

# CRIS Committee

**June 6<sup>th</sup>, 2025  
10am-11:30am**

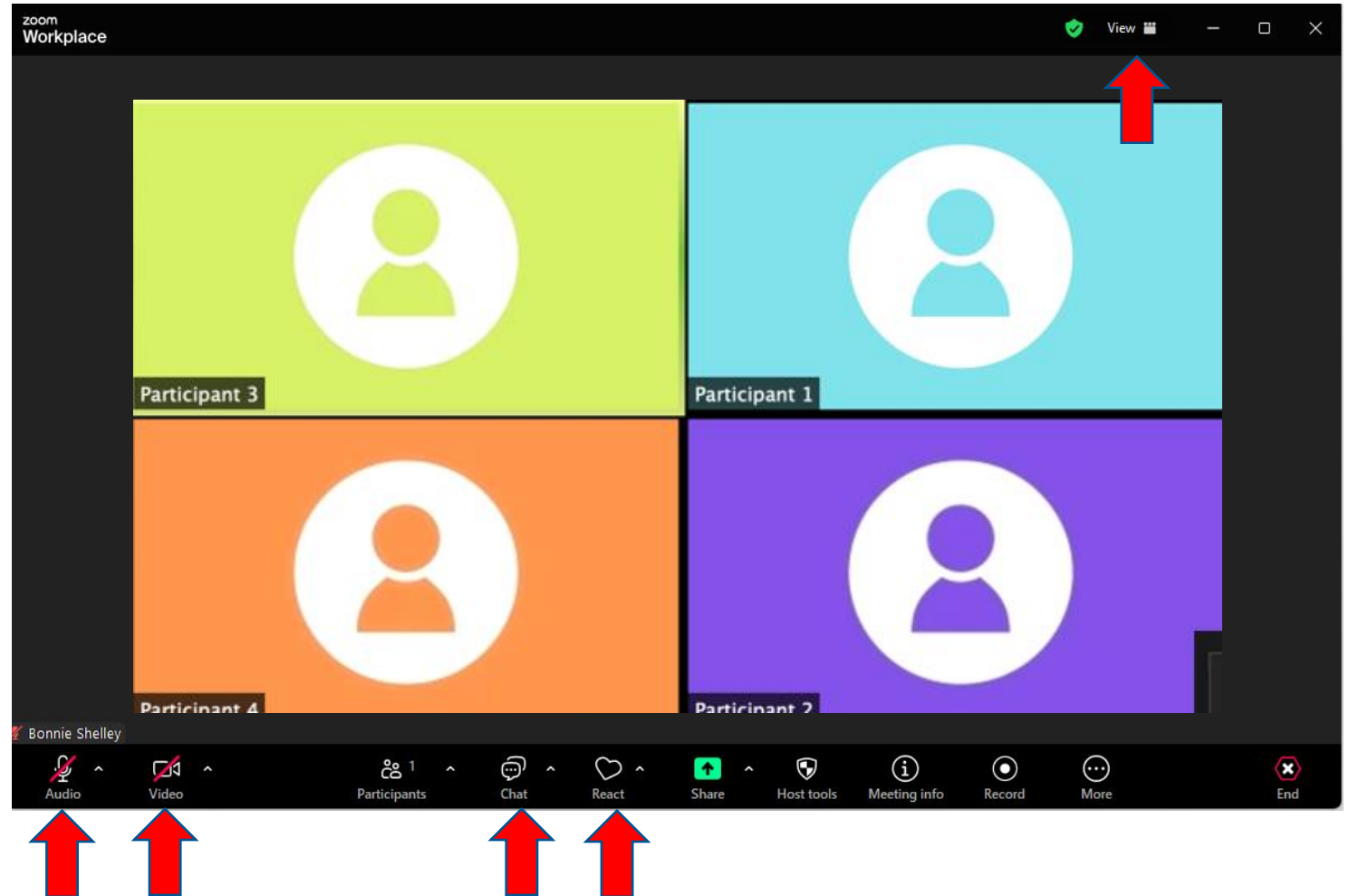


# Agenda

- Welcome
- DOH Update
- HCA Update
- Tech Update
- Tribal Update
- Lived Experience Update
- Public Comment
- Adjourn and Closing Statements

# Housekeeping—Zoom

- ▶ The “Audio” and “Video” buttons are in the bottom left corner. These help you mute and unmute or turn your video on or off.
- ▶ The “Chat” button is just left of the bottom center of the screen.
- ▶ The “React” button is to the right of the chat button. You can find the “Raise Hand” function here.
- ▶ In the top right corner is the “View” button. This helps you change the way you view the meeting.



# Welcome

- Presenter Introduction
- History of the CRIS Committee
  - What we were doing
  - What we are doing now
- Update on CRIS Recommendations
  - More detailed update at the next CRIS meeting (August 7<sup>th</sup>, 2025, 1-3pm)
  - Introduce new CRIS Member: Melissa Clark

# DOH Update

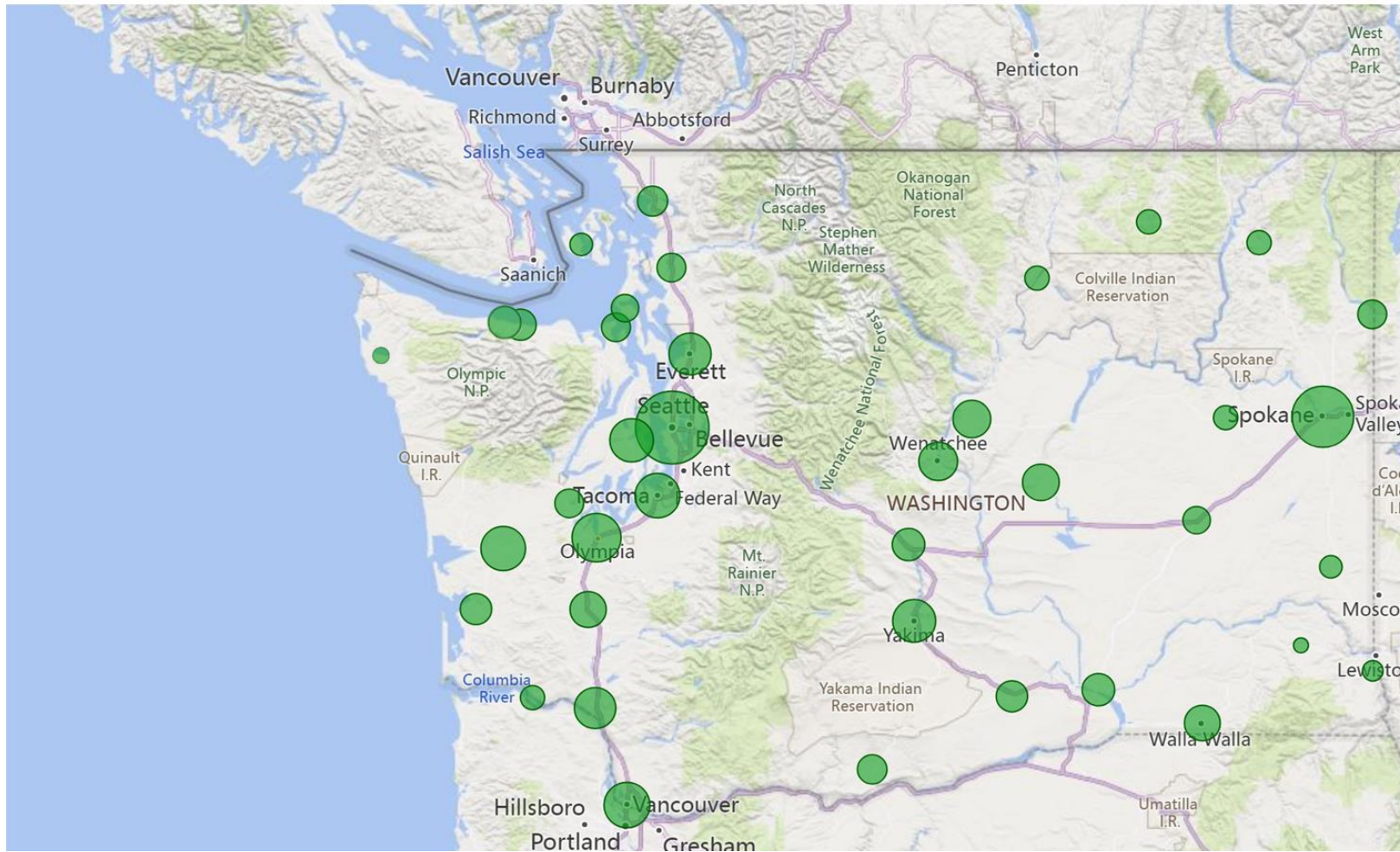
- Legislative updates
  - General update
- Changes at the federal level
- 988 contact hub application and designation
- Mental Health Crisis Call Diversion Initiative report
- Curricula Review Report for Washington's 988 Lifeline Crisis Centers

# HCA Update

- Legislative update
  - General update
  - State funds shifted to 988 funds
- Changes at the federal level
- Mobile Crisis Teams
  - Over 50 teams in the state and 18 specific youth teams
- Endorsement
  - We are in the final stages of endorsing the first cohort of applicants.

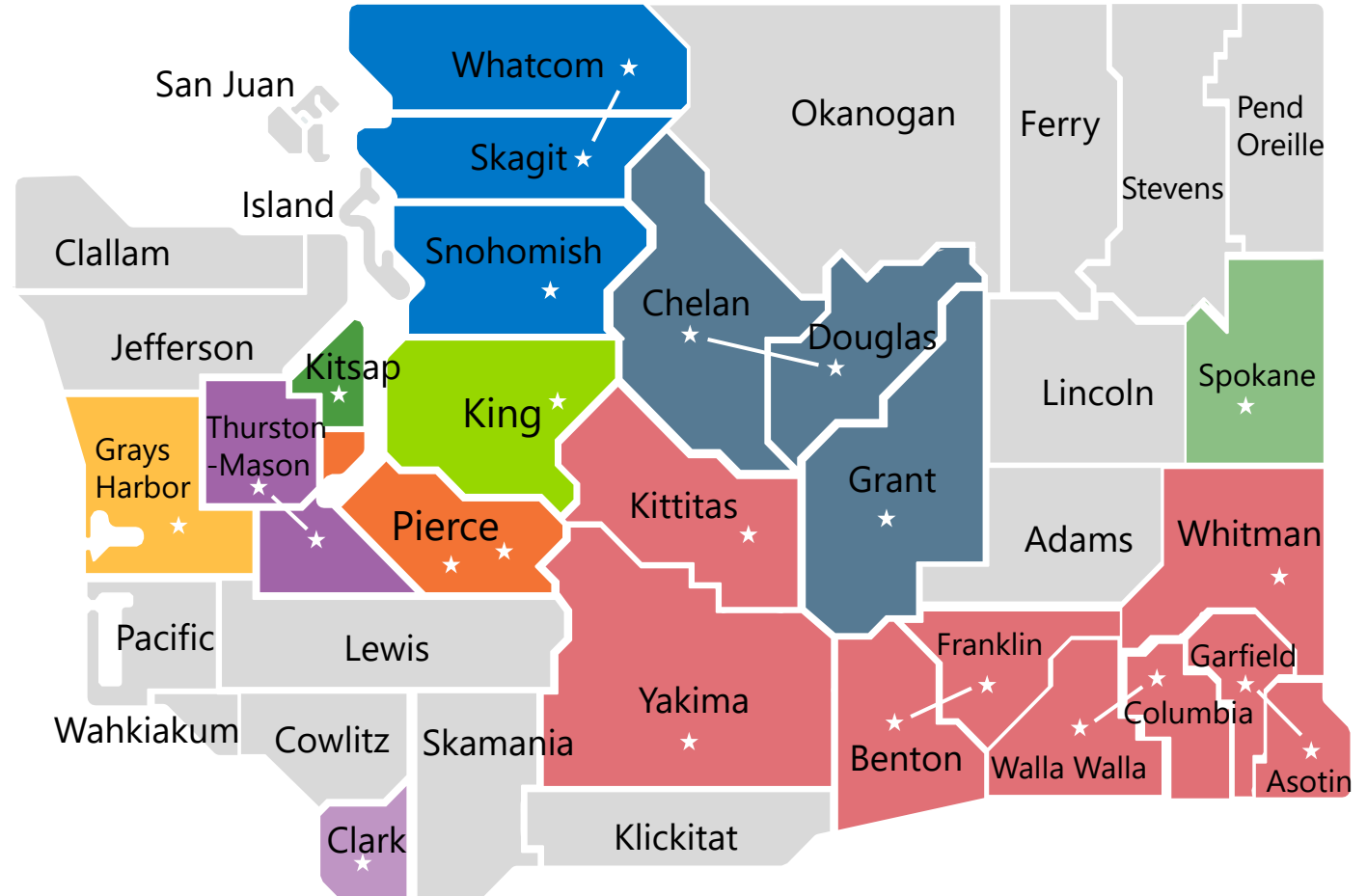
# Mobile Crisis Team Map

Number of FTEs by County



# Mobile Response and Stabilization Services – Youth Teams

- ▶ Explore the full list of Mobile Response and Stabilization Services providers by county.





# Technology Decisions to Make

## Technology Approach

- Best of Breed
- Single Platform
- Orchestrator Model

## RFP

- Solution(s)
- System implementor

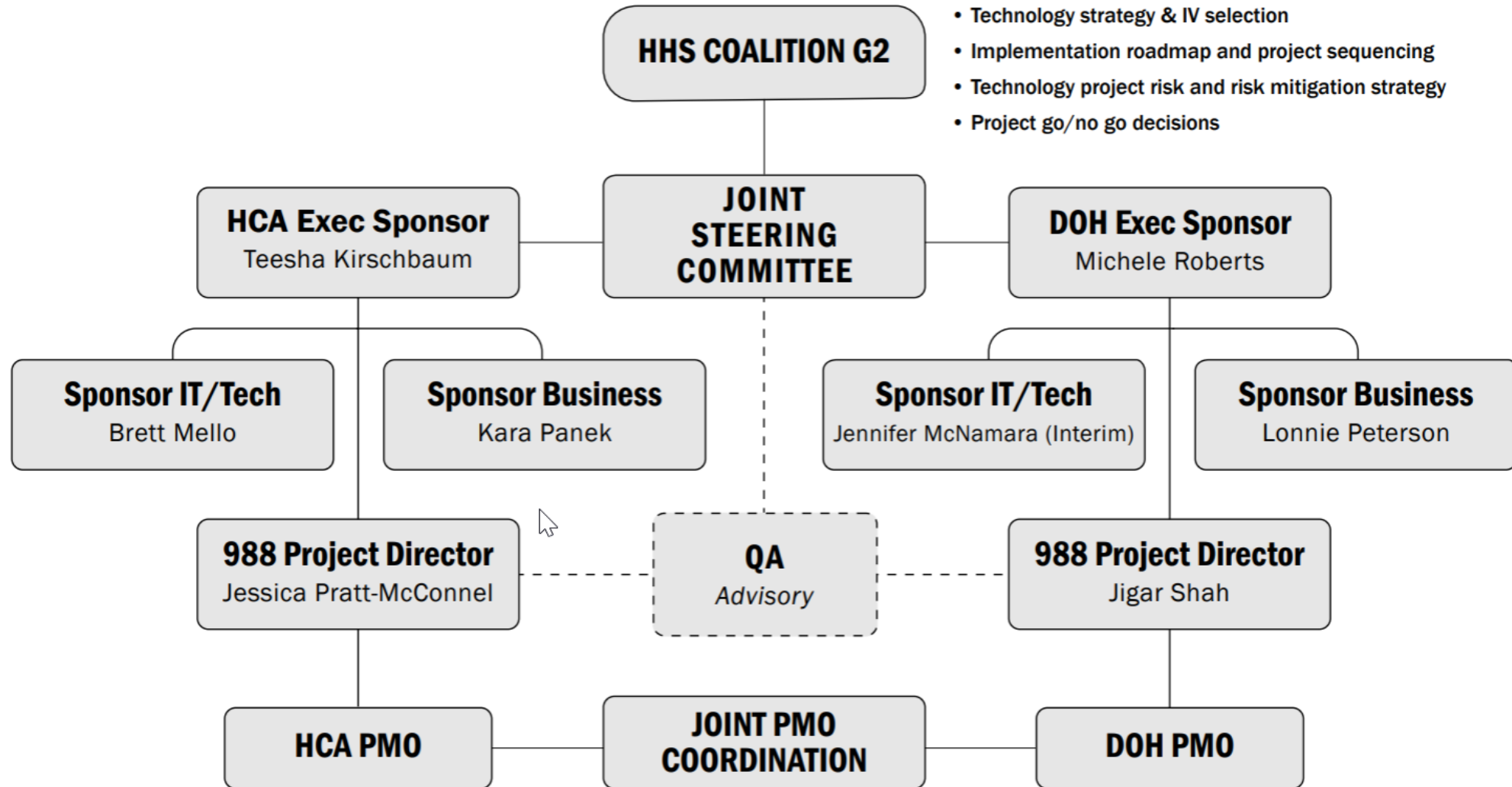
## Implementation Strategy

- Phased implementation
  - Minimum Viable Product (MVP)
  - Release management

# Decision Process

Task		Category
June & July	Meeting with Governor's office and OFM to review leg requirements, T&O plan, feasibility study, listening sessions & recommendation, and decision process	<i>Tech Approach</i>
	Report to Legislature on listening sessions, feasibility study recommendation, and next steps	<i>Tech Approach</i>
	Technical Sponsors to present tech approach recommendation to Executive Sponsors	<i>Tech Approach</i>
	Whiteboard session with WaTech	<i>Tech Approach</i>
	<b>Sponsor recommendation on tech approach</b>	<i>Tech Approach</i>
	Follow up meeting with Governor's office and OFM to preview Sponsor recommendation and upcoming tech approach decision	<i>Tech Approach</i>
	<b>HHS G2 recommendation on tech approach</b>	<i>Tech Approach</i>
	Decision Packages submitted to agency leadership (tech approach decision needed prior to submittal)	<i>Budget</i>
August	Submit Decision Packages to OFM	<i>Budget</i>
October	Project required to give update to legislative fiscal committees	<i>Tech &amp; Budget</i>

# Governance



# Tribal Crisis Initiatives Updates

Office of Tribal Affairs



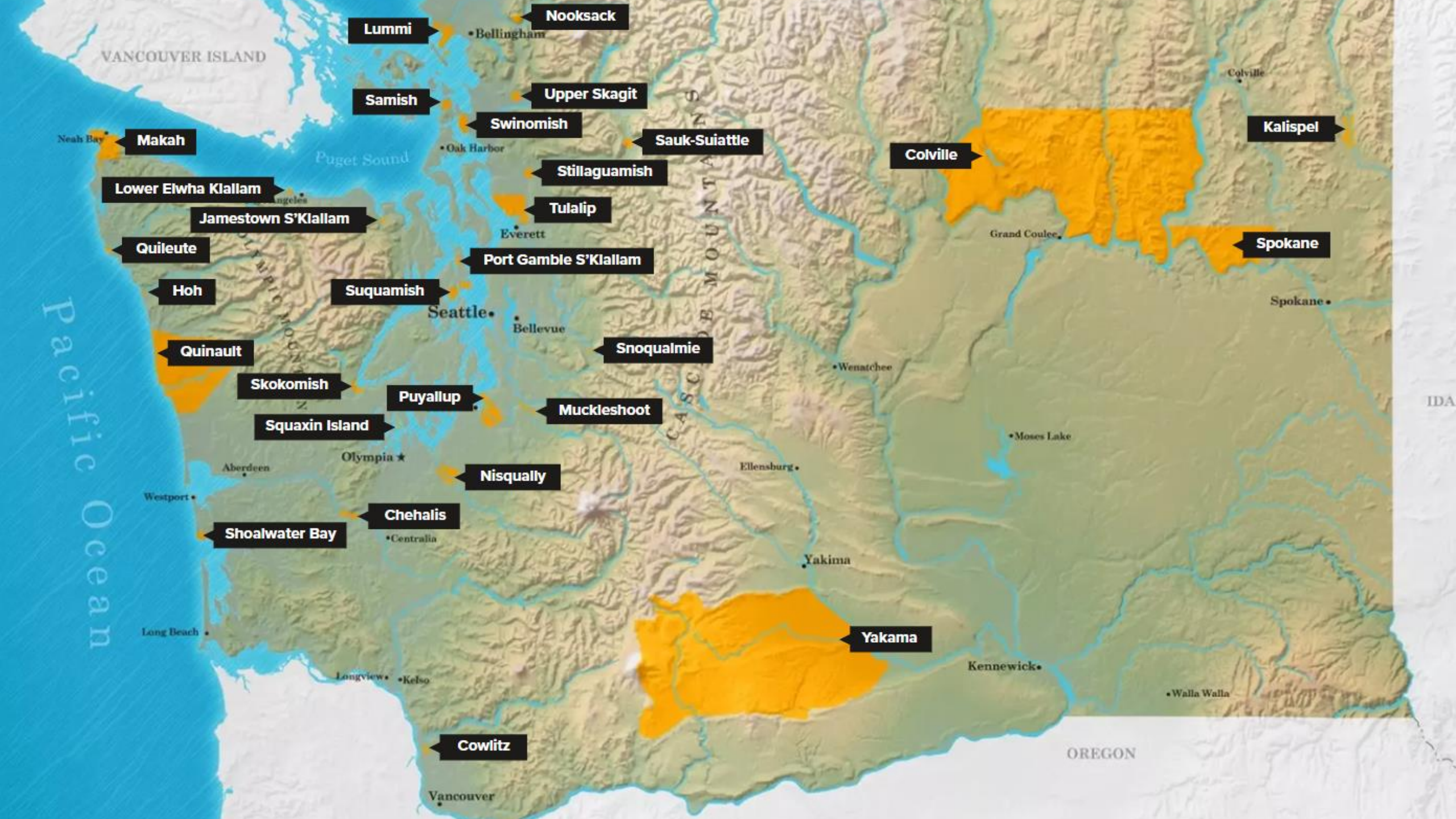
Washington State  
Health Care Authority

# Tribal 988 - Intro

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- ▶ Tribal members are citizens of their Tribal nation, the United States, and citizens of Washington state
- ▶ Tribal 988 work follows through on the treaties that Washington Tribal nations made with the US government
  - ▶ Tribes ceded land, which some believe were made under duress, in exchange for the reserved rights to hunt, gather, and fish in their accustomed and traditional places
  - ▶ Treaties also includes the promise of healthcare
    - Mental health is healthcare





Lummi

Nooksack

Samish

Upper Skagit

Swinomish

Sauk-Suiattle

Stillaguamish

Tulalip

Colville

Kalispel

Spokane

Lower Elwha Klallam

Jamestown S'Klallam

Quileute

Hoh

Suquamish

Port Gamble S'Klallam

Snoqualmie

Quinault

Skokomish

Puyallup

Muckleshoot

Squaxin Island

Nisqually

Chehalis

Shoalwater Bay

Yakama

Cowlitz

# Guiding Statutes

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## **RCW 43.376 Gov-Gov Relationship with Indian Tribes**

- Make reasonable efforts to collaborate with Indian tribes in the development of policies, agreements, and program implementation that directly affect Indian Tribes.
- Follow agency consultation process.
- Offer consultation (independent of public participation processes processes) with Indian Tribes on the actions specified in RCW 70A.02.100.

## **RCW 70A.02.100 Tribal Consultation**

- Significant agency actions (70A.02.060 RCW) that affect federally recognized Indian tribes' rights and interests in their tribal lands:
  - Development and adoption of any new grant or loan program explicitly authorized or required by statute
  - Submission of agency request legislation.
- Offer consultation (independent of public participation processes) with Indian Tribes on the actions specified in RCW [70A.02.100](#).

# Guiding Agreements

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## Centennial Accord

- Signed August 4, 1989 between the federally recognized Indian Tribes of Washington and the State of Washington
- Goal: Improved relationships between their sovereign governments
- Provides a framework for that government-to-government relationship and implementation procedures
- Centennial Accord | GOIA (wa.gov)

## Millenium Agreement

- Result of the 1999 Tribal and State Leaders' Summit to strengthen relationship and cooperation
- Institutionalizing the Government-to-Government Relationship in Preparation for the New Millennium

## Out of State Accord

- Signed December 9, 2004 between the federally recognized Indian tribes located outside of Washington with treaty reserved rights within Washington and State of Washington
  - **Confederated Tribes of Umatilla, Nez Perce, Confederated Tribes of Warm, Springs**
  - **Goal:** Improved relationship between their sovereign governments comparable to and harmonious with the Centennial Accord
  - OUTOFStateAccord.pdf (wa.gov)



# 988 Tribal Engagement Purpose

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- Plan and deliver 988 crisis continuum services (someone to call, someone to respond, and a safe place for help) that are accessible, relevant, and culturally responsive to American Indian and Alaska Native individuals seeking help in Washington.
  - These services should encompass and encourage collaboration and communication with tribes and all Tribal/non-Tribal Indian Health Care Providers for culturally attuned care.

# Introduction: Crisis System Vision

Washington State and the Substance Abuse and Mental Health Services Administration (SAMHSA) share a vision of a crisis system where everyone has:



SOMEONE TO CALL  
DOH: 988 Call Center,  
Native and Strong  
Lifeline, 988 Contact  
Hubs,  
Regional Crisis Lines



SOMEONE TO COME  
HCA: Mobile rapid  
response crisis teams



A SAFE PLACE  
TO GO  
HCA: Crisis  
stabilization services

# Someone to call: DOH Tribal 988 Priorities 2024-2025



***Engage and collaborate with Tribes in government-to-government process to ensure coordinated care and access to dedicated services to Tribal members***

- Tribal 988/Tribal Centric Behavioral Health Advisory Board
- Tribal BH Crisis Response with State Partners Workgroup; Tribal Opioid/Fentanyl Prevention, Education and Awareness Campaign Workgroup; GTLSSC Tribal Housing and Wraparound Services Workgroup

***Ensure Tribes can actively collaborate with 988 Crisis Care Continuum's future state***

- 988 Tech Platform
- Data Sharing Needs – Tribal Data Sovereignty Principles
- Tribal Crisis Coordination Protocols
- 911/988 Warm Transfer Protocols
- 988 Call Center Training Curriculum, including Non-Tribal counselor training module
- Rulemaking for Standards for Designation of 988 Contact Hubs
- 988 Contact Hub Applications

# DOH Tribal 988 Priorities

***Develop informational materials and social media campaigns to raise awareness of 988 and the Native & Strong Lifeline***

- 2024: HCA For Our Lives and DOH Native & Strong campaigns visited Tribes to provide resources and technical support to customize campaign materials
- Funding allocations:
  - FY 24-25: \$500k
  - FY 25-26: *if funding is available*, towards 988 awareness with focus on Native Youth, team up with Native & Strong campaign for an additional \$500k

***Expand Native and Strong Lifeline with Text and Chat capability***

- 2024
  - WA Legislature authorized NSLL Text and Chat expansion via [E2SSB 6251](#)
  - SAMHSA authorized moving forward with NSLL Text and Chat expansion
- 2025
  - Continue to work with Vibrant, the national 988 administrator, to roll out NSLL text and chat in 2025
  - Continue to work with VOAWW and NSLL to amend existing contract and implement text and chat in August-September 2025

**Support  
Native Youth**  
with the challenges  
they face



**NATIVE & STRONG**  
Connection is Prevention

# DOH: Native and Strong Prevention Campaign x NSLL Awareness

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- ▶ Develop and share informational materials, with the option for customizable assets
  - ▶ Focus on AI/AN youth, including Two-Spirit and LGBTQ Native youth, and Veterans





## Support Native Youth with the challenges they face

### Keep their networks strong:

Connected Native families are inherently resilient. Give youth time and space to build relationships with family and their Native peers.

### Connect them to land, culture and elders:

Connection to place and culture builds identity, and youth with a strong sense of self are more resilient and more likely to ask for help. Connecting youth with tribal elders shows them wellness ways unique to their people.

**Empower them:** Make asking for help normal. Encourage youth to get involved with community activities like tribal youth councils and youth-led mental health campaigns.

Call 988 and press 4 talk with a Native counselor on the **Native and Strong** Lifeline, available 24/7.



Learn the signs of suicide and how to support your relatives at [NativeAndStrong.org](https://NativeAndStrong.org)



**NATIVE & STRONG**  
Connection is Prevention



## Mental health is just as important as physical health.

For immediate mental health support **dial 988** and **press 4**.

Visit **[NativeAndStrong.org](https://NativeAndStrong.org)** for mental health resources.

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- ▶ Snapchat
  - ▶ Digital advertising
  - ▶ YouTube videos
  - ▶ Print Publications
  - ▶ Radio Stations
  - ▶ Gas Toppers

## Impressions



Across all regions: iHeart Media and Blue Line Media

**Total Estimated impressions throughout Washington state: 7,517,972**

# Someone to Respond

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- ▶ Tribal Crisis Coordination Protocols
- ▶ Tribal Mobile Crisis Response
- ▶ Tribal Designated Crisis Responders
- ▶ Tribal Court Orders
- ▶ Tribal 988 Subcommittee



# Tribal Crisis Coordination Protocols

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- ▶ Protocols include procedures outlined by individual Tribes:
  - ▶ Accessing Tribal Lands
  - ▶ Coordination & Notification
  - ▶ Detainment & Transport
- ▶ Purposes Include:
  - ▶ Coordinating Services
  - ▶ Establishing Procedures
  - ▶ Respecting Tribal Sovereignty
- ▶ Location:
  - ▶ The future plan is for 988 to refer to the Native Resource HUB to provide CCP information.

# Tribal Crisis Coordination Protocols

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- ▶ 988 Crisis Call Centers shall implement the following procedures when there is a need to escalate the call to other levels of care, support for the individual for further care coordination ensuring culturally attuned care, if individual affirmatively consents to connecting with IHCP
- ▶ Reasonable efforts to identify Tribal affiliation or IHCP provider home
  - ▶ Individuals' location;
  - ▶ Whether the individual receives services from a Tribe/IHCP
  - ▶ Whether the individual is eligible for receive services from a Tribe/ICHs
  - ▶ Individual's Tribal affiliation.
- ▶ Offer to connect individual to Native and Strong Lifeline
- ▶ Coordinate any follow-up outpatient care with individual's Tribe/IHCP Provider home.
- ▶ Transfer imminent risk calls
  - ▶ Transfer to 911 PSAP
  - ▶ Tribal PSAP/Police Department
- ▶ Referring to RCL/MRRCT: Regional or Tribal

# Current Tribal Mobile Crisis Projects

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- ▶ SAMSHA cooperative grant in partnership with Tulalip Tribes for Tribal mobile crisis response pilot
- ▶ Discussion/planning a regional tribal mobile crisis team pilot w/AIHC
- ▶ Drafting and editing Tribal mobile crisis response best practice guide
- ▶ 2025 Tribal Crisis Policy Academy
- ▶ Tribal mobile crisis endorsement, capacity building, and mobile van Tribal set asides

# Tribal Designated Crisis Responders

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- ▶ 2020 - Tribal DCRs were incorporated into the Washington State Involuntary Treatment Act, state law.
- ▶ Creating a pathway to provide ITA investigation through statewide jurisdiction, ensuring they could serve Tribal and non-Tribal individuals at the discretion of the Tribe.
- ▶ Two 2 Tribal DCRs have been designated to date.
- ▶ Tribes are paid directly from HCA using a case rate.
- ▶ Tribal DCRs may operate in Tribal jurisdiction and State jurisdictions if appointed by the State.

# Current Work on House Bill (HB) 1877

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- ▶ **Overview of HB 1877:** This bill aims to honor Tribal sovereignty while enhancing coordination of Indian Health Care Providers and Tribal Governments.
  - ▶ **Culturally Appropriate Evaluation Tool (§ 17(5), RCW 71.05.212, § 18(5), RCW 71.05.212):**
    - The bill also requests a Culturally Appropriate Evaluation Tool to be developed and implemented.
  - ▶ **ASO Contract Updates**
  - ▶ **Communication Tools on Bill Changes**
    - Developing and distributing educational materials on changes made to Involuntary Treatment Act.
  - ▶ **Communication Tools for Programs**
    - Creating and distributing educational tools to support specific programs including Designated Crisis /Responders (DCRs) and In-Patient facilities.

# A Safe Place for Help

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- ▶ Tribal Centric BH Advisory Board
- ▶ Tribal Residential Treatment Facility BH Cost-based Rates
  - ▶ Tribal Secure Withdrawal Management and Stabilization
  - ▶ Tribal Evaluation and Treatment Facilities

# Accomplishments: Tribal 988

- 2025
  - Tribal Crisis Coordination Protocols with Port Gamble S'Klallam Tribe
  - Year 2 of Native and Strong Campaign x 988 awareness – focus on Native Youth, LGBTQ2S Native Youth, and Veterans
  - Creation of Tribal DSA subworkgroup to inform 988 Data Sharing Needs
  - Continued Tribal Engagement in the development of 988 Contact Hubs Application
  - Tribal 988 representation in User Alignment Workshops
- 2024
  - Co-Hosted Australia First Nations Leaders with HCA and AIHC, shared information about the Native and Strong Lifeline
  - Native & Strong x 988 Campaign
    - Over 260 gas station toppers across Washington state, generating 200,000 monthly impressions.
    - 13 publications, reaching over 156,000 impressions each month (paid and free).
    - Radio coverage via iHeart Media, with 131,714 monthly impressions.
    - Digital media: Reaching a total of 6,976,190 yearly impressions via platforms like YouTube, Snapchat, and more.
  - Tribal Data Sovereignty Principles Workshop/Presentation with 988 Data Sharing Needs Team
  - 988 Rulemaking for Designation of 988 Contact Hubs
    - Tribal Engagement and feedback throughout rulemaking process, from listening sessions, workshops, rule language draft and revision, and public hearing

# Thank you!

## Health Care Authority: Office of Tribal Affairs

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# Contact

## For questions or more information, contact:

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- DOH – Kathy Pierre, ESJ Tribal Relations Strategist
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# Lived Experience Update

- The group has chosen the name Lived Experience Collaborative.
- Our next few meetings will focus on Trans Lifeline Bill of Rights as a jumping off point to explore what a Bill of Rights for 988 would look like.
- We want to talk to Kirkland Connections and the outreach teams about care that is provided.



# We Have A Dream

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- ▶ Center LE voices. They are the epitome of DEI.
- ▶ LE voices too dependent on legislation-based committees.
- ▶ Centralized hub to consistently hold BH LE voices to drive decisions.
- ▶ Overarching BH Le under OCVE with subdivisions as needed (crisis, youth, families, substance use, etc.).



# Identities

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- Sarah Gustafson
- Mom of three boys
- Certified public accountant
- City of Bothell planning commissioner
- No prior crisis situation



# Open Doors instead of Trapdoors

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**2/25/25: Pneumonia; had reaction to prescribed antibiotics, 2 nights with no sleep; then hallucinations**

**2/27/25, 2 pm: 23-hour crisis center intake notes:**

Upon arrival, she was given Zydys 5 mg sublingual to help manage her psychotic agitation. She was then placed in the psychiatric observation unit for monitoring and stabilization. The plan is to observe her overnight, reassess her mental status tomorrow, and obtain additional collateral information from her husband or medical records. Further interventions will be determined based on her response to treatment and ongoing psychiatric evaluation.

**2/28/25: 2 am, involuntary detention:**

You have the right to remain silent. Any statement you make may be used in court against you.

**3/2/25: Pneumonia relapse; ambulance to emergency room; was returned to Connections after stabilizing**



# Human Dignity

## Patient Bill of Rights – RCW 71.05.217

- (a) To wear his or her own clothes and to keep and use his or her own personal possessions, except when deprivation of same is essential to protect the safety of the resident or other persons;
- (h) To discuss treatment plans and decisions with professional persons;
- (i) The administration of antipsychotic medication or electroconvulsant therapy shall not be ordered unless the petitioning party proves by clear, cogent, and convincing evidence that there exists a compelling state interest...



# Privilege shouldn't dictate release

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My defense attorney

## 3/4/25, Behavioral Health Specialist notes:

Patient was observed on the E&T unit. patient was asleep when shift started. patient accepted vitals being taken. patient ate 90% of breakfast. patient took a shower. patient brushed their teeth. patient ate first snack. patient ate 100% of lunch. patient had visitors and was calm and cooperative during visitation. patient attended group. patient ate second snack. patient ate 100% of dinner. pt was calm and friendly with requests to staff.

## 3/4/25, Psychiatric Provider Notes:

### Inpatient - Justification for Continued Hospitalization:

Patient remains acutely disabled and is not able to care for self and/or respond appropriately to others., Recommended placement is not available; discharge to a level of care lower than the recommended placement poses an unacceptable risk of harm or decompensation.

### Inpatient - Estimated Length of Stay (in days):

14

3/5/25: Released

# Wrap-Up

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- ▶ “A nurse drew blood, not telling me why, and I was shocked to get the notification through MyChart that they had done a tox screen looking for substance use.”
- ▶ Updates from eastern Washington



# Public Comment

- Please raise your hand if you would like to make a public comment. We will call on you and you can unmute.
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- The “Audio” button is located at the bottom left corner of the screen (next to the “Video” button) and can be used to mute or unmute.



# Adjourn and Closing Statements

- Thank you for being here!

For additional information, contact:

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