HB 1477 Crisis Response Improvement Strategy Committee

March 22, 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. Provide foundational understanding about Washington State Health Care Authority's current and planned work to implement behavioral health mobile crisis response teams aligned with SAMHSA best practices, to inform discussion about considerations related to the presence of first responders (e.g., police, fire, or emergency medical services) at a crisis.
4. With foundational understanding of HCA's behavioral health mobile crisis response model, discuss considerations related to the presence of first responders at a crisis. Confirm action items and next steps.
5. Hear public comment.

Meeting Agenda

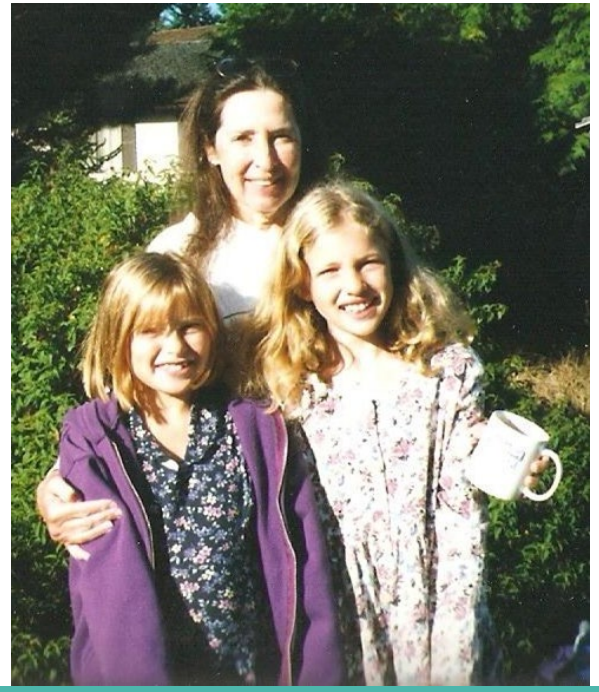
TIME	TOPIC
3:30 pm	Technology Review
3:35 pm	Welcome, Introductions, Review Meeting Agenda
3:50 pm	Personal Story
4:10 pm	Agency Q&A
4:25 pm	Presentation: HCA's Implementation of Mobile Crisis Teams
4:55 pm	Break
5:05 pm	Discussion: Considerations for the role of first responders (e.g., fire, emergency medical services, police) in a crisis
6:15 pm	Action Items and Next Steps
6:18 pm	Public Comment Period
6:30 pm	Adjourn

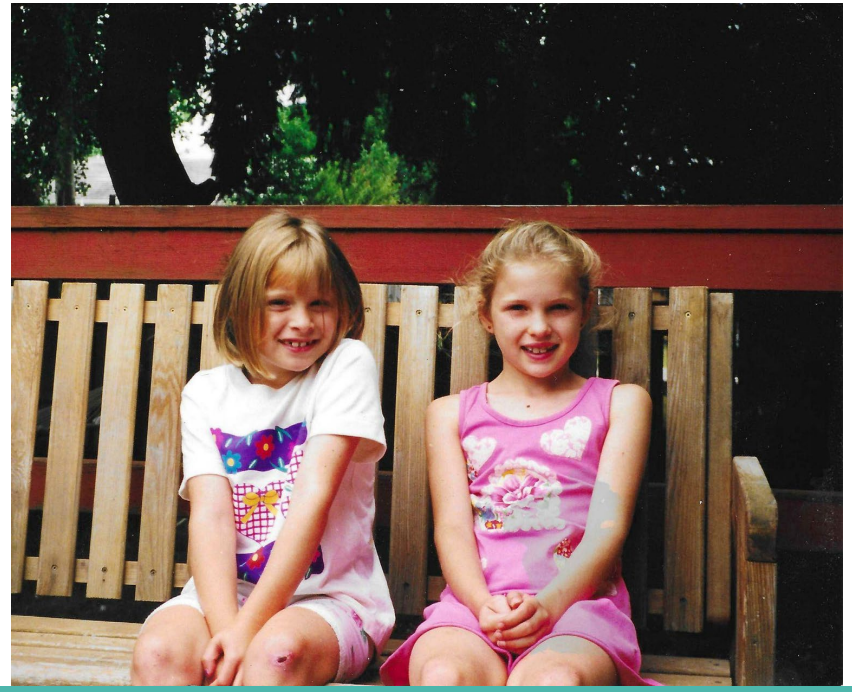
Personal Story

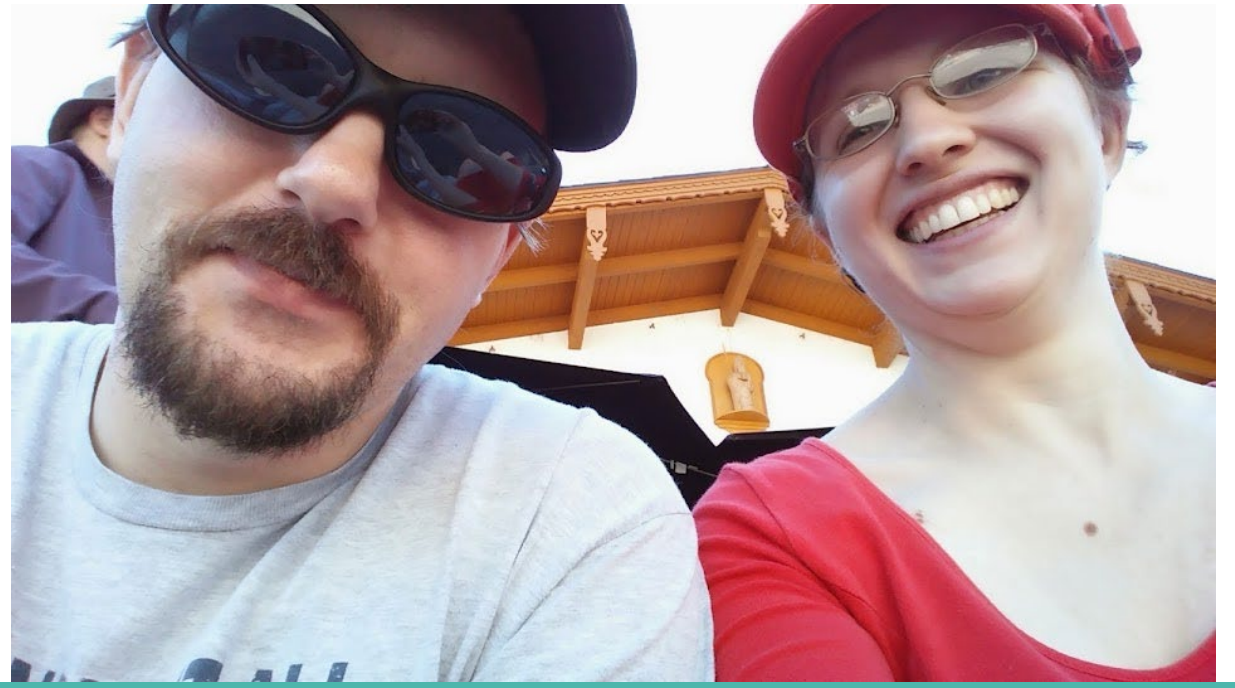
Objective: *Set the context for why we are engaging in this work.*

My Mental Health Story

Kristen Wells, MSW, LICSW








ZUMANITY
NEW YORK
CIRQUE DU SOLEIL

Emergency Room Haiku

A Coping Mechanism

“Sorry” he tells me

More than harm or death he fears

Being a burden

If we wait beyond

“I haven’t hurt myself yet”

It becomes too late

Jason's Words

"It's been a year and a half since I stopped ECT and a year and a half since I discovered that I did not know who I was anymore. I have at this point given up hope that I will ever recover the memories that I lost or find the person that I was. Discovering the new me has been a major challenge, an emotional rollercoaster, and likely the biggest stressor my marriage has ever experienced (though that's just a guess, obviously)." - 10/28/2020

From a short blog series Jason published at gexkko.medium.com

What Would Have Helped?

- Early screening and treatment for both myself and my sister
- Clear resources and peer support for my parents
- Mental health treatment or peer support for me as a sibling
- In state youth residential treatment for my sister
- Transitional services after my sister turned 18
- More private student housing options
- Domestic violence resources on my college campus
- Support for me as the spouse of an ECT patient
- Help with housekeeping and meals during ECT
- Support for me while my spouse was in inpatient treatment
- Assistance in navigating the short term disability, FMLA process, and long term disability process
- Consistent access to services (changes between employment based insurance, Medicare, ACA, and Cascade Care impacted access to support and services)
- Coverage for couples counseling (we had to pay out of pocket)

AGENCY Q&A

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

Presentation: HCA's Implementation of Mobile Crisis Teams

Objectives:

- Understand HCA's model and delivery system approach to support behavioral health mobile crisis response, based on SAMHSA best practice guidelines.
- Inform discussion (later in this meeting) about considerations related to the inclusion of first responders in a crisis.

Washington Crisis System Overview

Overview of the current state and gaps to be addressed

Washington State Health Care Authority

Background on the Crisis System

How it was developed and how it works

Washington State Health Care Authority

History of the system

- Crisis system serves everyone regardless of ability to pay
- Crisis services initially focused on involuntary and prevent system overuse.
  - Highest acuity got served
- Resources set up at local levels with no statewide standards
  - Resources are set up by BH-ASOs formally BHOs
  - Integrated managed care changed how crisis services are paid for and operated
  - State data collection did not start until Trueblood for the purposes of that settlement
    - With 1477 data is being collected statewide now in a standardized way
- Funding was never adequate for a robust network to serve everyone.
  - Many people in crisis utilize EDs and first responders
  - Co-response developed to better serve people accessing emergency services

Map of BH-ASO regions

How the system operates: an overview

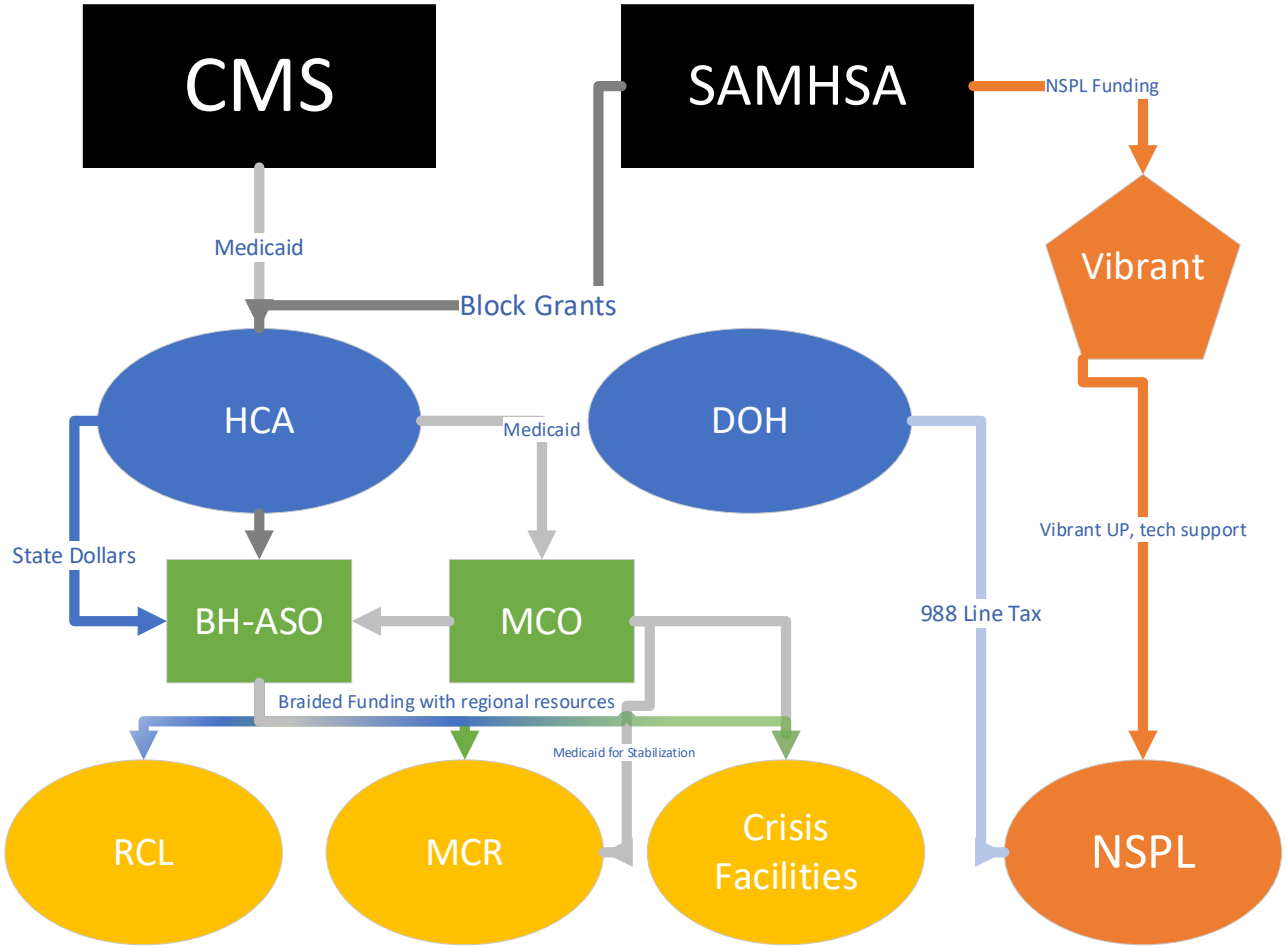
- HCA creates and implements state standards for crisis services that follow state and federal mandates.
  - Medicaid standards and state plan set most of the rules
- HCA contracts with BH-ASOs to oversee certain crisis services.
  - MCOs contract with BH-ASOs for their member's usage of crisis lines and mobile crisis.
- BH-ASOs contract with providers for crisis services following the mandates.
  - BH-ASOs and providers coordinate with local and regional emergency systems.

Mandates and Legal Requirements

- Federal
  - Medicaid Entitlements.
  - Medicaid State Plan
  - SAMHSA Block Grant set asides.
- State
  - RCW 71.05 - BEHAVIORAL HEALTH DISORDERS
  - RCW 71.24 - COMMUNITY BEHAVIORAL HEALTH SERVICES ACT
  - Legislative provisos
  - DOH licensing WACs
- Regional/local
  - BH-ASO contract requirements
  - Local sales tax and other funding streams

Crisis System Funding Stream

- Black, Grey, and Orange are federal funds
- Blue is state funds
- Green is regional and local funds



Washington State Health Care Authority

How statewide funding is determined

- Medicaid represents most of the funding and is determined by an actuarial rate that considers
  - Number and acuity of enrollees
  - Services available in a region
  - Local salaries and cost of living for service providers
- State funding is determined by the operating budget
  - Budget is passed by the legislature
  - Provisos sometimes give flexibility to HCA to determine where funding goes
- Regional level is determined by local sales tax and budgets
  - Providers and BH-ASOs bill commercial insurance for services their enrollees use.

Strings Attached: MCR

- Mobile crisis teams must meet certain standards examples:
  - Medicaid requirements
    - Dictates who can do what
  - State RCWs and WACs
  - DOH licensing requirements
  - Contract requirements
    - Response times
- Funding
  - Medicaid
  - State funds
- How can changes to the program be made?

How can we improve the system

How do we untangle the strings

Washington State Health Care Authority

SAMHSA's best practices

- A combination of best practices from across the country to reduce first responder utilization in crisis and improve outcomes by using a behavioral health first response.
  - Recently created a youth focused best practices
- Establishes a flexible framework to improve a state's crisis system based on core elements that are:
  - Regional crisis call center
  - Mobile crisis response
  - Crisis Relief Centers, Stabilization Facilities and Peer Respites.
- Essential qualities of the crisis system.
  - Addressing recovery needs, significant use of peers, trauma-informed
  - "Suicide safer" care;
  - Safety and security for staff and those in crisis;
  - Law enforcement and emergency medical services collaboration.
  - Improve coordination and access

Avenues to Improve the System

- HCA contracts with BH-ASOs
  - Most common way to make changes
  - Flexible and enforceable.
- State WACs
  - Harder to update
  - Force of law
- Legislative changes
  - Can overcome large system needs
  - Controls the funding
  - Hardest changes
- Federal level changes requires agreement with SAMHSA or CMS

Work to implement SAMHSA's best practices

- Establishing Crisis Call Center Hubs
  - Technology will improve coordination
- Expanding and standardizing mobile crisis response
  - Added teams through a proviso in 2022 to ensure 1 youth and adult team in each region.
    - 6 Adult, 6 youth
    - More funds provided to King County to expand MCR
- Create 23-hour crisis relief centers and build them across the state

HB 1477 work to improve MCR

- HB 1477 directive to implement Mobile Rapid Response Crisis Teams
  - Work has been ongoing to standardize staffing through contracting
  - Improve data collection through reporting systems
  - Improving response standards when infrastructure allows
- Best practice manual
  - Mobile crisis, MRSS, and crisis contact centers
  - Best practices to adopt as infrastructure allows
  - How to coordinate with first responders to reduce their utilization
- Dispatch and information sharing protocols
  - Help crisis contact centers and mobile crisis teams determine when and who should respond
    - Shameless plug: If you are interested in helping to develop these, please let us know.

Requests this year from DBHR

- Enhancing teams to be Mobile Rapid Response Crisis teams and expanding teams
  - 17 new adult teams and 17 youth teams
    - Need approximately 40 more to get to 1 hour response time
  - Purchase vehicles so teams can transport
  - Provide in-home stabilization
- Creating standard trainings for crisis workers and system
  - Developing recommendations as part of high-risk guidelines
- Stable funding for a “firehouse model”
- Improve access to crisis facilities
  - Improve accessibility for people with co-occurring and disabilities
  - Reduce need for medical clearance
- Liability protections for MCR and crisis facilities

Key Takeaways

- Improving and expanding access to crisis services will result in more people being served earlier in their crisis.
  - Building a system that 911 and emergency services could divert people to receive behavioral health support.
    - 12% of calls to 911 would be better served by an MCR team, freeing up 1st responders
    - .3% of all calls to a behavioral health crisis line (988/RCL) result in active rescue.

- HCA crisis services are largely funded by leveraging Federal and State dollars.
  - BH-ASOs can leverage regional and local dollars
  - Commercial insurance is largely following Medicaid practices

- Who provides the service, what services they provide, and service standards are largely established in state and federal mandates.

- HCA has some flexibility through contracts by building off mandates
  - Distribution of state dollars (GF-s, 988 tax, provisos, etc.)
  - Creation of programmatic standards and reporting requirements

Questions?

Thank you for listening

Washington State Health Care Authority

Contact information

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- Information about the CRIS Committee
- More information about 988
- SAMHSA best practice toolkit
- Tribal Hub

Washington State Health Care Authority

3 Types of Response

	First Responder	Co-responder	Mobile Crisis
Who responds	• Fire • Emergency Medical • Law Enforcement	First Responder responds with: • Behavioral Health professional • Social Service professional • Paraprofessionals (peers, case manager)	Multidisciplinary usually made up of a behavioral clinician and a peer.
When do they respond now	Active rescue, calls to 911, to provide an assist, when someone is involuntarily detained	Calls to 911 with behavioral health, ongoing medical needs, and ongoing social services concerns.	Behavioral health crisis where there is no need for active rescue
SAMHSA's best practice for crisis response	Active rescue for life saving emergencies by Fire and EMS. Minimize Law enforcement.	No recommendation on co-response model, recommends coordination with first responders	Whenever active rescue is not necessary, and a team is available.

Break

Discussion: Considerations for the role of first responders (e.g., fire, emergency medical services, police) in a crisis

Objectives

- Share perspectives of CRIS members—based on personal and professional knowledge and experiences—about considerations related to the presence of first responders in a crisis.
- Identify areas of common ground and divergent perspectives, to inform future Steering Committee deliberations.
- Agree on next steps for providing some guidance to the Steering Committee.

Discussion Questions

1. Under what—if any—conditions would it be appropriate to engage first responders?

2. Based on your personal and/or professional experience and knowledge, what are some considerations around collaboration between behavioral health and first responders in crisis?

Discussion Synthesis

Questions:

1. What did you hear that sounded like potential common ground?

2. What did you hear that sounded like there may be diverging perspectives?

Action Items & Next Steps

Public Comments

Public Comment

	Name
1.	Deb Blakeslee
2.	Kristen Wells
3.	Rhonda Larson
4.	Sriram Rajagopalan
5.	
6.	
7.	
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9.	