify and monitor disparities in MCR, DCR and first responder crisis response (e.g., client race, ethnicity, age, geographical location, sexual orientation and gender, language, and other categories).
Children and Adolescents	Children are undercounted and we likely do not have a good picture of youth population needs, particularly for those under 13 years old.
MCR Team Staffing	There are data limitations regarding the MCR team staff composition; current data is based on survey at a point in time.
Multi-payer data	There is no centralized mechanism to track MCR data across all payers and uninsured; efforts are underway to improve this data through the Behavioral Health Data System.
Data Standards	There is a lack of consistency in coding for mobile teams, DCR ITA investigations, and crisis stabilizations services among BH-ASOs, Medicaid MCOs, and commercial MCOs.
Response time	The metric of time-to-reach for mobile crisis response is currently not available in one tracking system. Although each BH ASO may track time-to-reach at greater granularity, at the statewide level, the results reported are limited to either 'under two hours' or 'greater than two, but under 24 hours'. More specific data is needed for collection in the future to get a more precise response time by region, including within 60 minutes.
Utilization	There is no historical data about utilization which limits analysis; Utilization outside of the BH-ASO system in not captured in the data (*e.g.,* criminal justice system)

HCA's Mobile Crisis Response Model

- Someone to Respond
  - Based on SAMHSA's best practices adapted for Washington
    - See WAC 246-341-0910
  - Offer community-based interventions wherever they are needed including homes, work or anywhere else in the community
  - Utilize two person teams to enhance safety and engagement while supporting emergency department and justice system diversion
  - Multidisciplinary teams that utilize professionals and certified peer counselors
  - Always voluntary

What is HCA's mobile crisis response

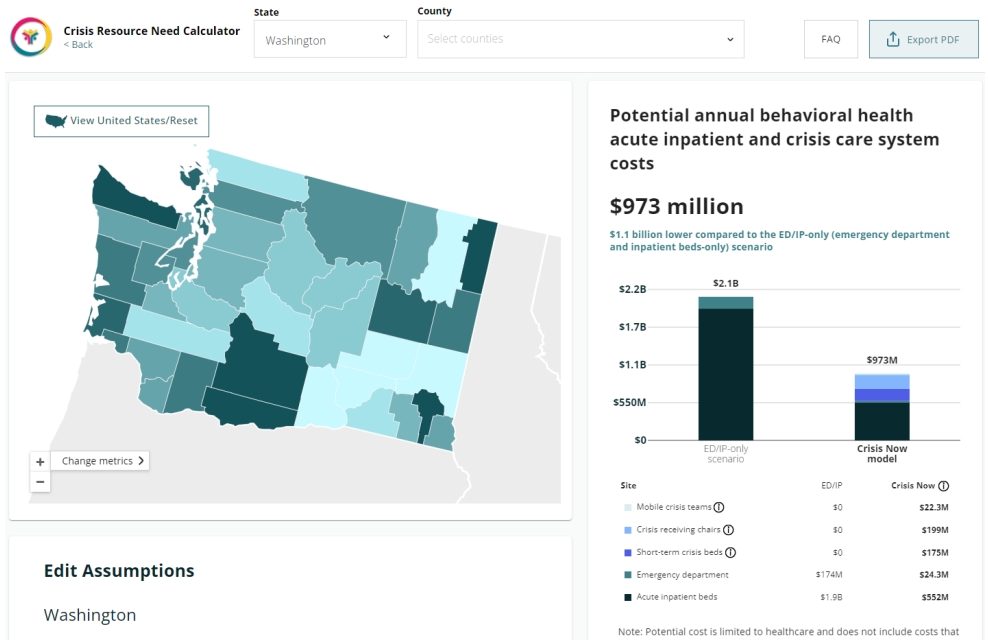
- Core team – used for planning purposes
  - Clinician
    - Mental Health Professionals (MHP)
    - Mental Health Care Provider (MHCP)
    - Substance Use Disorder Professional (SUDP) – for SUD outreaches
  - Peer
  - Supervisor
- Stabilization team – used for in-home stabilization expansion
  - Stabilization clinician
  - Stabilization peers
  - Care coordinator

Additional crisis services in Washington – Someone to Respond Continuum

- Special crisis roles
  - Co-responders
  - Designated Crisis Responders (DCRs)
  - Recovery Navigators
- Other important crisis providers
  - Foundational Community Supports (FCS) providers
  - Forensic Navigators
  - Peer Bridgers
  - Other social services teams

Planning

- Crisis Now Calculator
  - Created by a partnership of some of the leaders in suicide prevention.
  - Uses SAMHSA's best practices for crisis system to plan for state needs
  - Inputs
    - Population
    - Prevalence
    - Drive time
  - Outputs
    - Number of MCR teams needed to respond to crisis
    - Stabilization beds and chairs
    - Cost savings



Planning continued

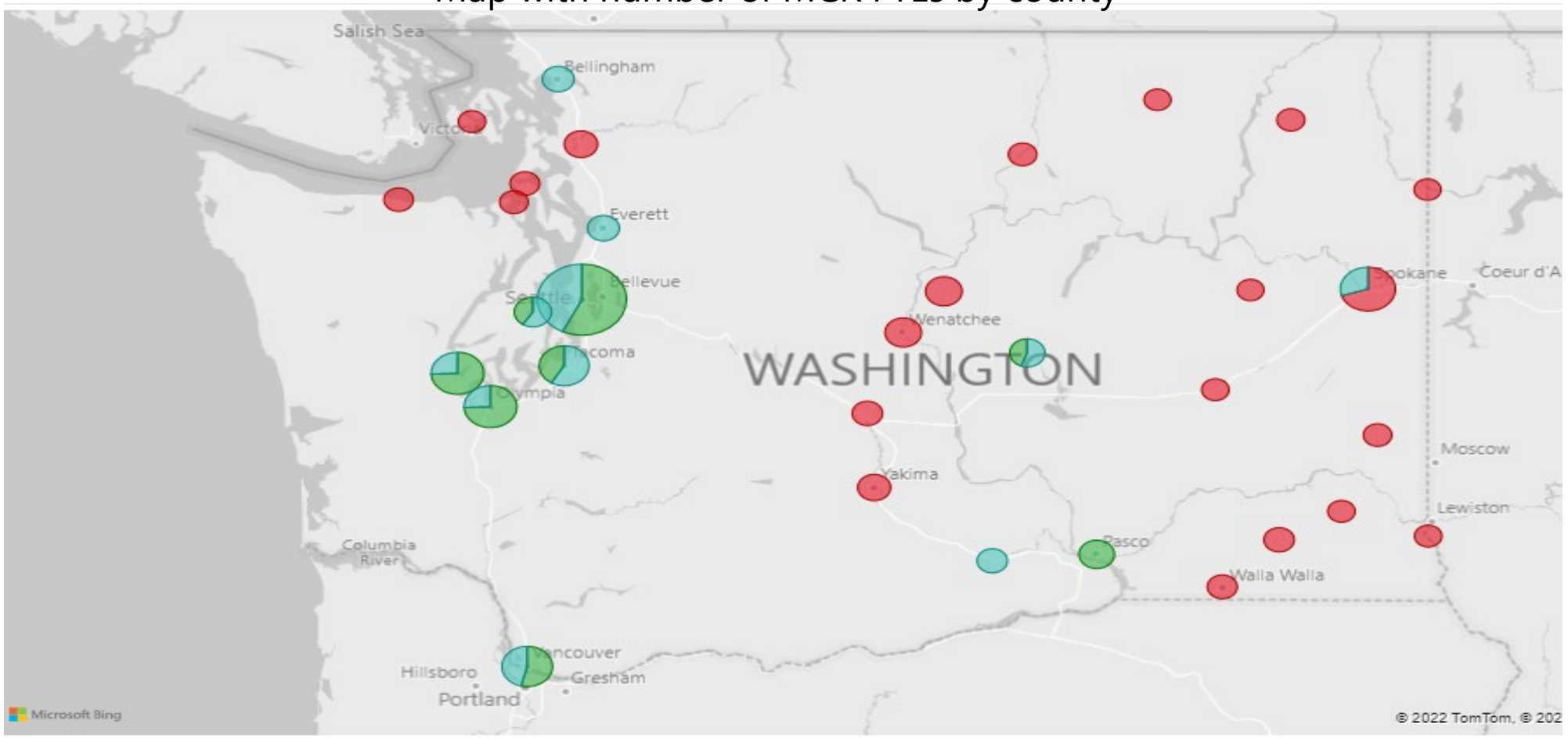
- Using “FTE method”
  - A unit of 2 FTEs as a dyad of clinician and peer supervised by an MHP
  - Allows for team size to be flexible based on service area need
  - Allows flexibility for coverage and composition

- Surveyed BH-ASOs about MCR at county level and asked about:
  - Current staffing levels
  - Openings
  - Number of DCRs working as MCR

- Compared these numbers to Crisis Now Calculator results…

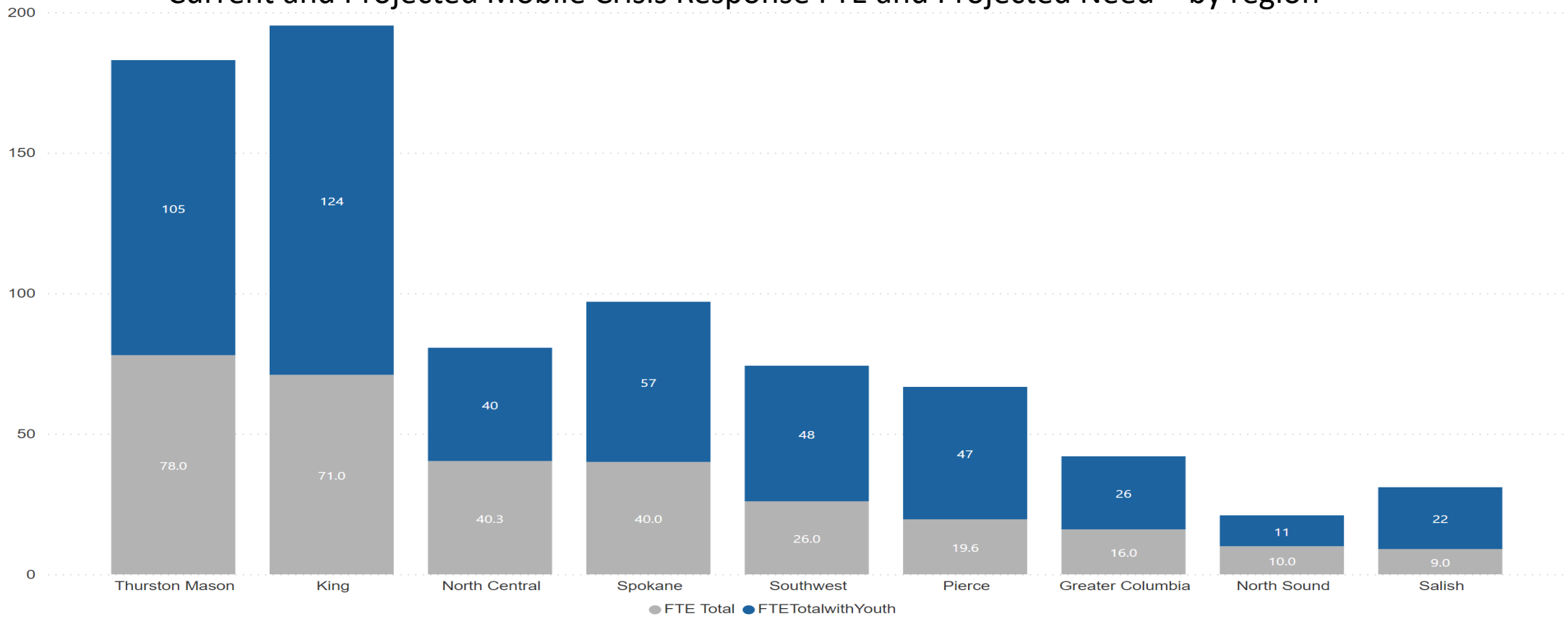
Location of current MCR services

Map with number of MCR FTEs by county

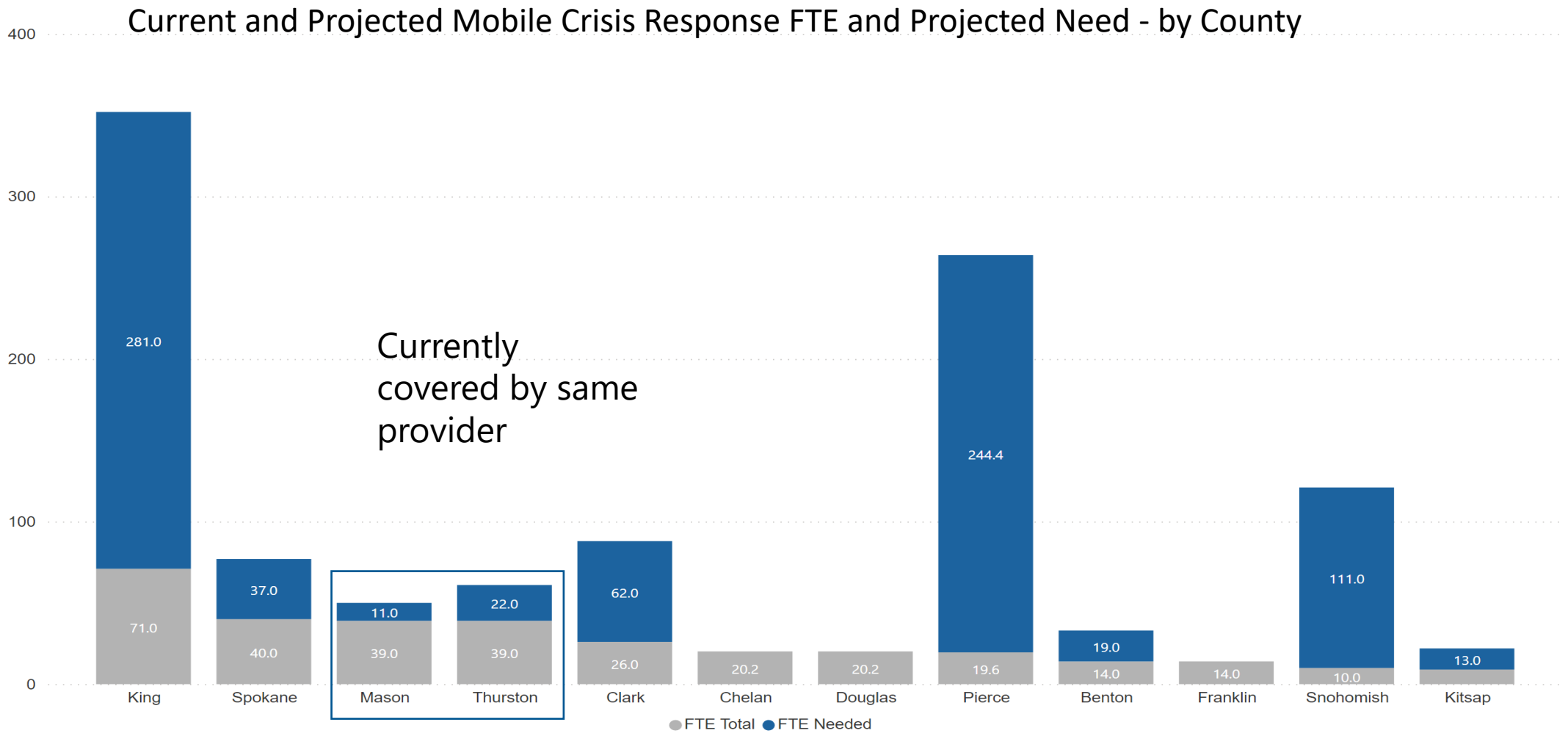


Results… by region

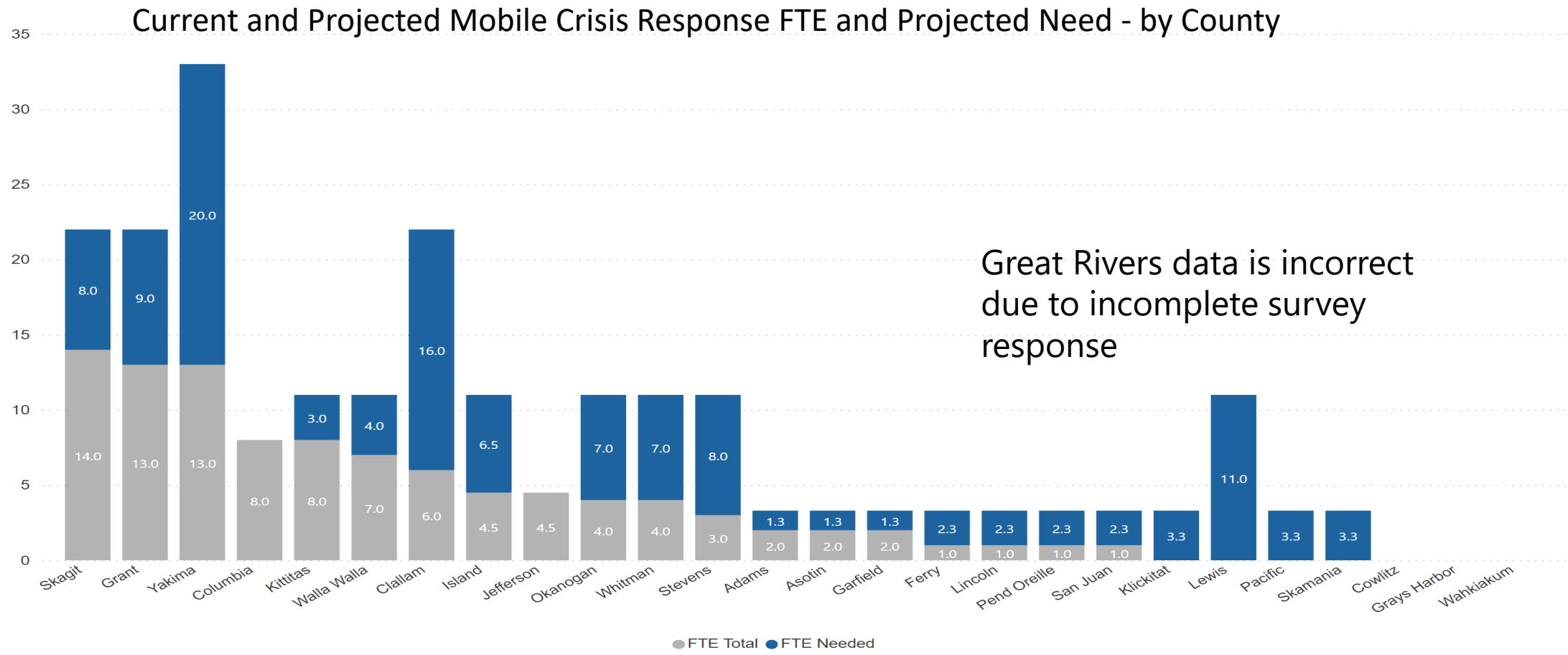
Current and Projected Mobile Crisis Response FTE and Projected Need – by region



Results by county



Results by county continued

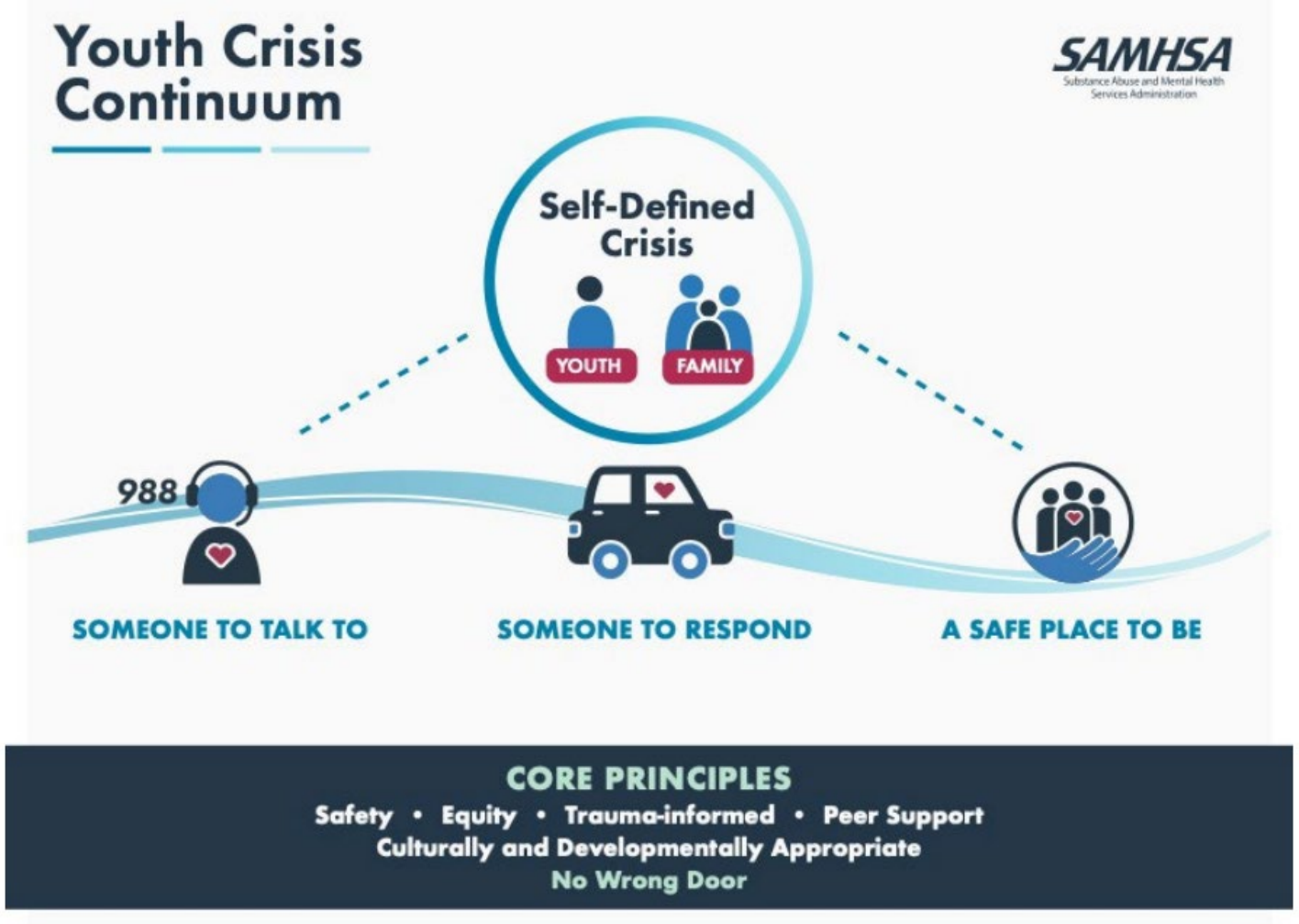


Great Rivers data is incorrect due to incomplete survey response

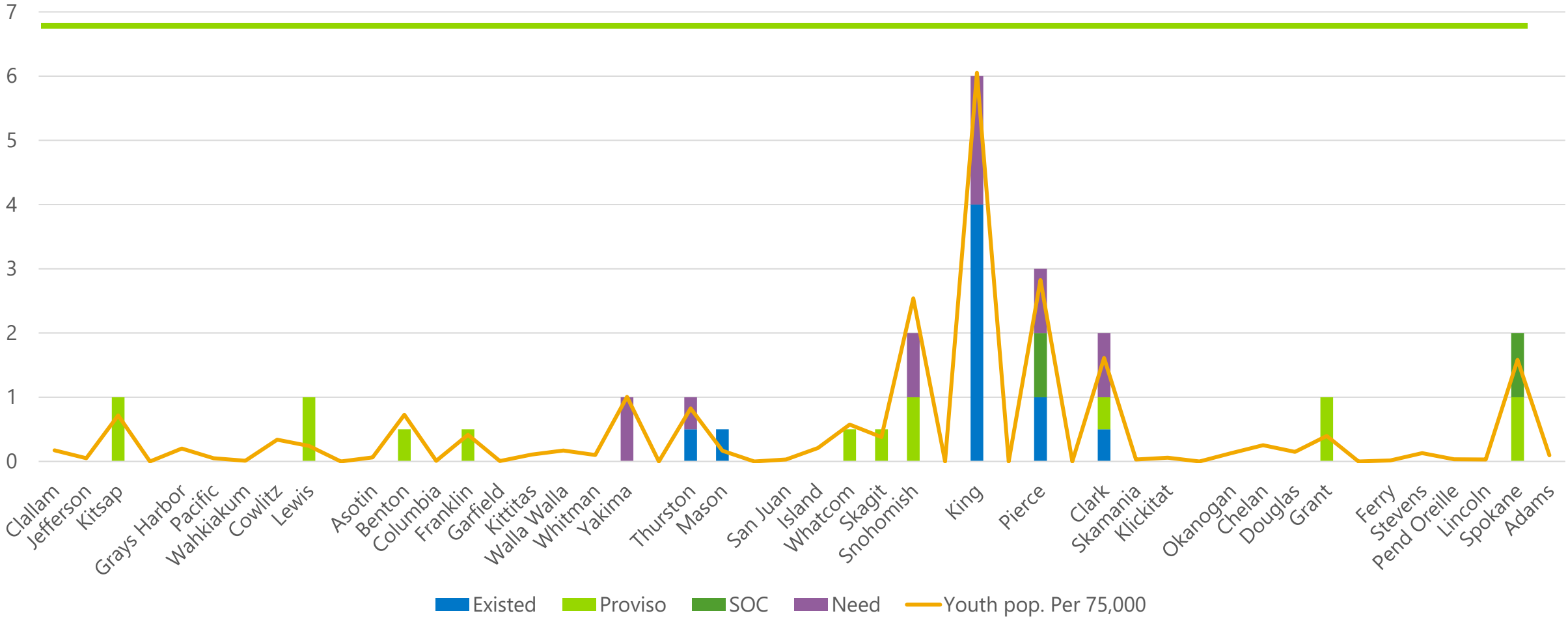
Known limitations to this method

- Crisis Now calculator
  - General population data
  - Cannot estimate special populations
  - Uses averages not fluctuations
  - Counties often share resources
- FTE method
  - May underestimate coverage needs
  - Doesn’t consider ancillary needs like follow ups and ongoing support
  - Geography
- Only considers SAMHSA’s best practice
  - National model
  - Doesn’t consider what Washington wants

Mobile Response and Stabilization Services



Youth MCR, Existing, proviso, SOC, needed



Washington State Health Care Authority

Co-Response Programs in Washington State

Jennifer Stuber, Ph.D., Reed Klein, M.S.W., Kimberly Hendrickson
Questions? jstuber@uw.edu

CROA
CO-RESPONDER OUTREACH ALLIANCE

SCHOOL OF SOCIAL WORK
UNIVERSITY of WASHINGTON

CROA | Co-Responder Outreach Alliance (croawa.com)

How are we Defining “Co-Response Program”?

*Co-response programs are partnerships between **first responders** (including law enforcement, fire/EMS, or EMS agencies) and **human services professionals** (such as behavioral health professionals, social workers, community health workers, or peer support workers). Co-response programs respond to behavioral health-related calls and calls involving people with complex medical conditions. They provide in-the-moment crisis response and follow-up community-based care coordination. The ultimate goal is to connect people with appropriate community resources to reduce the use of emergency services.*

The International Co-Response Alliance or ICRA defines co-response as hosted by police/ fire/ems…

https://www.coresponderalliance.org/About

Why Co-Response in Addition to Mobile Crisis Teams?

- *Mobile Crisis Teams-typically dispatched by crisis call centers*
- *Co-response Teams-typically dispatched by 911 or requested by fire/police*
- There are many crisis calls that mobile crisis teams can't or won't respond to alone-calls involving safety risk, medical issues, emergent needs requiring a quick response.
- MCTs do not typically provide transportation; co-response teams often do.
- First response agencies need a way to respond to frequent users of the 911 system- co-response is a response to chronic issues, not (just) crisis calls.

Not an "either-or"; both Approaches are Needed.

Approach to Landscape Analysis/ Needs Assessment

- In response to SB 5644, surveyed co-response programs across the state developing the contact list from meetings with CROA, WASPEC, AWC, WA State fire chiefs association
- Developed and disseminated a 20 min online survey
- 100 percent participation (or close to it)
- Cleaned survey responses, reviewed responses with an expert on co-response to identify inconsistencies, geocoded co-response program addresses, loaded survey results into Tableau
- Used publicly available data to add geographic information to the map, including program service boundaries and population areas, behavioral health administrative service organizations, legislative districts, and tribal lands
- Currently in the process of completing 50 key-informant interviews with co-responders and ride-a-longs to enrich the survey analysis and to inquire about program needs, barriers, and contributions

What does Co-Response do?

- 95% of surveyed programs reported offering **crisis prevention services** (e.g., connection to community resources, transportation, environmental home safety, wound care, outreach to homeless and unsheltered populations)

- 90% reported offering **crisis intervention services** (e.g., crisis de-escalation, medication reconciliation, and brief crisis interventions such as safety planning)

- 55% reported offering **crisis follow-up services** (e.g., case management after receiving a referral from police, fire, or EMS, assistance with durable medical equipment, hospital discharge follow-up)

- Co-response offers a flexible model that can be responsive to any crisis

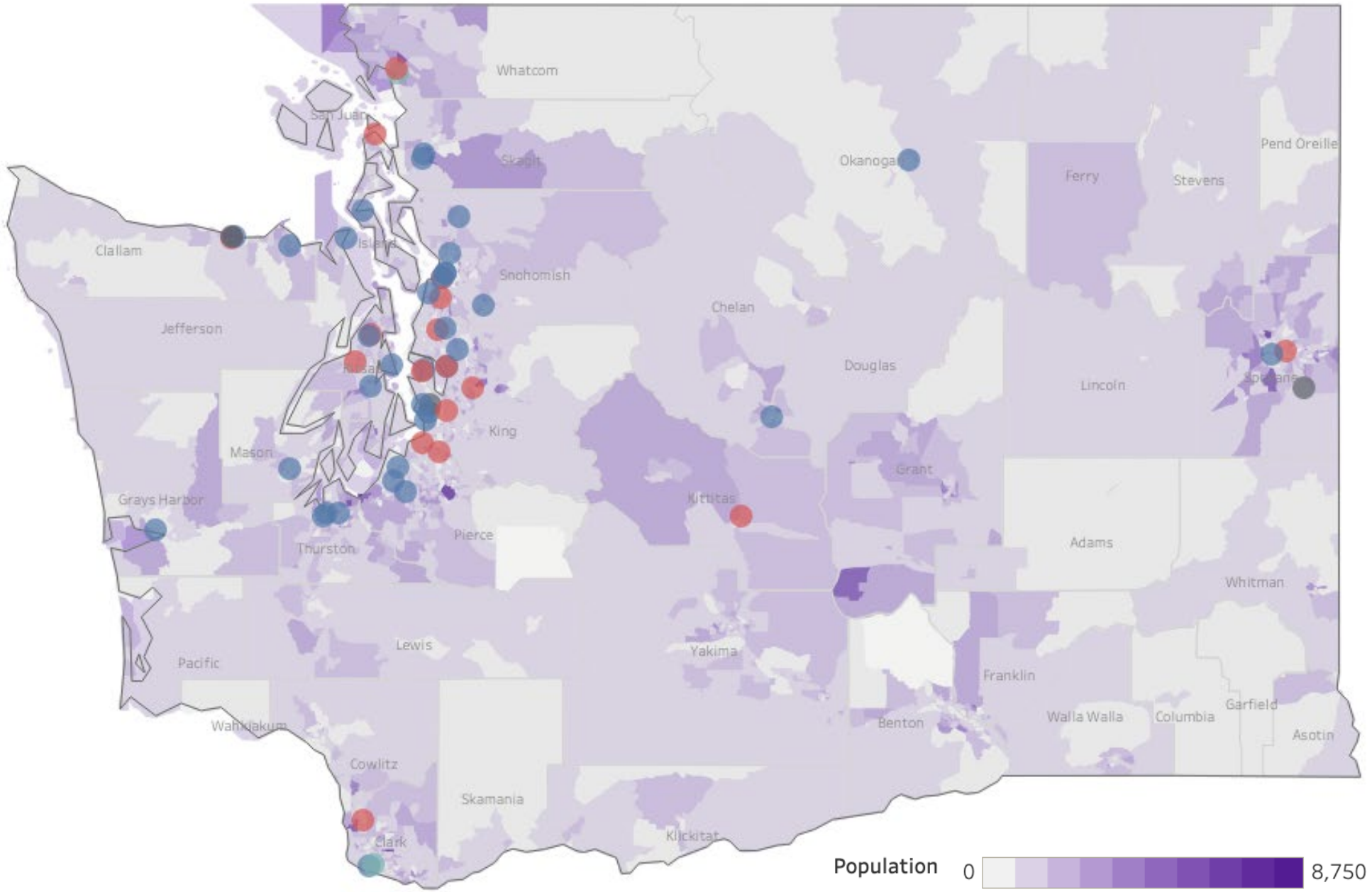
58 **co-response programs** currently identified

35 based in law enforcement agencies (blue dots)

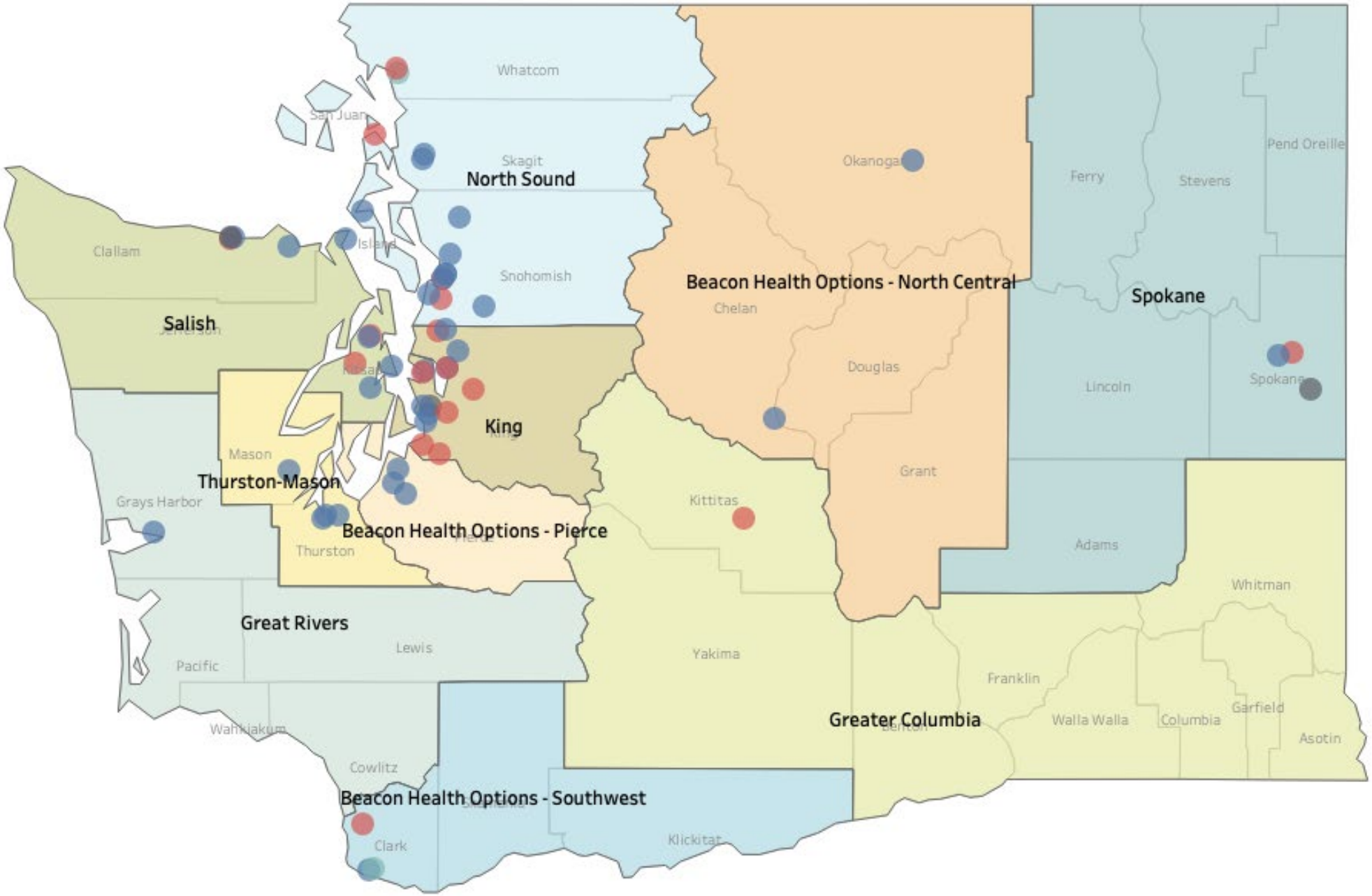
17 based in fire departments (red dots)

3 based in other entities (turquoise dots)

3 based in unknown agencies/departments (gray dots)



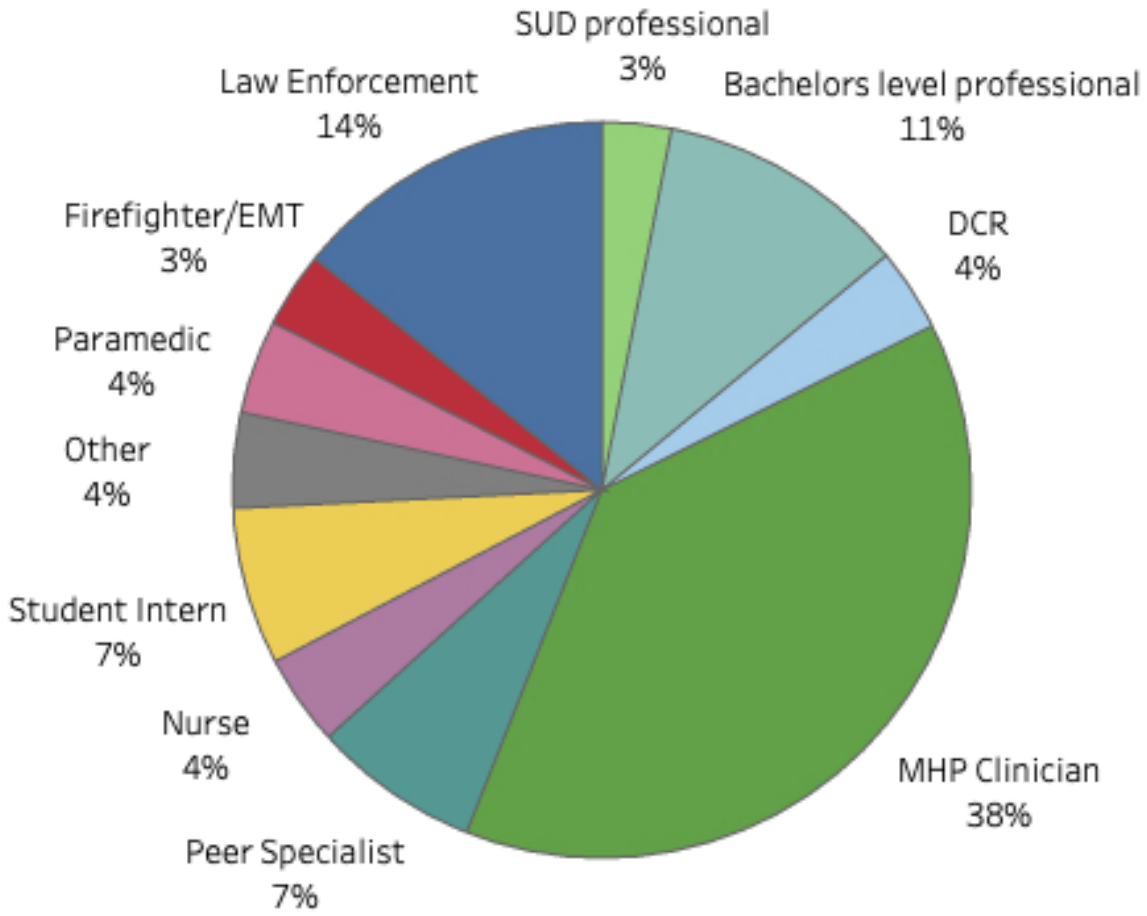
Co-response programs and Behavioral Health Administrative Service Organizations



Co-Response Program Staff

435 total FTE across all surveyed programs

Average of **8 FTE per program**



Break

Discussion: Provide insight to inform future discussions

Objective: Gather CRIS member input to inform how we approach future discussions about expanding MCR services

Discussion Questions

1. What are your observations about the information presented?

2. What additional information do you as a CRIS member need to inform HCA's workplan to expand MCR services?

3. Recognizing that we may never have perfect data, how do we continue to move this crisis response improvement strategy forward, even when we don't always have full information?

Homework Request

1. What additional information do you as a CRIS member need to make recommendations about the **role of co-responder teams**?

2. What additional information do you as a CRIS member need to make recommendations around the **youth crisis response services needed**?

Action Items & Next Steps

Public Comments

Public Comment

	Name
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	