

MEETING SUMMARY

CRISIS RESPONSE IMPROVEMENT STRATEGY COMMITTEE MEETING SUMMARY

Wednesday, January 31, 2024; 9:00 am to 12:00 pm
Zoom

Meeting Agenda, Slides and Recording are available on the CRIS webpage:
<https://www.hca.wa.gov/about-hca/behavioral-health-recovery/crisis-response-improvement-strategy-cris-committees>

ATTENDEES

COMMITTEE MEMBERS

Adam Wasserman, State 911 Coordinator
Aleesia Morales, Tacoma Fire Department
Anna Nepomuceno, National Alliance on Mental Illness (NAMI) Washington
Bipasha Mukherjee, Crisis Line Volunteer
Caitlin Safford, Amerigroup
Connie Chapman, Washington Department of Veterans Affairs
Darcy Jaffe, Washington State Hospital Association
Dillon Nishimoto, Asian Counseling and Referral Service
Heather Sanchez, American Lake Veterans Affairs
Jan Tokumoto, Frontier Behavioral Health
Joan Miller, Washington Council for Behavioral Health
Kashi Arora, Community Health and Benefit, Seattle Children's
Kimberly Mosolf, Disability Rights Washington
Levi Van Dyke, Volunteers of America Western Washington
Linda Grant, Evergreen Recovery Centers
Michael Reading, Behavioral Health and Recovery Division, King County
Michele Roberts, Washington State Department of Health (DOH)
Michelle McDaniel, Crisis Connections
Puck Kalve Franta, Access & Inclusion Consultant
Representative Tina Orwall, Washington State House
Robert Small, Premera Blue Cross
Ron Harding, City of Poulsbo
Senator Manka Dhingra, Washington State Senate
Teesha Kirschbaum, Washington State Health Care Authority (HCA)

COMMITTEE MEMBERS ABSENT

Amber Leaders, Office of Governor Jay Inslee
Claudia D'Allegri, Sea Mar Community Health Centers
Fennec Oak, Fennec Oak Counseling
Jane Beyer, Washington State Office of the Insurance Commissioner
Jessica Shook, Olympic Health and Recovery Services

HEALTH MANAGEMENT ASSOCIATES



Justin Johnson, Spokane County Regional Behavioral Health Division
Krystina Felix, The Kalispel Tribe
Larry Wright, University of Washington School of Social Work
Michael Robertson, Certified Peer Counselor
Representative Tom Dent, Washington State House
Senator Judy Warnick, Washington State Senate
Summer Hammons, Treaty Rights/Government Affairs

AMERICAN SIGN LANGUAGE (ASL) INTERPRETERS

Seven Star
Amanda Wilkes

COMMITTEE STAFF

Jamie Strausz-Clark, Third Sector Intelligence (3Si)
Betsy Jones, Health Management Associates
Nicola Pinson, Health Management Associates
Brittany Thompson, Health Management Associates
Chloe Chipman, Health Management Associates (Leavitt Partners)

WELCOME, INTRODUCTIONS, AND TECHNOLOGY REVIEW

Jamie Strausz-Clark, 3Si, convened the meeting and reviewed use of Zoom features to ensure understanding among meeting participants regarding use of Zoom meeting technology and expectations for committee members and public observers. CRIS Committee member Levi Van Dyke welcomed everyone. He expressed gratitude for the CRIS members and members of the public for working to improve the crisis response system. Levi highlighted the work being done across the 988 centers and Lived Experience Subcommittee and thanked the group for continuing to advance the work.

MEETING OBJECTIVES AND AGENDA

Jamie reviewed the meeting agenda and objectives for each agenda item. This meeting of the Washington Crisis Response Improvement Strategy Committee had five objectives:

1. Ground our work in the personal stories and experiences of people who encounter the crisis response system.
2. Lay a foundation for setting CRIS priorities for 2024 by:
 - a. Reviewing the behavioral health-related legislation introduced in the current session.
 - b. Understand state agency priorities for 2024 and how they were informed by CRIS input to date.
 - c. Learn about a process the Lived Experience Subcommittee plans to undertake to use lived experience stories to inform system improvements.
3. Inform the 2024 CRIS workplan by discussing priorities.

4. Confirm action items and next steps.
5. Hear public comment. Due to lower sign-up numbers, the comment period was shortened. Public comments are welcome in written form at any point throughout the process and may be submitted to HCAprogram1477@hca.wa.gov.

PERSONAL STORY

CRIS and Steering Committee member, Bipasha Mukherjee, provided an introduction for Cathy Callahan to share their personal story and experience with Washington's crisis response system. Cathy formerly served as a CRIS member representing Lived Experience before stepping away to raise her two grandchildren full time in 2022. Cathy was born in Texas, raised in SeaTac, and now lives in Federal Way. When one of Cathy's children was diagnosed with a serious mental illness, she turned to a career in behavioral health. She was among the first group of certified peer counselors in Western Washington and has been working in that role for over 20 years. Cathy shared her daughter's experience with substance use disorder and mental illness, including rehabilitations, relapses, and ultimately death from an overdose. Cathy feels encouraged by 988 and recent crisis prevention efforts and hopes that 988 can also provide support to others like her that experience grief and loss. She also shared that the foster system does not currently support the number of children whose parents have passed away due to substance use disorder and mental health. She encouraged the CRIS Committee to consider options such as pharmaceutical settlement funds to support these children and their caregivers. Cathy can be reached directly at Cathy.Callahan@Sound.Health. Bipasha thanked Cathy for sharing with the group, underscoring the need to keep the substance use disorder epidemic at the forefront during CRIS discussions, and plans to share Cathy's resource page with the CRIS Committee members.

- Dillon Nishimoto, Asian Counseling and Referral Service, shared that Seattle Children's Hospital has no-cost bereavement support (available at: <https://www.seattlechildrens.org/clinics/grief-and-loss/>).
- Michele Robers, Washington State Department of Health (DOH), thanked Cathy for sharing her story and encouraged the CRIS to build better systems to more fully support families.

Discussion: Legislative Session

Senator Dhingra and Representative Orwall shared their perspectives on the behavioral health related legislation moving through this session.

Senator Manka Dhingra highlighted that Washington state is being recognized nationally for the work being done. She highlighted the following bills:

- SB-6251 Coordinating regional behavioral crisis response and suicide prevention services, which aims to create a cohesive, regional crisis plan to promote interaction and coordination across regions and agencies. This will also help to identify gaps in each region and ensure agencies can provide support where needed.

- SB-6308 Extending timelines for implementation of 988 system, which aims to push back the timelines to implement the 988 system by one to one and a half years. This will also extend the CRIS Committee efforts.

Sen. Dhingra also noted that there are various additional investments in substance use disorder and mental health that will support the entire system.

Representative Tina Orwall thanked the CRIS Committee and emphasized the important work being done across the state. She highlighted the following bills and work:

- SB-5853 Extending the crisis relief center model to provide behavioral health crisis services for minors.
- HB-2088 Extending liability protections for responders dispatched from mobile rapid response crisis teams and community-based crisis teams.
- Working with Representative Lekanoff on a bill that will codify the Native and Strong Lifeline as well as the expansion of text and chat. This will ultimately have to be approved at the national level.
- Working with Senator Patty Murray’s office to connect with the Federal Communications Commission (FCC) to move forward with plans and solutions for routing and area codes.

Rep. Orwall also highlighted the co-location of 988 and 911 and thanked the call centers and involved groups for their efforts.

Jamie facilitated a discussion in which CRIS members were asked the following questions:

- Other CRIS members are engaged in the legislative session. What are you seeing that is related to behavioral health?
- Is there anything you would add to this overview?

Committee Discussion:

- Anna Nepomuceno, NAMI Washington, emphasized the focus on youth behavioral health in this year’s bills, including a bill encouraging schools to teach social and emotional learning at the school. Schools can receive funding to provide this learning, with priority for schools in high poverty and high need areas. Another bill is establishing a statewide network for student mental health. To address the behavioral health shortage, SB-1946 will set up a behavioral health scholarship program through the Washington health corps that obligates participants to work in either rural or marginalized areas after graduation. This will improve the accessibility of behavioral health professions as well as bring workers to marginalized communities. Overall, behavioral health continues to be a priority, even more so this year. NAMI has been gaining more allies from both sides of the aisle across the House and Senate. While this is a shorter legislative session, NAMI will work to bring some of the bills back next year and continue to explore other issues for legislature and state policy to improve the behavioral health system.

- Michele Roberts shared that the state is working through the legislative process to pass bills to address the opioids and overdose crisis as well as make decisions on the next round of opioid settlement funding. The governor has some recommendations in his budget, and the legislature continues to consider that. Some of the state's efforts were recently highlighted in the public performance review (available at: <https://results.wa.gov/measuring-progress/public-performance-reviews>), which touched on high-level goals that the governor is tracking with state agencies related to opioids and overdose support (available at: <https://ofm.wa.gov/budget/state-budgets/gov-inslees-proposed-2024-supplemental-budgets/highlights-gov-inslees-proposed-2024-supplemental-budget>).
- In relation to staffing concerns, Bipasha noted that she has heard about difficulties passing behavioral health professional exams. She has spoken with an individual who has worked in the social work field for 20 years and still fails the exam. Another individual had to take a separate course to learn how to pass the exam. Beyond receiving the education and even paying for license renewal, passing the exam is an extreme barrier to becoming licensed. Additional feedback on the exams points out that the topics in the exams often are not relevant to the realities of the professions.
 - Jamie flagged that there will be upcoming discussions in 2024 around systems gaps and where adjustments need to be made to create a pathway for the workforce.
- Chief Ron Harding, City of Poulsbo, provided a summary of HB-2245. HB-2245 requires the University of Washington (UW) School of Social Work to establish a co-response training academy pilot program and a peer support program for co-responders. It also requires the UW School of Social Work to explore the development of credentialing opportunities for first responders as well as provide an annual assessment to the governor and legislature regarding the co-response workforce. Chief Harding noted the bill has bipartisan support and would broaden the ability to license co-responders without requiring a higher degree.
 - Betsy Jones, HMA, flagged that Brooke Buettner, Executive Director of the Regional Crisis Response (RCR) Agency, invited CRIS members meet to discuss the 2024 legislative proposal by the Co-Responder Outreach Alliance (CROA). HMA can support setting up a meeting as needed. CRIS members were invited to reach out to Nicola if interested.

DISCUSSION: State Agency Priorities for 2024

CRIS members received the CRIS newsletter with state agency and committee updates in advance of the meeting and were given the opportunity to ask questions. Jamie introduced the discussion on state agency priorities.

Teesha Kirschbaum introduced herself as a new CRIS and Steering Committee member representing HCA after Keri Waterland stepped down from HCA. Teesha is the deputy director of the HCA Division of Behavioral Health and Recovery and has been heavily involved in HCA's work connecting to 988. Building off the December 2023 CRIS Report, Teesha provided an overview of HCA's top priorities in 2024:

- Continuing our work on system quality & oversight:

- Regional coordination/training collaboratives – HCA will work with regional partners to improve collaboration, create performance metrics, develop recommendations for training collaboratives, and track outcomes.
- Developing Endorsement Standards to improve quality and response time for mobile crisis – HCA will review the standards with partners to ensure they address gaps in the system.
- System Infrastructure:
 - Enhanced Funding request for integrated crisis response system sent to the Centers for Medicare and Medicaid (CMS) submitted December 2023 – approval expected in February 2024.
 - Selection of vendor to build a state-wide technology platform to support the crisis system and ensure it is people-centered – HCA plans to have a vendor selected, onboarded, and in the beginning stages of building a platform by the end of 2024.
- Services & funding:
 - Tulalip and Nisqually Mobile Crisis Grants – Grants will be used to implement Tribal mobile crisis teams
 - Grants for startup for Crisis Relief Centers and for teams to meet 1134 endorsement standards
 - Mobile Response & Stabilization Services (MRSS) grant and rollout statewide
 - Crisis System Actuarial analyses and funding needs

Michele Roberts, DOH, shared an overview of DOH’s top priorities in 2024:

- Community Engagement and 988 Media Campaign: Washington 988 Awareness Campaign
- Rulemaking and Policy Work: 988 Contact Hub Rulemaking
- Systems Transformation: Mental Health Crisis Call Diversion Initiative (MHCCDI) Pilot
- Quality Improvement Updates:
 - Updated Interactive Voice Response/greeting shortened in 2023
 - All three 988 Lifeline crisis centers now back each other up for calls
 - Crisis Connections is providing backup text and chat services; Frontier hopes to provide backup text and chat services later this year
- SAMHSA grants
 - 988 Lifeline crisis center follow-up staff and workforce efforts
 - Expansion of the 988 awareness campaign
- Future state hubs/Regional Crisis Lines: Cross-agency workgroup developed recommendations and shared with Executive Sponsors last week
- Medicaid match – program:

- DOH is in the beginning stages of exploring whether Medicaid match could be available for our program work
- Updated new fact sheets (available at: <https://doh.wa.gov/you-and-your-family/injury-and-violence-prevention/suicide-prevention/988-suicide-crisis-lifeline>):
 - DOH updated and developed new fact sheets around call center work, including what happens when you call 988, fast facts on 988, what responders need to know, and details on the Native and Strong Lifeline.

Committee Discussion

- Kashi Arora, Seattle Children's, asked about CRIS Committee members getting info about rulemaking sessions.
 - Michele noted that CRIS Committee members can request to be added to DOH's interested parties list (send email requests to: HCAprogram1477@hca.wa.gov). She added that rulemaking session updates are included in every CRIS newsletter (all meeting materials can be found on the CRIS website: <https://www.hca.wa.gov/about-hca/programs-and-initiatives/behavioral-health-and-recovery/crisis-response-improvement-strategy-cris-committees#meeting-schedule>. The newsletter is here: <https://www.hca.wa.gov/assets/program/cris-updates-newsletter-20240101.pdf>).
- Kim Mosolf, Disability Rights Washington, asked for details on the MHCCDI pilot. What has DOH learned about how to train on and identify calls that truly require 911/police response vs. 988 crisis response? This was discussed during the first responder and behavioral health collaboration workgroup.
 - Michele noted that as the pilot recently began and that DOH will plan to report back and present data to the CRIS Committee.
- Bipasha expressed gratitude for the DOH and HCA teams for their active involvement in the Lived Experience Subcommittee meetings, including sharing updates for community awareness. The teams also share their own lived experience with vulnerability, which helps the Lived Experience Subcommittee members understand that you can learn and become a professional and do that work, and that work is being done by people who care.
- Darcy Jaffe, Washington State Hospital Association, asked about CRIS Committee participation in the cross-agency workgroup related to future state hubs/Regional Crisis Lines.
 - Michele shared that the workgroup's primary participants were DOH, HCA, Behavioral Health – Administrative Service Organizations and relevant partners, and 988 call centers. She added that DOH and HCA would report back to the CRIS Committee later this Spring.
- Kashi Arora emphasized prioritizing children and youth in 2024. She highlighted a cross-agency workgroup focused on connecting youth callers to 988, which had paused meetings recently. Kashi has sought feedback from community members, parent groups, crisis lines, and others who have identified concerns around the connection between 988 and in-person mobile response specific to youth.

- Michele noted that this is a priority for DOH and HCA, particularly working behind the scenes to get clarity from the federal government around mixed messaging and guidance. She plans to better reflect on and provide updates on this work moving forward.
- Betsy added that HMA will reach out to Kashi to discuss embedding committee work on recommendations for youth and young adults.

DISCUSSION: Plans to Engage Lived Experience to Inform System Improvements

Jamie introduced the discussion on plans to engage lived experience stories to inform system improvements.

Puck Kalve Franta, CRIS member representing lived experience, shared background regarding the work on the project to identify lived experience stories to drive system improvements. Puck emphasized that individuals often have to figure out how to navigate the system while in crisis. During a recent Lived Experience Subcommittee meeting, a community member shared their experience with a 988 call that ended up being answered out of state. As Michele mentioned, Crisis Connections is now offering backup text and chat services, with others hoping to follow suit. It is encouraging to see action being taken to address the challenges we are seeing. Puck shared challenges with missing certain communities' voices, and asked Michael to share further.

Michael Anderson-Nathe, HMA consultant, expanded on the process for "Using Lived Experience to Drive System Improvements." The Lived Experience Subcommittee's initial plan was to identify some key populations to understand their experience of calling or accessing 988 through interviews and case studies. Upon presenting this plan, a lot of folks felt left out, rightly so as it was a narrow scope. To address this concern, the Lived Experience planning group considered a new StoryCorps-like approach with an open call for people to share their experience within the system. There would be multiple pathways for individuals to submit their stories, including pre-recorded video or audio, written, etc. While this would allow a wider scope of people to provide input, it loses the human connection and goes into less depth of analysis regarding the system barriers encountered. Rather than proposing a process to the CRIS Committee, the Subcommittee wanted to share these discussions and ask for additional input on how to best take stories and lived experience to drive system improvements.

- Puck added that the Subcommittee hopes to appropriately compensate participants, particularly if the work is more time intensive. The Subcommittee will also work to avoid re-traumatizing participants by emphasizing the human connection. Additionally, outreach for the project will include meeting the community where they are. Another question for consideration is whether this work should focus on calling 988 or accessing the crisis system more broadly.

Given the considerations discussed above, Jamie facilitated a discussion in which CRIS members were asked the following questions:

- Should the Lived Experience Subcommittee emphasize a "broader" or a "deeper" approach to gathering lived experience stories (i.e. a "broader" approach that is open to all groups to submit

stories, or a “deeper” approach that would involve a more depth analysis of system barriers for specific populations).

- Should stories focus on experiences with 988 only or the crisis system more broadly?
- How would the CRIS like to be involved?

Committee Discussion

- Kim Mosolf suggested looking at the crisis system more broadly, which will allow us to better understand how the 988 system is meeting needs, what the needs are, and where the gaps are. With regard to gathering experiences in places comfortable to different groups, Kim noted her organization has federal access authority allowing them to go to places where people are being detained (e.g., Involuntary Treatment Act, jails). Would be interested in whether there’s an opportunity to lend that access authority to reaching people.
- Dillon expressed it can be difficult to formulate and tell the communities’ stories. He recommended providing participants a support system as well as compensating them for their time. Additionally, in considering experiences with 988 only or the crisis system more broadly, Dillon recommended looking at experience with the crisis system more broadly with a question about the point at which they are getting connected to 988 (e.g., first step, after other stages in a safety plan, etc.).
- Kashi suggested that beyond looking at the 988 call the project should reflect the scope of the entire system. Otherwise, it may miss what people might say about what they do or do not get connected to. She added that the CRIS Committee needs to determine a framework for how it will use the information from the Lived Experience Subcommittee before the project begins.
 - Puck agreed that it will be key to determine how the responses will lead toward change. Also hearing a strong argument for looking at the crisis system as a whole. Will continue to consider the breadth vs. depth question as well.
- Aleesia Morales, Tacoma Fire Department, asked whether the broader crisis system includes 911. She oversees a program that currently exclusively supports people experiencing behavioral health and substance use crisis within the 911 system, and there are a lot of calls. If we want the Lived Experience Subcommittee to focus on the crisis system, we’ll want to ensure that we’re incorporating their engagement with the 911 system.
 - Puck confirmed that the broader crisis system would include 911 calls that involve mental health or behavioral health crises.
- Bipasha underscored the importance of compensating people for sharing their stories to impact the system.

The Lived Experience Subcommittee invited CRIS Committee members to attend meetings so they can listen to the community directly. The next meeting is on Monday, February 12th, 1:00 – 3:00 p.m. PT. Meetings are typically on Mondays between 1:00 – 3:00 p.m. PT. Individuals interested in engaging in the Lived Experience Subcommittee, the Lived Experience Stories project, or other work highlighted today may email:

HCAprogram1477@hca.wa.gov. The Lived Experience Subcommittee plans to develop a proposal for the project that will be presented back to the CRIS Committee.

DISCUSSION: CRIS PRIORITIES FOR 2024

Betsy provided an overview of the draft CRIS Committee Decision Process Map for 2024. The decision process map topic focus areas are based on direction from HB 1477 and HB 1134 and the priorities from legislators, agencies, and CRIS Committee members. Topics for 2024 focus on system quality and oversight, crisis system funding needs, and system infrastructure. (See the meeting slides for an overview of the decision process map.)

Jamie facilitated a discussion in which CRIS members were asked the following question:

- Reflecting on CRIS recommendations that we developed in 2023 and what you learned today about the legislative session, agency priorities, and the Lived Experience Subcommittee’s plans, what are key considerations to inform our priorities for the CRIS in 2024 and why?

Committee Discussion

- Kashi recommended prioritizing youth, particularly with regard to youth data when thinking through system metrics.
- Michelle McDaniel, Crisis Connections, shared that the CRIS Committee should prioritize having a stable, diverse, and representative workforce. She emphasized prioritizing actions that can attract, retain, and provide equitable wages to the work force. There is an excessive amount of turnover, as well as a high bar to get into the work. It is a high burnout field.
 - Jamie suggested raising this topic throughout the year, particularly during the funding discussion in March and the workforce discussion in July.
- Puck also emphasized a focus on the workforce, particularly social workers and peers. To address the stigma against peers, peers should be trained appropriately and utilized in the system appropriately. Puck suggested a partnership between the Department of Vocational Rehabilitation and the peer job position.
- Bipasha shared gratitude for crisis response supervisors, who do excellent work and need to be compensated well and consistently. This requires consistent system funding. She echoed Kashi’s focus on youth and families. She also highlighted the need for a focus on the substance use crisis in the state, including sharing information and updates with the community on what HCA and the systems can do to support individuals and families. Bipasha also discussed specific attention needed to the needs of the intellectually disabled community, as well as the need for the system to hold space for all kinds of people, including immigrants and people who don’t speak English. Lastly, Bipasha highlighted the challenges for families and friends around information sharing and individual protections within the system. Bipasha encouraged the CRIS Committee to discuss where to draw boundaries for

individuals and their families and friends that want to be involved, particularly with regard to diverse cultural experiences and expectations.

- Darcy recommended discussing the tension of using data that's easy to collect and digest, as well as more relevant measures when discussing quality and oversight in February. She also suggested discussing performance across the continuum of the crisis system to ensure everyone has an opportunity to contribute to the progress.
- Bipasha added that the CRIS Committee needs input from individuals using the crisis system. Beyond the Lived Experience Subcommittee, there needs to be a process for individuals to rate their experience within the crisis system.
- Linda Grant, Evergreen Recovery Centers, shared her concerns around the reduction of detoxification and withdrawal management programs, particularly amidst the drug crisis. She shared that Evergreen Recovery Centers is one of the largest substance use disorder programs in Washington state with a full continuum of care. The detoxification programs have closed due to lack of funding, workforce shortages, and high vendor rates. This is an important resource, and the CRIS Committee should discuss where this fits in the system structure, because people who are toxic often temporarily appear to be mentally ill. There is overlap between the withdrawal management system and the rest of the mental crisis system, with detox as the entry point in the crisis system for people with substance use disorders. With programs closing across the states, individuals with substance use disorder may wind up in more expensive alternatives, such as emergency rooms.
 - Bipasha noted it is worrisome to hear what Linda is saying. We keep talking about new services while good current ones are falling apart.
- Aleesia shared that in her experience working with the Tacoma Fire Department and its response program, their team is often supporting people with substance use disorders that require supports and services. If the services do not exist, those individuals remain in a constant state of crisis. She added that the fire department is constantly responding to 911 calls in relation to behavioral health and substance use, and many fire agencies are determining how to best support substance use crises by building their own medication assisted treatment programs where they are administering services to provide initial support and then connecting individuals to additional resources. We must keep in mind that when programs and agencies grow their support services, it is outside of the traditional behavioral health agency approach. Many fire departments are looking to become behavioral health agencies to offer more support for services and receive funding for those services. The CRIS Committee can discuss how to capture that full spectrum of services and the ways in which people are contacting and receiving supports.
- Adam Wasserman, State 911 Coordinator, emphasized the role of 911 in the crisis system. He encouraged the CRIS Committee to continue the cooperative work especially with the 988/911 diversion initiative. Adam added that Michelle from Crisis Connections has been a wonderful partner to collaborate with.

ACTION ITEMS AND NEXT STEPS

Next steps and action items for the meeting:

- Individuals interested in engaging in the Lived Experience Subcommittee, the Lived Experience Stories project, or other work highlighted today, please email: HCAprogram1477@hca.wa.gov.
- HMA will follow up with CRIS members to send Lived Experience Subcommittee meeting dates this year.
- HMA will follow up to confirm status of the agency workgroup focused on cross-system coordination for youth, per Kashi's question. DOH and HCA to report out on efforts and plans related to youth and young adult callers. HMA will also be incorporating a youth focus into the Committee work this year.
- HMA will be incorporating CRIS committee input into the CRIS focus areas this year.
- CRIS members were invited to reach out to Nicola if interested in meeting with Brooke Buettner to discuss the 2024 legislative proposal by the Co-Responder Outreach Alliance (CROA).
- DOH to report out on the cross-agency workgroup recommendations related to future state hubs and regional crisis lines.
- HMA and legislative partners will continue to provide updates on the bill highlighted by Senator Dhingra that may extend the CRIS committee into next year.

PUBLIC COMMENT PERIOD

Jamie reviewed the public comment process and opened the public comment period: three members of the public commented. For individuals with additional comments or time needed, Jamie highlighted the opportunity to submit public comment via email to: HCAprogram1477@hca.wa.gov.

MEETING ADJOURNED