

MEETING SUMMARY

CRISIS RESPONSE IMPROVEMENT STRATEGY STEERING COMMITTEE MEETING SUMMARY

Tuesday, June 6, 2023; 12:00 pm – 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>

ATTENDEES

STEERING COMMITTEE MEMBERS

[Bipasha Mukherjee](#), Crisis Line volunteer and Steering Committee member representing lived experience
[Keri Waterland](#), Washington State Health Care Authority (HCA)
[Senator Manka Dhingra](#), Washington State Senate
[Michele Roberts](#), Washington State Department of Health (DOH)
[Amber Leaders](#), Office of Governor Jay Inslee

STEERING COMMITTEE MEMBERS ABSENT

[Representative Tina Orwall](#), Washington State House

AMERICAN SIGN LANGUAGE (ASL) INTERPRETER

Paula Meyer
Charlotte Kerr

COMMITTEE STAFF

Mark Snowden, Harborview Medical Center
Susan McLaughlin, Harborview Medical Center
Betsy Jones, Health Management Associates
Jamie Strausz-Clark, Third Sector Intelligence (3Si)
Brittany Thompson, Health Management Associates
Chloe Chipman, Health Management Associates (HMA/Leavitt Partners)
Nicola Pinson, Health Management Associates

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 technology for the meeting and expectations for committee members and public observers. Jamie also introduced the American Sign Language Interpreters to the meeting and reviewed how to pin their window to the screen. Steering Committee members provided opening comments and reflections on committee work. They thanked everyone for their hard work and welcomed everyone to the meeting.

MEETING OBJECTIVES AND AGENDA

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

1. Review updates on the CRIS process and their implications—including key provisions of HB 1134.
2. Reflect on recent discussions from March, April, and May CRIS committee meetings and discuss how the Steering Committee should best lead the CRIS in continuing to have difficult but meaningful conversations.
3. Confirm action items and next steps.
4. Hear public comment. Jamie provided an overview of the public comment process to occur at the end of the meeting. Public comments are also welcome in written form at any point throughout the process and may be submitted to HCAprogram1477@hca.wa.gov.)

KEY UPDATES

COMPENSATION FOR PEOPLE WITH LIVED EXPERIENCE

Amber Leaders (Office of Governor Jay Inslee) provided an update on compensation for people with lived experience on the CRIS Committee and Subcommittees. She highlighted a bill passed two legislative sessions ago that created the opportunity for people with lived experience serving on boards, commissions, committees, etc. to be eligible for compensation for providing that service to the state. CRIS Committee members with lived experience would be eligible for compensation as well as those on identified and appointed subcommittees. Members of the Lived Experience Subcommittee may not be eligible since there is no appointment process for that committee. However, there are discussions around establishing a dedicated pool of funding to compensate those members.

- Bipasha Mukherjee (Steering Committee Member Representing Lived Experience) recognized that the reimbursement is allowed for time during attendance at meetings and recommended for the future development of a framework to compensate lived experience members for time involved in preparing for meetings.

IMPLICATIONS OF HB 1134 FOR CRIS

Betsy Jones, Health Management Associates (HMA) explained that HB 1134 extends the timeframe for the CRIS Committee. In anticipation of that, HMA has updated areas of focus for 2023 and 2024 to allow for deeper discussion of needed issues. She noted plans to submit a third progress report in January 2024, including a summary of CRIS activities and recommendations. This summer will involve synthesizing the discussions and recommendations from the CRIS Committee and workgroups, which will establish the foundation for recommendations that the Steering Committee will consider for the 2024 progress report. In 2024, committee work will include two remaining focus areas: system goals, metrics, and oversight; and system infrastructure, including technology, workforce, and cross-system coordination.

Keri Waterland, Washington State Health Care Authority (HCA), and Michele Roberts, Washington State Department of Health (DOH), spoke to the process update on agency work to implement changes outlined in HB 1134. Keri noted the HCA team is working on next steps to operationalize HB 1134. The Crisis System Best Practice Toolkit, required under HB 1477, will be completed by July 1, 2023. This Toolkit was developed with the goal to support standardized approaches and best practices across the current crisis system. As outlined by HB 1134, HCA also plans to support development of training collaboratives in partnership with the University

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of Washington and the Harborview Behavioral Health Institute, and to address endorsement of community-based crisis teams and mobile rapid response teams in the next few weeks. The Best Practice Toolkit will be used as a foundation for the endorsement standards for teams.

Michele highlighted DOH's continued work around social media and the promotion of the 988 Lifeline. HB 1134 also referenced co-location efforts between 988 and 911 call centers to support ongoing cross-system collaboration, trust building, and clarity in roles and responsibilities between groups. Michele also highlighted work being done with the agricultural community, noting the importance of providing appropriate services, training, and supports for crisis call center staff to best serve rural and agricultural communities.

Megan Celedonia, 988 Coordinator of the Office of Governor Jay Inslee, provided an overview of efforts to engage cross-agency work and project management. Megan noted that their goal is to identify shared work across agencies and understand leadership and ownership of the work to ensure collaboration and wrap-around support. HB 1134 provided a lot of new work for DOH and HCA that builds on efforts from HB 1477—Megan shared two slides with a summary of new work for each entity, which are included as part of the meeting materials on the CRIS webpage.

Senator Manka Dhingra, Washington State Senate, spoke to technology interoperability under HB 1134 and provisions supporting access for rural and agricultural populations. Many of the recommendations and ideas in the bill were influenced by CRIS Committee and Subcommittee meetings in the last year and a half. Senator Dhingra noted that HB 1134 provided more flexibility for technology platform components and extended the deadline to adopt platforms. Rather than mandating interoperability between 911 and 988, HB 1134 will ensure efforts to build Crisis Contact Center Hub protocols that HCA will approve. She also echoed the importance of the rural and agricultural supports as well as outreach and communication efforts.

Steering Committee Q&A and comments:

- Is the co-responder model being considered? This is where mental health professionals co-respond with law enforcement.
 - Senator Dhingra noted the enhanced reimbursement rate in HB 1134 is for Mental Health Professional teams only. Other than the enhanced rate, there is a lot of flexibility around what the initial response looks like given unique geographic locations.
- Any materials generated for the community should be cross-cultural, available in multiple languages, and include input from people with lived experience from different communities.
 - Senator Dhingra agreed and appreciated calling this issue out. This is an important need to highlight until and unless it becomes the default for everyone.

Megan Celedonia shared that Bipasha Mukherjee, the Lived Experience Steering Committee member, will be a voting member as of August 2023. She also highlighted next steps with the Geolocation Subcommittee. HB 1134 asked the CRIS to examine privacy issues related to the federal planning effort to route calls by location versus area code while still maintaining confidentiality in the 988 line. Megan has convened with DOH and HCA to discuss the subcommittee and recommendations to the CRIS Committee and facilitators on how to begin

this work. Additional topics for consideration include geofencing, data sharing, exceptions during a crisis, anonymity in general, and partnership with 911.

DISCUSSION: Leading CRIS in engaging in difficult but necessary conversations

Dr. Snowden kicked off the discussion with reflection on how the CRIS process is intended to convene people with diverse personal and professional experiences and perspectives. He shared an analogy to cultivating a bonsai tree to convey the message that creating a space where people with diverse—and sometimes conflicting—perspectives can work together to solve complex problems takes time, patience, and care. In this work, we need to be willing to bend and redirect growth to get to a new vision, but we need to do that with care so we don't cause unintentional harm to people.

Jamie followed by setting the context: over the past several months, the CRIS has wrestled with some challenging topics. We would like to use this time to reflect on those discussions and brainstorm how the Steering Committee can support the CRIS in continuing to have challenging but meaningful conversations.

Jamie shared the prompt questions:

1. How can the Steering Committee support the CRIS in engaging in difficult but meaningful conversations?
2. What are some specific ways we can set the table for CRIS members to offer their perspectives and listen to and consider the voices of CRIS colleagues who may have different perspectives?

The Steering Committee members reflected on the current circumstances and discussed how to continue to support the CRIS Committee:

- Members touched on the importance of in-person meetings. HMA noted that they are planning an in-person CRIS Committee meeting in September and could consider extending time to include breakout groups and additional opportunities to network.
- The voices of marginalized people and communities (e.g., the LGBTQ+ community) may not be fully represented at CRIS Committee meetings at present, as the seat for the community-based organization representing members of the LGBTQ+ community has been vacant for some time. HCA and the Steering Committee committed to filling the vacant seats and removing barriers to participation in the CRIS Committee.
- Members suggested re-educating CRIS Committee members about the CRIS process and role, as well as gathering members' reflections at the end of or after meetings on how the meeting went for them.
- Some CRIS Committee members may not feel comfortable or safe to participate during calls—whether it's verbally or through chat. One solution may be checking in with members to give continued quality improvement feedback, being creative in engaging members who participate less.
- Presenters should be given context and support as they prepare their presentations, to maximize the likelihood that their key points are heard and not obscured by miscommunication or misperception. The Steering Committee can think about how topics are likely to be heard, and then provide advice to presenters.
- Members discussed the importance of having clear processes for addressing communications to the Steering Committee, including coordinating a response and deciding what information should be

shared more broadly with the CRIS. The group agreed that HMA should provide support to triage communications, coordinate a response from Steering Committee members, and facilitate the Steering Committee in determining when and how to share the communications with the broader committee.

ACTION ITEMS AND NEXT STEPS

- HMA to draft a process for responding to communications to the Steering Committee.

PUBLIC COMMENT PERIOD

Jamie Strausz-Clark opened the public comment period: Two 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