

MEETING SUMMARY

CRISIS RESPONSE IMPROVEMENT STRATEGY COMMITTEE MEETING SUMMARY

Tuesday, February 1, 2022; 3:30 to 6:30pm

Zoom

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

ATTENDEES

COMMITTEE MEMBER

Adam Wasserman, Washington State Emergency Management Division
Amber Leaders, Office of Governor Jay Inslee
Bipasha Mukherjee, Volunteer
Caitlin Safford, Amerigroup
Claudia D'Allegri, Sea Mar Community Health Centers
Cathy Callahan-Clem, Sound Health
Darcy Jaffe, Washington State Hospital Association
Dillon Nishimoto, Asian Counseling and Referral Service
Heather Sanchez, American Lake Veterans Affairs
Jan Tokumoto, Frontier Behavioral Health
Jane Beyer, Washington State Office of the Insurance Commissioner
Jennifer Stuber, UW School of Social Work & Co-Founder Forefront Suicide Prevention
Jessica Shook, Olympic Health and Recovery Services
Joan Miller, Washington Council for Behavioral Health
Justin Johnson, Spokane County Regional Behavioral Health Division
Kashi Arora, Community Health and Benefit, Seattle Children's
Katherine Seibel, National Alliance on Mental Illness Washington
Keri Waterland, Washington State Health Care Authority
Kimberly Hendrickson, Poulsbo Fire CARES program
Levi Van Dyke, Volunteers of America Western Washington
Linda Grant, Evergreen Recovery Centers
Senator Manka Dhingra, Washington State Senate
Melissa Hurt Moran, The Kalispel Tribe
Michael Reading, Behavioral Health and Recovery Division, King County
Michael Robertson, Peer Kent (Peer Washington)
Michele Roberts, Washington State Department of Health
Michelle McDaniel, Crisis Connections
Puck Kalve Franta, Access & Inclusion Consultant
Ron Harding, City of Poulsbo
Summer Hammons, Treaty Rights/Government Affairs
Representative Tina Orwall, Washington State House
Robert Small, Premera Blue Cross

COMMITTEE MEMBERS ABSENT

Tom Dent, Washington State House

Darya Farivar, Disability Rights Washington

Judy Warnick, Washington State Senate

COMMITTEE STAFF

Betsy Jones, Health Management Associates

Brittany Thompson, Health Management Associates

Jamie Strausz-Clark, Third Sector Intelligence (3Si)

Liz Arjun, Health Management Associates

Madeline Grant, Harborview Medical Center

Mark Podrazik, Health Management Associates

Mark Snowden, Harborview Medical Center

Michael Anderson-Nathe, Michael Anderson-Nathe Consulting

Nicola Pinson, Health Management Associates

Suzanne Rabideau, Health Management Associates

WELCOME, INTRODUCTIONS, AND TECHNOLOGY REVIEW

Jamie Strausz-Clark (3Si) convened the meeting and reviewed the 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.

Bipasha Mukerjee began the meeting with a welcome to the Committee and introduction of two new members Claudia D'Allegri and Danie Eagleton. Claudia D'Allegri is Senior Vice President and Chief Behavioral Health Officer for Sea Mar Community Health Centers and serving in the CRIS member seat representing behavioral health interests of persons of color. Danie Eagleton is Interim President & CEO of Seattle Counseling Services and serving in the CRIS member seat representing an organization specializing in facilitating behavioral health services for LGBTQ populations.

Representative Tina Orwall offered a land acknowledgement, recognizing that she is a guest on tribal lands and honoring tribal ancestors and leaders as stewards of these lands.

MEETING OBJECTIVES AND AGENDA

Jamie then reviewed the meeting agenda and objectives for each agenda item:

1. Continue laying the foundation for collaboration.
2. Share updates relevant to CRIS committee.
3. Provide feedback on Initial Assessment, including what issues should be addressed in the next iteration (January 2023).
4. Provide input on the issues and priorities that should be carried forward to the 2022 Subcommittee workplan, based on outcomes from Initial Assessment.
5. Confirm action items and next steps.

6. Hear public comment.

PERSONAL STORIES

Steering Committee member Keri Waterland introduced both speakers for personal stories. Two CRIS members, Jenn Stuber and Michael Robertson, shared their personal stories of experience with the behavioral health crisis response system.

- Jenn Stuber is a member of CRIS Committee, professor at UW, advocate, and mom. She lost her partner to suicide ten years ago. Her experience drives her dedication to behavioral health crisis response and suicide prevention policy change.
- Michael Robertson is also a CRIS committee member. Michael works for Peer Washington's Kent Chapter as a Peer Services Specialist for King County Drug Diversion Court. He shared his personal story with substance use disorder and law enforcement, which gives him first-hand knowledge and passion to inform behavioral health crisis system changes.

Recordings of these stories are available on the CRIS webpage as part of the February 1 CRIS meeting recording.

CRIS UPDATES

Michele Roberts provided an update on DOH activities related to 988 implementation. These include:

- 1) DOH has established budget allocations for call centers that include a base-payment to support capacity development and additional payment calculated according to estimated call volumes using past call center data as well as Vibrant modeling figures. DOH is working with each National Suicide Prevention Line (NSPL) call center to amend contracts accordingly.
- 2) DOH submitted a proposal on behalf of Washington to leverage new SAMHSA funding to support 988 implementation. DOH worked with HCA and the NSPL call centers to develop the proposal which focuses on programming and staffing to support follow-up services required for NSPL centers, as well as development of student intern programs. Washington applied for the maximum grant award of \$2,674,721. The 2-year grant requires that 85% of the award is passed through to the NSPL centers. Award announcements are expected by April 15 for a start date of April 30.
- 3) NSPL technology updates:
 - a. *National technology platform:* Within the last 8 weeks, Salesforce and Genesys have been selected by Vibrant for the design, development and implementation of a Unified Platform. Vibrant is the agency that administers the NSPL. These two vendors may be assisted by Coastal Cloud and Interact Strategies, and all will be working through Vibrant. No further details or system specs have been released. DOH continues to monitor Vibrant's work on their Unified Platform. One of Washington's NSPL Centers, Volunteers of America, is serving on Vibrant's Unified Platform Advisory Committee, which will advise Vibrant as they make decisions about their Unified Platform.
 - b. *988 call geo-tracking:* At the national level, call routing is currently managed by Vibrant. DOH is closely tracking national call-routing developments and recognizes that a key goal in Washington is to be able to route contacts (call/text/chat) to a NSPL member center in the state that a person is physically in, rather than route base on the person's phone area code.

DOH does not have further detail regarding the capacity of the national system to support this goal. DOH recognizes that this will be a critical issue to consider as the state develops a system to meet the goals of HB 1477.

- c. *Interoperability with 911*: HB 1477 requires that the 911 system is interoperable with Washington's final 988 technology platform. Once the Vibrant Unified Platform is understood, agencies will be engaging additional research and analysis regarding how the 911 system may complement and interoperate with the Vibrant Unified Platform.

Keri Waterland provided an update on HCA activities with recent funding and grants:

- 1) Five percent of the Federal SAMHSA Mental Health Block Grant is set aside for crisis work, and HCA is currently pending confirmation of the total dollar amount expected in Washington for the upcoming block grant period. DBHR is currently working on a MH Block Grant Continuing Resolution Award amount of \$16,726,128. There is a 5% requirement for crisis services. DBHR is expecting to spend about 25% on crisis services in SFY2022.
- 2) HCA applied for and received two Transformation Transfer Initiative grants. The two awards were for specific populations – the American Indian and Alaskan Native (AI/AN) population and the children and adolescent population. The funds will enhance mobile crisis response work and start up activities that support 988. With these grants, Washington will develop an electronic resource guide for the Indian Behavioral Health Hub, the Tribal 988 line, and the statewide non-tribal 988 line. They will develop a training curriculum for 988 staff focusing on youth mobile crisis response, mobile response stabilization services, and providing 'culturally appropriate services' to AI/AN populations. Also with these funds, HCA will work on developing models to pilot interventions during emergency department visits and foster care transitions aiming to mitigate transition-related trauma.
- 3) New funding is being made available through the Centers for Medicare & Medicaid Services (CMS). HCA will use the funding to increase local behavioral health mobile crisis response team capacity for adults and children and youth populations. HCA is currently waiting for full approval for the plan from CMS.
- 4) New funding is being made available through CMS. This funding was released through a grant that DOH applied for at improve workforce capacity at NSPL call centers and an enhanced Federal Medical Assistance Percentage (FMAP) to increase reimbursement to Mobile Crisis teams. HCA is working to meet the requirements for the FMAP enhancement funds and awaiting full CMS instructions to add these funds into the Medicaid rates. These funds will be included in a future rate change once requirements have been met. Any requirements for a team to meet these requirements will be addressed in MCR program standards. HCA will provide training on these standards to ensure teams meet requirements.

DISCUSSION: INITIAL ASSESSMENT

CRIS Members divided into breakout groups to discuss feedback on the HB 1477 Initial Assessment of the Behavioral Health Crisis Response and Suicide Prevention Services in Washington submitted to the Governor and Legislature on January 1, 2022, per legislative deadlines. Given the aggressive timeline outlined by HB 1477, the Initial Assessment is considered a living document, and work with the CRIS committee will be a

collaborative process to further develop the assessment and recommendations due by January 1, 2023, is ongoing.

CRIS members were invited to submit written comments on the Initial Assessment. These comments were combined into a summary document and shared with the CRIS Committee as part of the meeting materials for this meeting. In addition, the report identifies several gap areas in the Initial Assessment that will be addressed further this year. These include, for example: information about the roles of 911 and first responders, hospitals, data regarding crisis and behavioral health service trends, and perspectives of children and adolescent, LGBTQ+, and BIPOC communities.

In addition to comments received in writing, below is a summary of key issues and feedback raised by CRIS members during the meeting. Members discussed:

- a. The need for more clarity on how regional crisis lines will function with the integration of 911 and 988.
- b. The importance of understanding what challenges communities of color are facing in the crisis system right now and how these communities will have their needs addressed in the new system.
- c. The lack of clarity regarding commercial plan involvement.
- d. The need for a comprehensive understanding of crisis situations and current processes – what is working and what isn't.
- e. Service access and communication channels for the public when one is not actively in a crisis.
- f. The desire for a greater focus on training and provider capacity.
- g. The use of data in the assessment and the importance of incorporating even more targeted data.
- h. Report needs to be made more accessible and easier to understand for the public. In the future, including personal stories and experiences in the crisis system and more visuals may also help improve the assessment.

DISCUSSION: WORK PLAN

CRIS members were divided into breakout groups to review and provide feedback on the draft High-Level Subcommittee Workplan distributed with meeting materials. This Workplan is intended to be a place to articulate our overall objectives for the work ahead. CRIS Members were asked for feedback on 1) whether these are the right objectives and 2) whether key objectives or issue areas are missing.

The Workplan is organized around 5 overarching objectives, framed around core crisis system services and infrastructure areas:

- Objective 1: A place to contact – NSPL call centers
- Objective 2: Someone to come – Mobile crisis response teams
- Objective 3: A place to go – Crisis stabilization
- Objective 4: Pre- and Post-Crisis Care – Immediately upstream and downstream of crisis events
- Objective 5: Crisis system infrastructure and oversight

The Workplan does not reflect only the work of the committees and subcommittees. DOH and HCA are responsible for implementation work related to 988 and crisis system redesign. The charge of the CRIS and

subcommittees is to inform that implementation by weighing in with recommendations to the work that DOH and HCA are charged to carry out. As critical stakeholders and content experts, CRIS member perspectives are key to achieving Washington's goals to improve our suicide prevention and behavioral health crisis system.

Below is a summary of CRIS member feedback on the High-Level Subcommittee Workplan:

1. Overarching comments:
 - a. Objective 5.1 articulates coming to agreement on a vision for the crisis response system. CRIS members noted that once we have that vision, we may need to revisit these objectives—and potentially the subcommittee structure—to ensure they align with our vision.
 - b. In addition to these objectives, each subcommittee needs to have its own charter, so members understand their charge and expectations of them.
 - c. There is a need for common language and definition of terms, so the work plan can be understood by everyone.
 - d. Additional clarity regarding the timelines for these objectives is needed, especially for critical path issues such as the 2023 leg session.
 - e. There is a need for clear communications, specifically ensuring that community members and practitioners know about what's coming and what it will look like.
 - f. Protocols to support coordination and communication across system partners will be critical to achieve goals.
2. Comments on Workplan Objectives:
 - a. We need to address workforce in these objectives. Not just how we treat and support our existing workforce, but also how we assemble enough people with the right competencies.
 - b. Cultural responsiveness needs to be woven throughout these objectives.
 - c. Need for recognition and respect for tribal sovereignty.
 - d. Objective 1.7 (interoperability of 911 and 988 systems) should also include language about disaster preparedness and standards for text and web-based data sharing that address issues of security and data privacy.
 - e. Objective 2 (someone to come) should include language on integrated and mobile crisis rapid response teams. Use of less restrictive options will keep us person centered and efficient make sure we are focused on less restrictive care. Need to clarify criteria around involuntary and voluntary services.
 - f. Objective 3 (a place to go) needs language around coordination with emergency departments (in addition to law enforcement), as well as clarification of what crisis stabilization means. Need to identify best practices for walk-in centers. Need a clear list of providers available that is regularly maintained.
 - g. Objective 5.5 (braided funding) needs more specific language about the different funders to play a role here, such as Medicaid.
 - h. Regional crisis call centers are missing from the workplan.

As a next step, the Project Team will integrate CRIS feedback into the High-Level Workplan to be approved by the Steering Committee at its meeting on February 10th and assign to relevant subcommittees with their specific charges and deliverables.

NEXT STEPS

Next steps and action items from the meeting:

- The project team will take committee member feedback and create an issues log so that the committee will see their thoughts and concerns continually represented.
- Future meetings will now include a standing agenda item for updates from the DOH and HCA regarding implementation progress as well as updates from the project team on the status of ongoing issues.
- Next week, the project team will bring the high-level work plan to the Steering Committee meeting for approval after incorporating feedback from this week.
- The project team will also be making a proposal to create an ad-hoc work group on the vision to the CRIS Steering Committee next week. The team will ask for a smaller group of CRIS committee members to develop a proposal for the vision to bring back to the larger group.

PUBLIC COMMENT PERIOD

No members of the public provided comments. Jamie highlighted the opportunity to submit public comments via email to: HCAprogram1477@hca.wa.gov.

MEETING ADJOURNED