

Zoom Technology Moment: Committee Members





AGENDA

- **Welcome, Intros, Agenda review**
- **Presentations and Discussion**
 1. ***Washington State Health Care Authority (HCA) Role in the 988 Buildout, and Incorporating Lived Experience Input***
 2. ***CRIS Workgroup Updates***
 - a. **Crisis Response Dispatch Protocols Workgroup**
 - b. **Crisis Response & First Responder Collaboration Workgroup**
 3. ***Open Discussion: Continue mtg topic + anything else***
- **Next meeting:**

MON July 10TH 1.00 PM - 3.00 PM

Washington Speaks

ARE YOU INTERESTED IN?

- ❖ Sharing your story with the CRIS or CRIS Steering Committee?
- ❖ Receiving support and feedback from others with lived experience in preparing to share your story?
- ❖ Supporting others in preparing to share their story?

To join our CRIS Lived Experience group training let us know in chat or e-mail bthompson@healthmanagement.com





Lived Experience Opportunities

For youth, young adults, parents and
caregivers with lived experience

Lived experience opportunities

- ▶ [Children and Youth Behavioral Health Workgroup \(CYBHWG\)](#)
 - ▶ Youth and Young Adult Continuum of Care (YYACC) subgroup
 - ▶ [Email](#) the CYBHWG team for details
 - ▶ [Prenatal – 25 Behavioral Health Strategic plan subcommittees](#)
 - ▶ [Email](#) the team for details
- ▶ [Family Youth System Provider Round Table \(FYSPRT\)](#)
 - ▶ Regional FYSPRT's representative of each Region
- ▶ [Center of Parent Excellence \(COPE\)](#)
 - ▶ [Contact](#)
- ▶ [Washington State Community Connectors \(WSCC\)](#)
 - ▶ Empower families by providing training on systems

Lived experience opportunities - Youth

- ▶ [A Common Voice COPE Project](#)
 - ▶ Empowering families to navigate systems and hold providers accountable
- ▶ [SPARK – Students Providing and Receiving Knowledge](#)
 - ▶ Youth led organization to strengthen and build youth peer counselors
- ▶ [The Mockingbird Society](#)
 - ▶ Transforming foster care and ending youth homelessness
- ▶ [Youth Move National](#)
 - ▶ Youth driven organization to unite voices with lived experience

988 Legislative Updates

CRIS Lived Experience Committee
June 12th, 2023 Meeting

Megan Celedonia, Office of Governor Jay Inslee
988 Hotline and Behavioral Health Coordinator

— OFFICE OF GOVERNOR JAY INSLEE —



988 Coordinator

- Position created in 1477 and extended in 1134
- Oversee statewide implementation of 988 with BH partners
- Collaborate with lead state agencies accountable for the work
- Create infrastructure to support a large cross agency project
- Work closely with CRIS and related committees
- Communicate on statewide implementation
- Work with a lot of stakeholders
- 911 Advisory Committee voting member



Today

✓ 1134 - 988

✓ 5120 – 23 Hour

✓ 1004 – Installing Bridge Signs

✓ 1541 – Peer Specialists

X 5555 – Nothing about us without us



Preferred State

Someone to call
(988)



Someone to
Respond



A Place to Go



1477 – Funding Focus

Someone to call
(988)



Someone to
Respond



A Place to Go



1134 – 988 Bill

Someone to call
(988)



A Place to Go



HB 1134 – 988 Bill

1. Adjusts some deadlines and requirements in 1477
2. Expands Mobile Crisis Response Capacity
 - Increases current Mobile Rapid Response Teams capacity
 - Creates new Community Based Response Teams
 - Establishes response metrics to improve timeliness
 - Pay for performance approach



HB 1134

3. Creates Crisis Workforce and Regional Training Collaboratives
 - BHASOs, UW, HCA, 988 Coordinator and others to support assessment and recommendations for workforce and training collaboratives
 - Requires annual forum to share regional solutions
4. Establishes Liability protections related to dispatching decisions and call transfers between 911 and 988
5. 988 Promotion Requirements
6. Training
7. Best practices for reaching the most at risk



HB 1134

- Supports payment for co-location programs
- Requires a percentage of the tax be spent on mobile crisis response teams affiliated with a tribe in Washington



1134 New Work

- NSPLs to submit 911/988 protocols
- BHASOs – dispatching rapid teams and comm teams

Protocols
911/988
NSPL/BHASO

- Fund the platform 7/1/2024

Call Center
Platform

- DOH, HCA, NSPLS, BHASOs
- Reports and client level data

Data Sharing
Agreements

Co-location

Hubs
Rules
Designation

- Rules 1/1/2025
- Designation 1/1/2026

988
Outreach
and
Education

- Outpatient
- Discharge info
- 988 statewide media campaign
- Social Media

Training

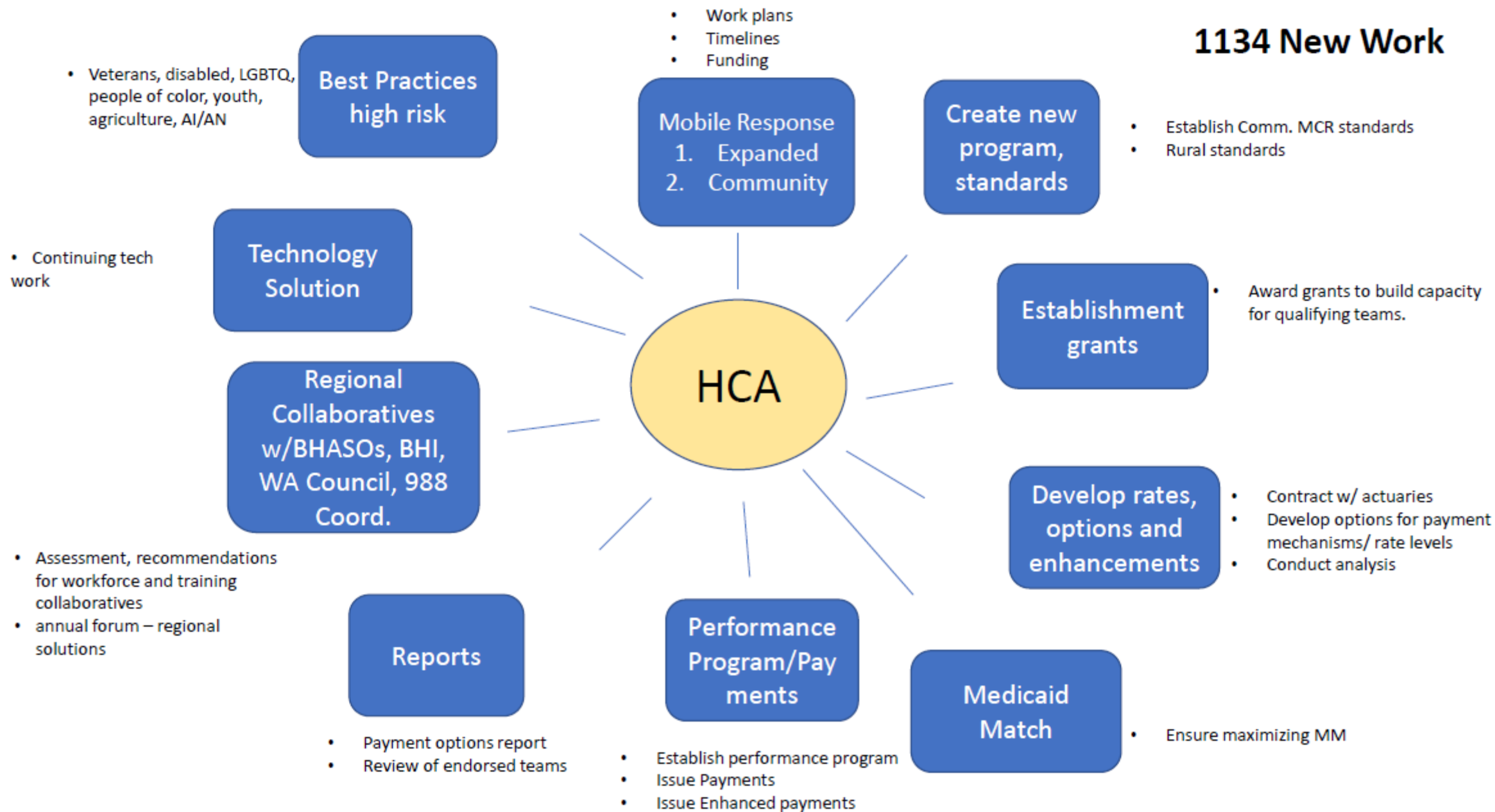
- Update minimum training standards
- Agricultural trainings for hubs

NSPL
Funding, data
monitoring/
reporting

- Provide 988 services
- Spanish interpreters and staff
- Collecting and reporting data

DOH

1134 New Work



SB5120 – 23 Hour Facilities

Someone to call
(988)



Someone to
Respond



A Place to Go



SB 5120

Establishes a new facility type – the 23-hour Crisis Relief Center

- Provides a place to go when in behavioral health crisis
- Accepts walk ins and drop offs from first responders, DCRs, MCR teams, and referrals through 988 system
- 24 hours, 7 days per week
- No medical clearance
- 90% acceptance required
- Can transfer when medically appropriate
- Ability to dispense medications
- DOH to complete licensure/certification process by Jan. 2024



SB 5120

- DOH to convert crisis triage facilities to crisis stabilization units
- Ensure center services are eligible for Medicaid
- Track and analyze data from facilities



HB 1004 – Bridge Signs - Passed

- Authorizes cities, counties, towns and agencies to erect informational signs near or attached to bridges about the hazards of jumping.
- Prior to contracting for any new bridge project, requires port districts, railroad corporations, and certain agencies to consider signage to address the hazards of diving or jumping off the bridge as part of the contract.
- Signage may include the 988-suicide prevention hotline.



SB 5555 – Peer Bill - Passed

- Beginning July 1, 2024 the new professions of certified peer specialist & certified peer specialist trainees are established as new health professions.
- By January 1, 2027 any person practicing peer support must be certified as a peer specialist or a trainee.
- Establishes a Certified Peer Specialists Advisory Committee to create recommendations for DOH/HCA.
- Beginning July 1, 2025 DOH begins issuing certificates for practicing peer support services. DOH must also issue certificate for trainees to practice under the supervision of an approved supervisor.
- December 1, 2027 DOH submits a report on adequacy of peer supervisors and recommendations for increasing the supply of peers.
- HCA to develop peer training program to become a specialist.



HB 1541 – **Did Not Pass**

Nothing About Us Without Us

- Increases access and representation in policy-making for people with lived experience (LE)
- Includes LE membership requirements for statutory entities
- Requires reports on the efficacy of membership requirements
- Requires creation and distribution of educational materials on best practices to support meaningful engagement



Thank you!

Megan Celedonia, 988 Coordinator
Office of Governor Jay Inslee

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— OFFICE OF GOVERNOR JAY INSLEE —



Washington State Health Care Authority

Vision
A healthier Washington

Mission
Provide high quality health care through innovative health policies and purchasing strategies.

Values



People First

We put the best interest of the people we serve and our employees first.



Diversity & Inclusion

We value work and life experiences while practicing cultural humility with the people we serve and each other.



Health Equity

We help ensure everyone has the opportunity to obtain whole person health.



Innovation

We develop creative solutions and put them into action to improve our processes, systems, and services.

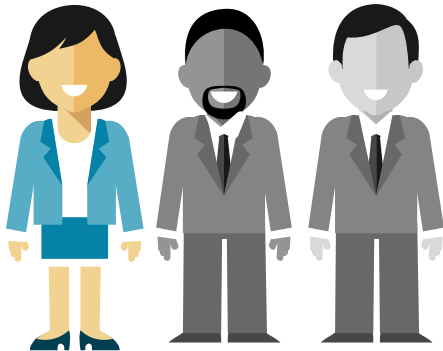


Stewardship

We are accountable for the use of resources entrusted to us as public servants.

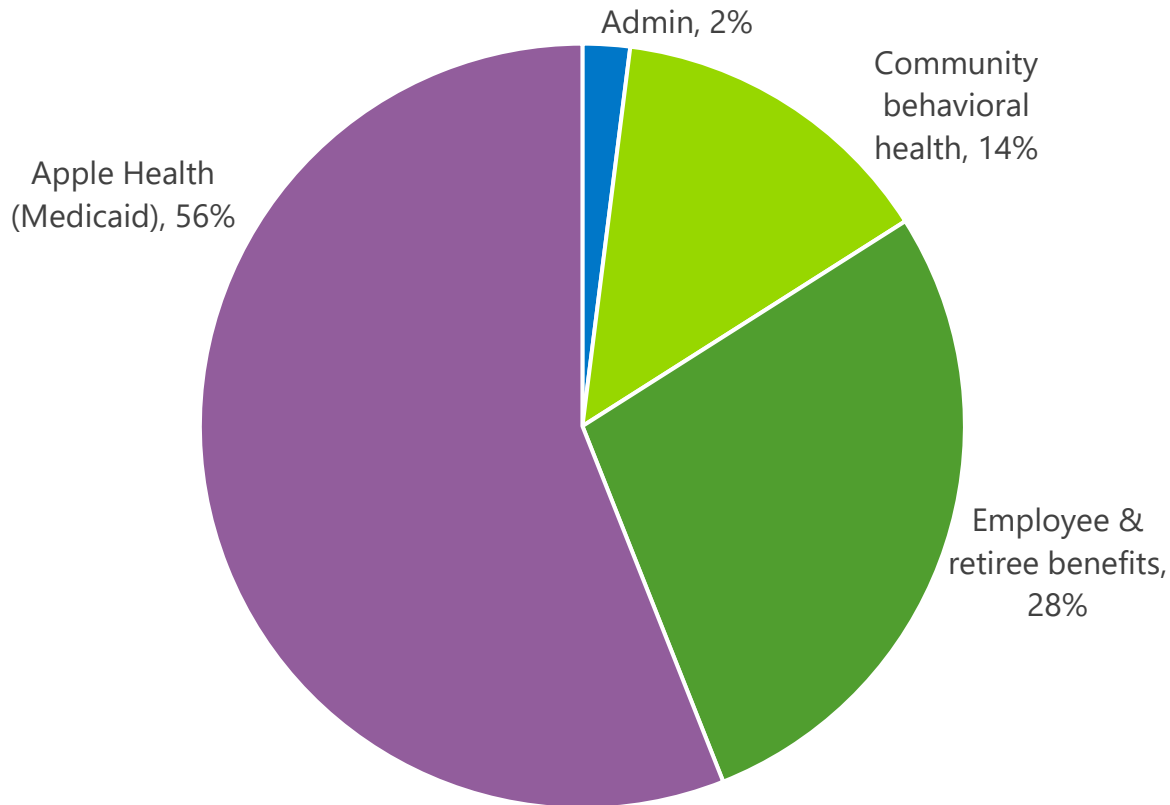
The state's largest health care purchaser

We purchase care for
1 in 3 non-Medicare
Washington residents.



- ▶ We purchase health care for more than 2.5 million Washington residents through:
 - ▶ Apple Health (Medicaid)
 - ▶ The Public Employees Benefits Board (PEBB) Program
 - ▶ The School Employees Benefits Board (SEBB) Program

Agency budget (2021-23 biennium)



Administration	\$0.8 billion	2%
Community behavioral health	\$4.8 billion	14%
Employee & retiree benefits	\$9.3 billion	28%
Medicaid	\$18.8 billion	56%
Total budget*	\$33.6 billion	100%

Total employees (full-time equivalents): 1,509

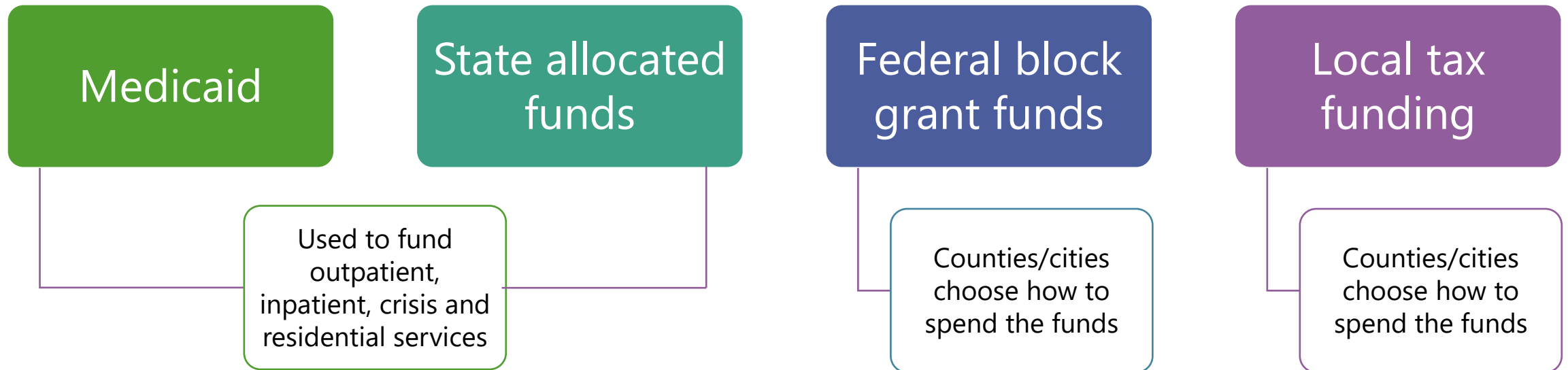
Sources: Agency Financial Reporting System (AFRS)
Allotments

* Based on 2021-23 Biennial budget ESSB 5092

* Excludes Health Benefit Exchange \$0.09 billion budget

Behavioral Health and Recovery

Behavioral health funding sources



Crisis Services

- ▶ Provide crisis services to all individuals, regardless of insurance
 - ▶ Crisis line
 - ▶ Face-to-face crisis intervention services
- ▶ Administer Involuntary Treatment Act
 - ▶ Conduct ITA investigations
 - ▶ Write ITA petitions and detain individuals when indicated
 - ▶ Monitor compliance with less restrictive treatment services
 - ▶ Coordinate necessary services include due process

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 Behavioral Health Administrative Organizations (BH-ASOs) to oversee certain crisis services.
 - ▶ Managed Care Organizations 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.

HCA's roll in the crisis system re-design project

- ▶ Crisis services
 - ▶ Expansion
 - ▶ Program development

- ▶ Operational infrastructure
 - ▶ Regulations
 - ▶ Oversight

- ▶ Funding
 - ▶ Federal
 - ▶ State

- ▶ Technology platform

Crisis Services

- ▶ HCA sets funding and requirements on spending
 - ▶ Allocation of funds determined by actuarial
 - ▶ Expansion of services
- ▶ HCA sets the standards for many program through contracts with BH-ASOs
 - ▶ Mobile crisis outreach
 - ▶ Crisis facilities
 - ▶ Regional Crisis Lines
- ▶ Provides technical assistance to improve services
 - ▶ Internal through Subject Matter Experts
 - ▶ Contracts with national experts

Operational Infrastructure

- ▶ Regulations
 - ▶ Works with federal government on the State Plan Amendment (SPA)
 - ▶ Sets rules based on statutes
 - ▶ Sets requirements based on these in contracts and oversees contracts to ensure regulations are followed
- ▶ HCA operates the billing/encountering systems
 - ▶ Provider One
 - ▶ Service Encounter Reporting Instructions (SERI)
 - ▶ Behavioral Health Data System (BHDS)
- ▶ Facilitates feedback and meetings to develop coordination
- ▶ Develops new frameworks for working between systems
 - ▶ Developmental Disability Administration (DDA)
 - ▶ Aging and Long-term Services Administration (AL TSA)
 - ▶ 911/Military department

Funding

- ▶ Spending authorities
 - ▶ Allocates funds from operational budget
 - ▶ Distributes Medicaid to managed care and fee for service programs
- ▶ SAMHSA block grants
 - ▶ Administers the Mental Health and Substance “Abuse” block grants
- ▶ Applies for other grants
 - ▶ SAMHSA funding opportunities
 - ▶ Other sources
- ▶ Builds funding models for actuarial review
 - ▶ Models include:
 - ▶ Staffing costs
 - ▶ Overhead
 - ▶ Operational needs (travel, laptops, overnight stay needs, communication systems, etc.)
- ▶ Integrating commercial payors into the crisis system
 - ▶ 1688 behavioral health emergency services
 - ▶ Next day appointments

Technology Platform with DOH

- ▶ Creating the functional requirements
 - ▶ What will the platform do.
- ▶ Technical functions
 - ▶ How will the platform operate and with what other systems
- ▶ Building architecture for the system
 - ▶ How do platforms interact and who will have them
- ▶ Procuring systems
 - ▶ What vendors will build the system
- ▶ Implementing systems
 - ▶ Change management
 - ▶ System roll out including training

Work outside of HCA's scope

- ▶ 988 call centers and hub designations
 - ▶ Department of Health (DOH)
- ▶ Oversight of commercial plans
 - ▶ Office of Insurance Commissioner (OIC)
- ▶ 911/Public Service Access Points
 - ▶ Military department
- ▶ First Responders
 - ▶ Law enforcement – Washington Associations of Sheriffs and Police Chiefs (WASPC)
- ▶ Veteran services
 - ▶ Department of Veteran Affairs (DVA)
- ▶ State hospitals and long-term care
 - ▶ Behavioral Health Administration (BHA) and ALTSA



WORK-GROUP MEMBER MAKE-UP

- **DISPATCH PROTOCOLS WORK-GROUP**

Lived Experience (3), NAMI, BH-ASO (2), 988 Center (3), Law Enforcement, Co-Responder, 911, Children & Youth, Tribal representative, UW suicide prevention center, + HCA and DOH

- **FIRST RESPONDER COLLABORATION WORK-GROUP**

Lived Experience (3), BH-ASO (2), 988 Center (2), Law Enforcement, Co-Responder, 911, Tribal representative (2), Children & Youth, UW suicide prevention center, Veterans, DCR-MCR, Police accountability, + HCA and DOH

Crisis Response Dispatch Protocols Workgroup

Purpose: This group will review and provide input into draft crisis response dispatch protocols that have been developed by HCA and partners. The protocols are intended to standardize guidelines for when and how to dispatch crisis response resources.

The dispatch protocols will be part of the Crisis Response Best Practice Guidelines due by July 1, 2023. The Guidelines will be continuously updated to incorporate changes.

Members: Includes 15 members, primarily a subset of CRIS members.

- Three representatives of lived experience
- 988 Crisis Centers; 911; Mobile Crisis Response; Co-Responders; Law Enforcement; University-based Suicide Prevention Center; Tribes; Children and Youth; National Alliance for Mental Illness

Meetings: May 4, May 17

CRISIS RESPONSE & FIRST RESPONDER COLLABORATION WORKGROUP: UPDATE & DISCUSSION

Goals for Today

1. **Inform:** on process and status of Crisis System and First Responder Collaboration Workgroup
2. **Solicit:** input from lived experience subcommittee via survey

- » At the March 22, 2023 CRIS meeting we discussed and **acknowledged that there are circumstances when it will be appropriate first responders (fire, emergency medical services, and law enforcement) to collaborate** with Washington's crisis response system.
- » We also know that **due to systemic racism and other structural oppressions, many communities face disparate consequences from law enforcement involvement in mental health situations** including people of color, LGBTQIA+ populations, people with disabilities, and more. These consequences can mean life or death in some situations.
- » We also know that CRIS is charged with and committed to **ensuring a behavioral health response system that is equitable, fair, and just.**
- » **Given all of this, CRIS charged a workgroup with developing recommendations...**

Workgroup Charge: Towards that end, a Crisis System and First Responders Collaboration Workgroup will meet to develop recommendations for the CRIS Steering Committee to ensure appropriate, effective, equitable, and safe collaborations between first responders and the crisis response system

Brainstorm challenges, barriers, and fears

What is getting in our way of having an appropriate, effective, equitable and safe collaboration between fire, police, and emergency medical services (first responders) and behavioral health crisis response?

Develop
recommendations to mitigate challenges, barriers, and fears

A vision for our ideal/future state

Washington has an appropriate, effective, equitable and safe collaboration between fire, police, and emergency medical services (first responders) and behavioral health crisis response.

- » **Acknowledge:** that this is not about *if* first responders will collaborate with mobile crisis response, but rather *how* they will collaborate
 - » **Accept:** that structural racism and oppression exists and has life threatening impacts on people of color and other marginalized communities (we are not here to debate this)
 - » **Make space:** for multiple perspectives and experiences
 - » **Focus:** on our task at hand
-
- » **This is about systems, not individuals:** we can critique a system while still acknowledging that good people work within them
 - » **Expect discomfort:** complex systems change requires wading into difficult and challenging conversations – stick with it

WHERE WE ARE

- ✓ *Identified barriers, challenges, and fears*
- ✓ *Brainstormed mitigation strategies*

WHERE WE ARE HEADED

- Get input from Lived Experience Subcommittee*
- Refine and package recommendations*

A Summary of Barriers

What is getting in our way of having an appropriate, effective, equitable and safe collaboration between fire, police, and emergency medical services (first responders) and behavioral health crisis response?

DRAFT high-level summary of barriers identified

Inadequate training and support	Identifying safety risk and who gets to define and how they are defining it
Lack of crisis system resources and funding (lack of parity across systems)	Lack of trust in systems due to historical and contemporary racism and other structural oppressions
Communication challenges between systems and with communities	Lack of clear guidelines and role clarity in co-response situations
The “system” is not consumer or community centered or easy to access	We have two discrete systems that can lead to misaligned approaches instead of one collaborative system
Concerns of consumer confidentiality	Lack of consistent dispatch protocols across 911 and 988
Questions about involuntary treatment and self-determination, decision-making, and authority	Access barriers due to concerns over US Immigration and Customs Enforcement involvement
Complex social needs combined with lack of resources further exacerbating crisis situations (people experiencing housing insecurity)	Lack of transparency and education on what to expect when calling 988 or 911.

WRAP UP & NEXT STEPS

Please take this short survey to provide input. The survey will be open through June 20th.

https://healthmanagement.qualtrics.com/jfe/form/SV_1H1ijbdqGj5NULs



WHAT WE COVERED

- **To share your lived experience story at the CRIS mtg, let us know in chat or e-mail**
bthompston@healthmanagement.com
- **Presentations & Discussion:**
 1. ***Washington State Health Care Authority (HCA) Role in the 988 Buildout and how Lived Experience Input is Incorporated***
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- **Adjourn Formal Meeting --> Open Discussion**
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