MEETING SUMMARY

CRISIS RESPONSE IMPROVEMENT STRATEGY COMMITTEE MEETING SUMMARY

Thursday, March 28 2024; 11:00 am to 2:00 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

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ATTENDEES

COMMITTEE MEMBERS

Adam Wasserman, State 911 Coordinator
Aleesia Morales, Tacoma Fire Department
Amber Leaders, Office of Governor Jay Inslee
Anna Nepomuceno, National Alliance on Mental Illness (NAMI) Washington
Bipasha Mukherjee, Crisis Line Volunteer
Darcy Jaffe, Washington State Hospital Association
Dillon Nishimoto, Asian Counseling and Referral Service
Fennec Oak, Fennec Oak Counseling
Jane Beyer, Washington State Office of the Insurance Commissioner
Jan Tokumoto, Frontier Behavioral Health
Joan Miller, Washington Council for Behavioral Health
Kashi Arora, Community Health and Benefit, Seattle Children's
Kristen Wells, Valley Cities Behavioral Health Care
Laura Pippin, Washington Association of Designated Crisis Responders
Levi Van Dyke, Volunteers of America Western Washington
Michael Robertson, Certified Peer Counselor
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 Judy Warnick, Washington State Senate
Teesha Kirschbaum, Washington State Health Care Authority (HCA)
Mark Snowden, Harborview Medical Center

COMMITTEE MEMBERS ABSENT

Claudia D'Allegri, Sea Mar Community Health Centers
Connie Chapman, Washington Department of Veterans Affairs
Heather Sanchez, American Lake Veterans Affairs
Justin Johnson, Spokane County Regional Behavioral Health Division

Krystina Felix, The Kalispel Tribe
Larry Wright, University of Washington School of Social Work
Linda Grant, Evergreen Recovery Centers
Michael Reading, Behavioral Health and Recovery Division, King County
Michele Roberts, Washington State Department of Health (DOH)
Representative Tom Dent, Washington State House
Senator Manka Dhingra, Washington State Senate
Summer Hammons, Treaty Rights/Government Affairs

AMERICAN SIGN LANGUAGE (ASL) INTERPRETERS

Caryl Williams Love
Amber Bahler

COMMITTEE STAFF

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

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 Michael Robertson welcomed everyone and provided an introduction to the meeting's focus on the intersection of substance use disorder (SUD) and mental health crisis. Michael also shared his perspective as a certified peer counselor and person with lived experience of a SUD. He encouraged the CRIS Committee members to keep in mind marginalized populations, particularly persons living in crisis and experiencing SUD, both when listening to the panel discussion and moving forward.

Lucy Mendoza, HCA, and Melissa Thoemke, HCA provided a land acknowledgement in the form of sharing Washington state's Opioid and Fentanyl campaign with Tribes. The work focuses on engaging government to government partnerships with Tribes, leading with Tribal sovereignty, addressing inequities, identifying funding resources, and supporting Tribal health programs. HCA and DOH are now working to consolidate resources due to feedback from Tribes. Lucy provided an overview of the campaign history from 2017 to 2023, culminating in the first annual Tribal-State Opioid Summit & National Tribal Opioid Summit, which will inform future work. She also highlighted the campaign development and production process, including working with Native owned production companies. Melissa shared existing campaigns and outcomes, highlighting the following (for those interested in learning more about the opioid and fentanyl campaigns, email melissa.thoemke@hca.wa.gov):

- For Our Lives
- Native Resource Hub
- We all make us all strong
- Friends for Life
- It Starts with One
- WSHA Provider Toolkit

Jamie then introduced the new CRIS Committee member: Laura Pippin, representing designated crisis responders.

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 four objectives:

1. Ground our work in the personal stories and experiences of people who encounter the crisis response system.
2. Learn about, understand, and discuss the intersection of SUD and mental health crisis.
3. Confirm action items and next steps.
4. Hear public comment. (Note: 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.)

Betsy Jones, HMA reviewed the decision process, including the addition of the SUD discussion, an update on addressing system funding and circling back to performance metrics.

PERSONAL STORY

CRIS Committee member Bipasha Mukherjee introduced Kate Vitela to share her personal story and experience with Washington's crisis response system. Kate is registered nurse with over 20 years of experience in the Pacific Northwest. Early in her career, work-related stressors led to post-traumatic stress disorder (PTSD) and insomnia, among other complications. Over the years, she began to self-medicate with various substances, ultimately resulting in her dismissal from her job and risk of losing her nursing license. Kate felt alone in her journey and did not feel like she could seek help. She later made an attempt on her life, which led to her admission to a psychiatric facility followed by taking part in a monitoring program for nurses for five years. She then re-entered the workforce as a psychiatric nurse working in mental health, where she began to recognize that she was not alone. Kate began to share her story, as well as write a fashion blog for the Sober Curator online magazine. She also serves on the board and models for a fashion show dedicated to mental health and addiction, which is developed in partnership with Break Free, a nonprofit in New York. Kate emphasized that anyone can experience challenges with mental health and substance use, and encouraged the CRIS Committee to consider how community support, resources, and programs can lead to resiliency. Kate has a website with access to her coaching and media coverage (available at: https://www.katevitela.com/). CRIS Committee member Kristen Wells thanked Kate for sharing with the group, noting that her story can help the CRIS

Committee members to continue breaking down the wall between those who provide care and those who need care.

DISCUSSION: Legislative Session and State Agency Updates

Representative Tina Orwall discussed the progress of behavioral health bills during the 2024 legislative session, focusing on workforce support and expansion, as well as liability protections, and highlighted the efforts of other legislators in championing behavioral health issues. She highlighted the following areas work:

- HB-2088 Extending liability protections for responders dispatched from mobile rapid response crisis teams and community-based crisis teams.
- HB-1541 Nothing About Us Without Us Act was passed and signed by the Governor yesterday.
- Representative Bateman worked on a larger DOH bill to identify workforce barriers and expand the workforce through training sites for professionals.
- Representative Callan worked on a bill to expand the Children and Youth Behavioral Health Workgroup.
- Representative Lekanoff worked on a bill that will codify the Native and Strong Lifeline as well as the expansion of text and chat. This work was incorporated into Senator Dhingra's bill SB 6308 with a $2 million investment.
- Representative Davis worked on a bill looking at THC concentrations and the impact on behavioral health.
- Rep. Orwall's Social Worker Compact Bill to streamline social workers in Washington state passed.

Rep. Orwall also highlighted Representative Davis for her work around substance use, and thanked Michael for his introduction at the start of the meeting.

Senator Judy Warnick thanked Rep. Orwall for her presentation and emphasized the importance of the CRIS Committee's work.

Betsy highlighted a legislative update on behalf of Sen. Dhingra regarding SB-6308 extending timelines for implementation of 988 system. This will also extend the CRIS Committee efforts through December 31st, 2026, with the final report and recommendations remaining due January 1, 2025. HMA will continue to facilitate the work through the delivery of the final report, after which the facilitation will shift to HCA. More details to come.

CRIS members received the CRIS March Newsletter with state agency and committee updates in advance of the meeting and were given the opportunity to ask questions.

- Are there any opportunities for collaboration as DOH is tracking patient placement for behavioral health facilities and the CRIS is looking at bed registry?
    - Lonnie Peterson (WA DOH) noted that the DOH team is looking into this question. They have reached out to the HCA folks working on the tech side of the work.
- The newsletter noted an actuarial analysis and report for crisis services funding; it seems like there is an early draft of that report. Is it possible to share the early draft of the report with CRIS members or

potential crisis services providers to get a sense of what these rates look like, and how we could be expanding the crisis continuum?

    - Matt Gower (HCA) noted that the Office of Financial Management hasn't published the initial report yet. Once it's published, HCA will share the report. However, the report won't have any of the rate information or suggestions; it's an update on the work being done so far. The final report will come out in December.

- Thank you to Senator Dhingra as sponsor of SB 5853 (Crisis Relief Centers for Minors).

Lonnie shared about DOH's Suicide Prevention Listening Sessions in April, which will play a role in the process of updating the State Suicide Prevention Plan in July. CRIS Committee members were invited to participate by registering using the links on DOH's flyer (available at: https://www.hca.wa.gov/assets/program/doh-suicide-prevention-listening-session-flyer.pdf) and the DOH webpage https://doh.wa.gov/you-and-your-family/injury-and-violence-prevention/suicide-prevention.

PRESENTATION AND PANEL DISCUSSION: Substance Use Disorder and the Intersection with Mental Health Crisis

Panelist and presenter bios can be found at the end of the meeting summary.

Dr. Mandy Owens, PhD (assistant professor with the Addictions, Drug & Alcohol Institute at the University of Washington School of Medicine) presented on how SUD intersects with mental health crisis. She emphasized that mental health and SUD are often seen together among those in crisis, and separating the two is harmful to the individuals who live it as well as the community. She added that staff in the behavioral health crisis response system need training/support in both to be effective and save lives. Dr. Owens also shared the following data points:

- Among King County Medicaid beneficiaries, 41.2% have a mental health condition, 14.2% have an SUD condition, and 11.9% have co-occurring mental health conditions and SUD conditions.
- Among 23,000 individuals arrested in 2016 in Indianapolis, Indiana, between 20 and 25% of individuals experienced co-occurring mental health conditions and SUD conditions, while smaller proportions experienced these conditions on their own.

Dr. Owens also detailed her project taking place across seven counties in Washington state to determine solutions to crisis response to drug use. A current challenge identified by first responders and law enforcement is the strong connection between drugs and mental health; they expressed frustration about the disconnect in services separating mental health and drug use. For example, the first responders and law enforcement discussed referring individuals to mental health services, after which they are discharged they are seen as having a drug problem rather than a mental health problem. The responders also shared performance measures for mental health and SUD, including detection of SUD needs, referral to any SUD services, and engagement in SUD services. Dr. Owens highlighted unique needs and implications for SUD populations, including the following:

- The issue of stigma due to substance use harms outcomes, including health and service retention, indicates the need for additional training to reduce SUD stigma among behavioral health response system staff.
- Substance use can mask and/or mimic mental health symptoms, as well as exacerbate and medicate mental health symptoms. The current standard of care is to treat both at the same time, which requires a knowledge of the array of services for both mental health and substance use to make appropriate referrals.
- Use of illicit drugs inherently brings more extensive criminal histories, barriers, and stigma. Involuntary Treatment Act (ITA) laws differ for mental health only versus SUD. First responders therefore must also know these nuances for proper referrals.
- Increasing rates of drug overdose related to opioid and/or methamphetamine use represent an opportunity to provide naloxone and overdose education for individuals with both mental health and SUDs.

Dr. Owens then shared a graph on prior year system engagement types for King County overdose decedents between 2019 and 2021. She noted that the graph indicates the opportunities that could have prevented the overdoses, including Naloxone and buprenorphine provisions, or overdose education.

Dr. Charissa Fotinos (Medicaid Director and Behavioral Health Medical Director with HCA) presented on the current state efforts to address SUD. She discussed the need for a trauma-informed approach in responding to people with mental health and substance use disorder issues, particularly in the context of Fentanyl use. Dr. Fotinos also highlighted the efforts of the state government in addressing substance use disorders, including the opening of 23-hour crisis response centers and the establishment of model programs such as health engagement hubs and street medicine teams.

CRIS Committee member Aleesia Morales, Tacoma Fire Department, moderated the panel discussion. Panelists included Dr. Fotinos, Dr. Lauren Whiteside (emergency medicine physician at the University of Washington), Dr. Owens, Michael Robertson (certified peer counselor), and Representative Lauren Davis (32nd Legislative District).

Panel Discussion

- What are the unique needs of people experiencing crisis related to SUD and/or co-occurring SUD and mental health conditions? How are these needs different from mental health specific crises?
    - Dr. Owens highlighted stigma, the complex intersection between mental health and substance use, the legality of substances, and the lethality of substances.
    - Dr. Fotinos noted inpatient psychiatric hospitals often find it difficult to determine underlying concerns for patients experiencing psychosis and placed on an involuntary treatment hold.
    - Michael shared his experience working in Medication-Assisted Treatment (MAT) support, noting treatment and care should occur as quickly as possible.

        - Dr. Fotinos noted the scientific community is now attempting to determine the best way to treat fentanyl. She is currently working on pilots to get individuals stable as quickly as possible.
    - Dr. Whiteside noted that emergency medicine providers often do not have the appropriate tools to identify and treat underlying disorders after a substance-related crisis, including mental health comorbidities.
    - Rep. Davis discussed common factors leading to SUD, including loss of relationships, employment, and/or housing, as well as system interactions (e.g., arrest). There is often a baseline level of despair, resulting in substance use which amplifies those emotions. Additionally, the overlap between SUD and suicide is notable. She added that SUD can be stabilized using medications quicker than mental health needs can be addressing.
- Given these differences, what are the implications for the behavioral health crisis response system? In other words, how do we need to approach crisis response system improvement to address SUD ?
    - Michael emphasized the need for immediate and convenient SUD treatment opportunities following the stabilization of a crisis.
    - Dr. Owens highlighted the current disconnect and separation between current systems, including medical, behavioral health, and SUD treatments. She encouraged the need to either transform or rebuild a system that addresses all needs at once.
    - Dr. Whiteside noted individuals with SUD in the emergency department often are not seeking treatment. Emergency departments need to be able to handle comorbid SUD, specifically opioid use disorder, from the beginning (e.g., identifying patients, triage). The emergency department is an important healthcare location; it's always available with a warm bed and food. However, it can be difficult for patients to navigate. Echoing others, Dr. Whiteside noted healthcare providers must get comfortable outside the walls of healthcare locations, i.e. bringing care to the community.
    - Dr. Fotinos highlighted initiatives in King County, Everett, and Tacoma with directed funding to five sites to either build or develop street medicine teams. Going to the community is important; they won't feel like they have permission to ask for help. The downtown emergency services center in Seattle is doing important outreach, providers across the state are going to people in encampments under bridges and trying to re-establish trust. We need to build on these efforts. From the HCA Medicaid system side, we are thinking about training everyone to be able to respond to both basic mental health conditions and SUDs. We can't continue to separate these out as two separate things. Need to consider how to move the system to really be co-occurring and patient centered. This will take training for basic intervention skills.
    - Rep. Davis shared that crisis for individuals with SUD is often the window of opportunity into intervention due to the interruption of the daily use cycle. However, the window of willingness

to engage in treatment is brief and fleeting. She noted that the workforce is key, as the vast majority of mental health professionals are underprepared to treat SUD due to lack of training. Certain therapeutic modalities are especially effective for SUD, including motivational interviewing and peer support, as well as recognizing and addressing drug seeking behavior. Rep. Davis also highlighted Ricky's Law, which is a Washington state law that allows the involuntary commitment of adults and minors who pose a danger to themselves or others due to SUD. She noted it is both highly effective and heavily under-utilized; emergency departments must bring in designated crisis responders to engage patients. SB-6228 being signed tomorrow will require training every three years for emergency department social workers in civil commitment statutes on the clinical criteria for detention.

- The CRIS is developing recommendations for performance metrics to measure crisis system improvement. As they continue developing these, what is one key takeaway about SUD that you'd like the CRIS to consider?
    - Dr. Owens encouraged the CRIS Committee to consider the array of services available, including harm reduction services.
    - Dr. Fotinos suggested incorporating safe and respectful questions to determine whether persons calling in crisis may also be using substances.
    - Dr. Whiteside agreed that identification is an important first step. She also emphasized the importance of supporting the workforce to engage patients in crisis, including incorporating navigators and peer support specialists to support the work. Having sufficient workforce and ensuring that the work is being measured is key.
    - Rep. Davis recommended focusing on data capture on priority populations, including people who identify or are diagnosed with primary SUD. It's also important to track the care centers from which the referrals derive, e.g., emergency departments, law enforcement interactions, etc. Ideally there would be a mechanism for continual feedback loops from system users; individuals with SUD will provide suggestions for improvements.
    - Michael suggested looking at the initial interruption or point of support, and how safe and supportive the interruption was. Crisis centers can't appear similar to carceral settings, and professionals must be fully trained, prepared, and schooled to engage with the affected population. An important metric is also peer support, which must be included at the onset of services. Data collection must happen in the right way and be shared.
- Rep. Orwall thanked the panelists and asked them how the 23-hour crisis relief centers might be configured to be a no-wrong-door opportunity for people with SUD, and whether there is a way to fast track people into the system.
    - Dr. Fotinos offered to share ideas with Rep. Orwall as HCA is working on funding these efforts.

- Rep. Davis recommended incorporating peers and training clinicians. She also emphasized the role of medications, ideally an opioid treatment program to dispense onsite or becoming a fixed medication site, in addition to having buprenorphine and medications for alcohol use disorder. A more innovative option would be ambulatory detox, allowing individuals to leave the centers and continue withdrawal management at home with supervision. Rep. Davis also highlighted referral pathways that are well worn and established for opioid treatment programs, Methadone, withdrawal management, residential SUD, buprenorphine, etc.
- Michael suggested revamping and creating an auxiliary training for peers and auxiliary staff that works directly with newfound approach to crises.

Jamie thanked Aleesia for moderating and the panelists for their preparation and presentations.

DISCUSSION: Elevating Substance Use Disorder in our Work Together

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

- What was your biggest takeaway from the panel discussion?
- Reflecting on the guiding principles and proposals for metrics that we developed at our last CRIS meeting, based on what you learned about SUD, what else should we add to better address SUD?

CRIS Committee Member Discussion:

- Dillon Nishimoto, Asian Counseling and Referral Service, agreed with statements around the need for additional training for mental health professionals, as well as folks across the board engaging with individuals in crisis. Mental health first aid training is widely available, but it may not include sufficient training around SUD; there may be some room to expand or improve on that.
    - Kristen Wells, Valley Cities Behavioral Health Care, noted the mental health first aid training does not cover SUD, and agreed with either incorporating it or making a substance use first aid training widely available.
- Kristen also reflected on the lack of training for SUD for mental health professionals. As a licensed social worker she completes ITA assessments, and she noted wanting to be more knowledgeable about Ricky's Law and the differences between detainment for mental health and detainment for SUD.
- Anna Nepomuceno, National Alliance on Mental Illness (NAMI) Washington, shared the panel reconfirmed stories from individuals with co-occurring SUD and mental health treatment being forced to choose between substance use treatment and mental health treatment. This clarifies the need to acknowledge co-occurring conditions and identify opportunity to reduce barriers to treatment.
- Rep. Orwall echoed the need to bring these various components together in the 23-hour crisis relief centers to provide support for co-occurring needs.
- Aleesia highlighted hearing from the panelists about the need for collaboration. Her team supports folks after 911 has been called, so they may have an interaction with a traditional first responder, but it could be an issue related to substance use. Aleesia coordinates with the traditional first responders within the 911 system as well as the hospital, and she contemplated how all aspects can work together

in supporting each other and understanding available resources. Workforce development, training, and education should be at all levels, including any folks that could interact with an individual in crisis.

- Darcy Jaffe, Washington State Hospital Association, emphasized Dr. Owen's data around co-occurring mental health and SUD, adding that individuals often have a co-occurring health condition as well. While the current structural systems make it difficult to address the whole person, practitioners should make the shift to view it from that lens.
- Ron Harding, City of Poulsbo, highlighted the discussion around Fentanyl withdrawal, providing personal anecdotes of law enforcement interacting with individuals going through similar experiences. Providing quick treatment and medication to reduce anxiety and fear is important.
- Bipasha thanked the panelists for their presentations, particularly their use of plain language. She echoed the workforce development issue and professionals being trained in SUD along with mental health. As a crisis counselor, she emphasized the need for a holistic approach to address both the individual and their family's needs.
- Dillon added via chat that the panel didn't touch on family-initiated treatment allows a parent or guardian to bring their child that's above the age of consent for minors for behavioral health services (13) but below the age of adulthood (18).
    - Bipasha added the lack of discussion around youth and youth issues.
- Puck Franta, Access & Inclusion Consultant, highlighted substance use as a barrier to most places folks access care and housing. The idea that an individual must attain a certain level of sober to access most services is a key challenge. Puck also flagged the perceived lack of cultural competence between some mental health providers and some substance use situations.
- Dr. Snowden, Harborview Medical Center, agreed with Darcy on the importance of recognizing that mental health and substance use issues do not live in a vacuum separate from overall health and physical health conditions. The panel also spurred thoughts the connection between the lack of use of secure withdrawal beds and time to DCR responding to emergency departments, and therefore emergency departments decide not to refer to involuntary treatment. Additionally, the amount of time required to resolve symptoms that come from substance use problems indicates that the system is still designed more on mental health ITA needs than substance use needs. Dr. Snowden suggested identifying a way to have DCRs either in the emergency departments or more rapidly able to respond to emergency departments if time is the barrier to the valuable resource in terms of beds for people to go to.
- Kristen highlighted looking at whether services are divided in places providing crisis services. She has seen mental health facilities turn away folks because they cannot medically support their detoxification process. On the other hand, substance use treatment facilities are not equipped to support an individual that is at risk of harming themselves. This prevents individuals with co-occurring needs from accessing care. When looking at system oversight, she suggested looking at whether facilities can help individuals all at once rather than with one concern at a time.

- Aleesia emphasized Michael's point of having all levels of professionals on a crisis response team, including peers, clinicians, healthcare professionals, and nurses to support a person regardless of what the crisis is. It is also important for crisis response teams to understand resources for all types of crises.
- Darcy and Anna noted that one of the insurance exclusions including Medicaid Managed Care Organizations (MCOs) to admission to an inpatient psychiatric unit is primary SUD. This may be an item to explore.
- Anna emphasized Rep. Davis' point around data collection, suggesting the need to document when people are turned away from crisis facilities, particularly those with co-occurring substance use and mental health conditions.
    - Puck added documenting honestly and on-self protectively when we can't meet a person's needs when they show up for treatment.
    - Dr. Snowden noted that Harborview tracks data on number of patients detained by designated crisis responders, but declined psychiatric admission, and why. He suggested doing the same by mental health and SUD ITA mechanisms.
    - Dillon noted tools available through Point Click Care, which provides notification around emergency department visits and other items.
- Michelle McDaniel, Crisis Connections, suggested considering how to reduce barriers for workforce receiving training. Crisis Connections is working to ensure the community is aware of its Washington Recovery Helpline. It's also partnered with DOH to launch a bridge program for individuals to access medically-assisted treatment in the emergency room and then signed up with a provider in their community to continue that work. She also asked about how to elevate peers, including relieving financial and time barriers. Michelle suggested that the workforce is running out of folks to do this important work.
- Lonnie Peterson, DOH, added to the workforce discussion, specifically noting 988 day lifeline crisis counselors. As individuals can contact 988 for substance use concerns, Lonnie wondered whether crisis counselors could become overburdened due to the nuance related to and complexity of the work. She wants to ensure the crisis counselors have the support, training, and resources needed to help people contacting 988 with substance use concerns.
- Dillon also discussed improving follow-up after discharge; ideally outreach happens prior to discharge.
- Darcy discussed potential process measures to address substance use disorder; one of the potential measures could be reassurance that there's collaboration or pathways that are clear between the emergency departments and the 23-hour facilities.
- Michael raised concerns about entities claiming to offer harm reduction without proper execution and the potential blocking of access to actual treatment.

ACTION ITEMS AND NEXT STEPS

Next steps and action items for the meeting:

- HMA to synthesize and summarize legislative bills in the upcoming newsletter, as relevant.
- HMA to send CRIS Committee members the DOH Suicide Prevention Listening Sessions Flyer via email.

- DOH to look at question relating to bed registry data collection at behavioral health facilities and ensuring coordination across agency teams.
- HCA to share the initial actuarial analysis and report for crisis services funding once the Office of Financial Management has published it.

PUBLIC COMMENT PERIOD

Jamie reviewed the public comment process and opened the public comment period: no one signed up for public comment. 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

Panelist Bios: Substance Use Disorder and the Intersection with Mental Health Crisis

CRIS Meeting – March 28, 2024

Presenters:

Dr. Mandy Owens

Mandy Owens, PhD is an Assistant Professor with the Addictions, Drug & Alcohol Institute at the University of Washington School of Medicine. Her work focuses on the intersection between substance use and the criminal legal system, including ongoing projects with law enforcement and jails around Washington State. Dr. Owens also is a Clinical Psychologist specializing in the treatment of substance use disorders.

Dr. Charissa Fotinos

Dr. Charissa Fotinos joined the Washington State Health Care Authority in October of 2013 as the Deputy Chief Medical Officer in support of the Apple Health/Medicaid programs. In August of 2021, she was named the Acting Medicaid Director, and in June of 2022 she was named the permanent Medicaid Director and Behavioral Health Medical Director. She is actively involved in behavioral health integration efforts with a particular focus on improving the access to and care of persons with substance use and mental health disorders. She is a co-sponsor of the Washington State Opioid Response Plan. Prior to her current position, Dr. Fotinos was the Chief Medical Officer for Public Health Seattle-King County.

Dr. Fotinos is board certified in Family and Addiction Medicine. Before joining Seattle-King County, she was a physician- faculty member at the Providence Family Medicine Residency in Seattle, Washington. She holds a Master of Science degree in evidence-based health care from Oxford University, Kellogg College, in England and is a Clinical Associate Professor at the University of Washington in the Department of Family Medicine.

Panelists:

Moderator: Aleesia Morales

Aleesia (uh-LEE-see-uh) Morales (maw-RA-lis) has her master's degree in Counseling Psychology from St. Martin's University and has over 10 years of experience working with people within varying age groups, with differing abilities, who come from diverse ethnic, cultural, and socioeconomic backgrounds. She worked as a community behavioral health provider in Pierce County prior to her work within the Trueblood et. al. Settlement Agreement programs, as one of the first Forensic Navigators in Washington within the Department of Social and Health Services and most recently as the Outpatient Competency Restoration Program administrator with the Health Care Authority. She is currently a program co-manager with the City of Tacoma/Fire Department's Holistic Outreach Promoting Engagement or HOPE program, which provides in field alternative response independent of, in tandem with, and after a person has had contact with traditional first responders as well as preventative and follow up case management. Aleesia serves on the CRIS Committee.

Dr. Lauren Whiteside

Dr. Whiteside a board-certified Emergency Medicine physician at the University of Washington. She completed interdisciplinary fellowship training in substance use research methods and is devoted to improving the outcomes of patients with substance use disorders and substance use problems from the ED. Clinically, she cares for patients in the Emergency Department (ED) at Harborview Medical Center and UWMC-Montlake. Patients with substance use disorders often have co-occurring mental health and medical comorbidity and the ED is a critical healthcare location for treatment and linkage to services. She has led efforts to improve the

care of patients with substance use disorders in the ED including development of our take-home naloxone program and ED-initiated buprenorphine pathway and works with interdisciplinary partners on initiatives related to screening, brief intervention and transitions of care for this population. Dr. Whiteside has research funding from the National Institutes of Health, Patient Centered Outcomes Research Institute and program funding from the Substance Abuse & Mental Health Services Administration and Public Health Seattle King County. Her ongoing research is evaluating a novel health care delivery model to improve care for patients with OUD and with colleagues in the Department of Emergency Medicine, she launched a telehealth hotline to provide on-demand buprenorphine for patients with OUD**.**

Michael Robertson

Michael Robertson is a certified peer counselor and in long term recovery. Michael is a staunch advocate for policy change regarding behavioral health policy. He works in the field of peer support within MOUD treatment and continues to expand his reach and give information that fosters awareness to those suffering from the morbidity of substance use disorder. As a person with past felony convictions Michael is living proof and hope for persons who lives are in peril and aguish. Michael is recognized for his work on SB 1477, volunteering for several nonprofit groups in the music industry that promote a message of wellness and inner healing and recovery.

Quotes

*uncomfortability is the downpayment toward the gift of positive change

*I am living proof that fact and truth are two totally different things

*procrastination is an absurd convenience to satiate one's pride

Representative Lauren Davis

Lauren Davis represents the 32nd Legislative District in the Washington State House of Representatives, which includes Shoreline, Lynnwood, northwest Seattle, south Edmonds, Mountlake Terrace and Woodway. She was the founding Executive Director and is the current Strategy Director of the Washington Recovery Alliance. The WRA is a grassroots movement of individuals and families impacted by addiction and mental health challenges driving large-scale change in public policy and public understanding.

Prior to serving in public office, Lauren led efforts to pass 2016's Ricky's Law, named after her best friend, which created an unprecedented crisis treatment system for youth and adults with life-threatening addiction. She received her bachelor's degree in Ethnic Studies from Brown University and began her career teaching Head Start preschool at a transitional housing facility.

She then spent several years researching education access as a Fulbright Scholar in Ghana, West Africa. While there, Lauren started a small textile business that provides job training for adolescent girls and sustainable revenue for a Ghanaian-run educational NGO. Upon her return to the US, Lauren worked as an international development consultant for the Bill & Melinda Gates Foundation. She then helped to launch Forefront, a suicide prevention nonprofit, where she directed school-based mental health programs. She has also taught mental health policy in the Master's program at the UW School of Social Work.

In the legislature, Lauren's work centers on behavioral health treatment and recovery, criminal legal system reform and domestic violence.