

MEETING SUMMARY

CRISIS RESPONSE IMPROVEMENT STRATEGY COMMITTEE MEETING SUMMARY

Tuesday, May 10, 2022, 2:00 to 5:00pm

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
Bipasha Mukherjee, Volunteer
Caitlin Safford, Amerigroup
Darcy Jaffe, Washington State Hospital Association
Darya Farivar, Disability Rights Washington
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 (HCA)
Kimberly Hendrickson, Poulsbo Fire CARES program
Krystina Felix, The Kalispel Tribe
Levi Van Dyke, Volunteers of America Western Washington
Linda Grant, Evergreen Recovery Centers
Michael Reading, Behavioral Health and Recovery Division, King County
Michael Robertson, Jasper, Memb
Michele Roberts, Washington State Department of Health (DOH)
Michelle McDaniel, Crisis Connections
Puck Kalve Franta, Access & Inclusion Consultant
Ron Harding, City of Poulsbo
Robert Small, Premera Blue Cross
Representative Tina Orwall, Washington State House
Representative Tom Dent, Washington State House
Senator Judy Warnick, Washington State Senate
Senator Manka Dhingra, Washington State Senate

COMMITTEE MEMBERS ABSENT

Amber Leaders, Office of Governor Jay Inslee
Cathy Callahan-Clem, Sound Health
Claudia D'Allegri, Sea Mar Community Health Centers
Summer Hammons, Treaty Rights/Government Affairs

AMERICAN SIGN LANGUAGE (ASL) INTERPRETERS

Abel Cosentino
Laurie Reinhardt

COMMITTEE STAFF

Betsy Jones, Health Management Associates
Brittany Thompson, Health Management Associates
Nicola Pinson, Health Management Associates
Laura Collins, Health Management Associate
Suzanne Rabideau, Health Management Associates
Mark Snowden, Harborview Medical Center
Jamie Strausz-Clark, Third Sector Intelligence (3Si)
Michael Anderson-Nathe, Michael Anderson-Nathe Consulting

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. Senator Dhingra welcomed everyone to the committee meeting. She thanked everyone for their involvement in working towards change, underscoring that we all bring different and important perspectives but are united in our vision for improving the system. Michele Roberts, DOH, 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 reviewed the meeting agenda and objectives for each agenda item:

1. Continue laying the foundation for collaboration.
2. Share updates relevant to the CRIS committee, including subcommittee and state agency activities.
3. Update CRIS on learning trip to Arizona organized by Representative Orwall and Senator Dhingra.
4. Gather CRIS committee input on draft Vision and Guiding Principles.
5. Confirm action items and next steps.
6. Hear public comment.

PERSONAL STORY

Steering Committee member Bipasha Mukherjee introduced Melanie Estes as the speaker to share her personal story and experience with the behavioral health crisis response system. Melanie was diagnosed with bipolar disorder in 2007 as a college student. She found stable care through the university system. However,

when she graduated, she transitioned care providers. This led to miscommunication across providers and changed medications causing her to experience a major manic episode and significant trauma in the care system. She cycled through emergency departments in Seattle, experienced loss in all aspects of her life, and attempted suicide. Melanie shares her experience to support the CRIS Committee to create a crisis system that serves people in need. As an educated, white woman with family and financial resources, Melanie highlighted the challenges that exist in the current system even in a position of privilege and recognized even greater challenges for groups carrying additional social and economic burdens.

CRIS Committee members and members of the public thanked Melanie for sharing her experience. A recording of this story is available on the CRIS webpage as part of the May 10 CRIS meeting recording.

CRIS UPDATES

Keri Waterland, HCA, introduced Megan Celedonia, who was appointed by the Governor as the 988 Hotline and Behavioral Health Crisis System Coordinator. Megan joined the Governor's policy office in April. Keri also shared updates from HCA:

- HCA has been meeting with the Office of the Insurance Commissioner (OIC) on how to implement next-day appointments for commercial insurance.
- HCA is working on development of resources for mobile crisis response teams. This includes development of a program guide to align the mobile crisis response teams with SAMHSA guidance and best practices. The guide will be a starting point for a more detailed guide and standards as directed by HB1477. This work has included outreach to behavioral health administrative services organizations (BH-ASOs) to understand the make-up of the current mobile crisis response teams, regional variances, and data reporting processes. In early May, the team also presented an overview of the Mobile Response and Stabilization Services (MRSS) model for children youth and families. HCA is working with Family Youth System Roundtable Partners to discuss alignment across adult and youth mobile crisis teams. Lastly, the University of Washington is looking at gaps in co-responder teams. HCA will be helping to support this work.

Michele Roberts shared updates from the DOH:

- Michele shared Washington's death by suicide data over the last few years, which is higher than the national average. Washington has not seen an increase in suicide-related deaths since the start of the pandemic; in fact, there has been an overall slight decrease. However, when analyzing the data by population, not all communities have experienced a decrease in suicide deaths. American Indian and Alaskan Native communities, Black and African American communities, Asian and Pacific Islander communities, youth populations, and elderly populations have all experienced an *increase* in suicide deaths since 2018. Michele noted that the 2021 data is still preliminary and may change. (Please see meeting materials the CRIS webpage for specific suicide figures.)
- The DOH was awarded \$2.6 million from SAMHSA (April 30, 2022 to April 29, 2024) to assist with the 988 launch and implementation. The funding will support the hiring of a DOH grant coordinator; 85% of the funding will go to the National Suicide Prevention Lifeline (NSPL) call centers. The funding will support the NSPL call centers to develop student internship programs to address workforce concerns,

staff training capacity, and more robust follow up programs for callers. The DOH is working closely with the NSPL call centers to support this work.

Washington's three NSPL call centers (Crisis Connections, Volunteers of America, and Frontier Behavioral Health) provided updates on current activities to prepare for the 988 launch in July:

- Michelle McDaniel, the Chief Executive Officer of Crisis Connections, shared that hiring staff is the number one priority. This will include hiring of a Diversity, Equity, and Inclusion coordinator. They are also preparing an onsite training with 988.
- Jan Tokumoto, the Chief Operating Officer of Frontier Behavioral Health, shared that they are working on implementing a new phone system so staff can work remotely, which is a huge draw for workers now. They are also working to hire staff, implement training curriculums, and find a new office with larger space.
- Levi Van Dyke, the Deputy Director of Volunteers for America Western Washington, shared updates to build staff capacity as well as leverage remote opportunities for staff. They are addressing infrastructure and equipment needs, the 988 chat and text program, and they plan to move to a new office space, as well. They are also hiring for the Native and Strong lifeline (tribal 988 line) that will also go live in July.
- *CRIS Member discussion:*
 - How will the Native and Strong lifeline connect with 988? – NSPL call centers are working with the lifeline and Vibrant to have the tribal 988 line listed as a connecting option in Washington when calling 988.
 - The group discussed staying competitive in the job market, staff retention struggles, and contingency plans if there are not enough staff hired for the July launch. Frontier Behavioral Health opened up an opportunity for current staff to take on additional work temporarily to alleviate staffing pressure. Using supervised trained volunteers may be helpful down the line, even though it was not encouraged in HB 1477. It is important to consider long term support for this workforce due to high rates of burnout and secondary trauma. Representative Orwall clarified the legislative intent around HB 1477 was to expand workforce capacity, not bar volunteers.
 - Call centers noted that there are algorithms for NSPL call centers that will route calls to another call center if one call center is not able to answer in a timely manner. Callers will always have their call answered.
 - Committee members expressed interest in visits/tours of the NSPL call centers.

Jane Beyer, Washington State OIC, provided an update:

- A new law came into effect on March 31, 2022. This law requires private health insurance in Washington state to cover behavioral health crisis services that are provided in crisis whether they are in a health plan's network or not without any prior authorization requirements. We need to hold health plans accountable to this new law.
- Bob Small, Premera Blue Cross, said there should be future discussions about crisis services not covered by commercial health plans so companies are aware of what they are not covering. This would be helpful information for him to bring back to commercial plan companies.

Betsy Jones, Health Management Associates, provided an overview of HB 1477 committee recommendation areas, key HMA/BHI team analysis underway, and a timeline to address key topics at upcoming meetings. The CRIS Committee is charged with advising the Steering Committee in developing recommendations for an integrated behavioral health crisis response and suicide prevention system, including, but not limited to:

- *Current Services:* Develop an inventory of existing statewide and regional behavioral health crisis response, suicide prevention, and crisis stabilization services and resources.
- *Service Goals:* Identify quantifiable goals for the provision of statewide and regional behavioral health crisis services and targeted deployment of resources.
- *Cost Estimates:* Cost estimates for each of the components of the integrated behavioral health crisis response and suicide prevention system.
- *Statewide equitable distribution of resources:* Develop a plan for the statewide equitable distribution of crisis stabilization services, behavioral health beds, and peer-run respite services.
- *Workforce:* Make recommendations related to workforce needs by region.
- *Cross system interactions:* examine and define complementary roles and interactions for broad range of entities involved in the crisis system.
- *Equity:* Recommendations to promote equity in services for individuals of diverse circumstances of culture, race, ethnicity, gender, socioeconomic status, sexual orientation, and for individuals in tribal, urban, and rural communities.

At the July 12 CRIS Meeting, the committee will focus on a discussion of current service gaps and goals, including review of other state best practices. The HMA/BHI team has received access to HCA Medicaid encounter data and is analyzing this data to identify current services and utilization by region. This analysis will be further informed by BH-ASO regional perspectives on existing services and gaps as well as services goals based on national benchmarks and other state best practices.

In addition, the HMA/BHI team is conducting a Provider Cost Study to identify service costs and funding needs to support goals identified. The HMA/BHI team is also supporting the development of a Crisis System Process Map to bring together understanding of current system interfaces, gaps, and changes needed. This work will inform the development of recommendations related to funding, cross system interactions and other areas.

WASHINGTON STATE CRISIS NOW IMMERSION TRIP TO ARIZONA

Senator Dhingra and Representative Orwall took a team of elected officials and Washington system representatives to visit Arizona to better understand their crisis system and best practices. CRIS members joining the trip shared some of their takeaways from their visit:

- Peers are involved from the beginning and during the entire process.
- In Arizona, the first 23 hours is essentially paid by the state. The initial crisis response is universal which fits with a No Wrong Door policy. They do not say no to anyone, which is hugely important. Washington needs to turn to a model of ‘every person, every time.’

- There were a lot of learning opportunities presented in Arizona. Their data gathering processes and transparency is impressive.
- A large amount of the staff have lived experience, and it was moving that there was such an emphasis on compassion and humanity.
- The ‘no questions asked’ and ‘first 23 hours policies’ were important features.
- This trip offered a chance to understand what another state is doing, which gives us the opportunity to evaluate what Washington is already doing and what we’d like to replicate from Arizona to enhance our system.

Further discussion of Arizona and other state best practices will be planned for the July 12 CRIS Committee meeting.

VISION AND PRINCIPLES FOR THE CRISIS RESPONSE SYSTEM

Michael Robertson, CRIS member representing lived experience, and Suzanne Rabideau, Health Management Associates, shared the draft Vision and Guiding Principles developed by the Ad Hoc Workgroup on Vision. Suzanne provided a reminder of the Ad Hoc Workgroup on Vision members and the process to develop the draft Vision and Guiding Principles. Michael Robertson participated in the Ad Hoc Workgroup on Vision and shared context from the Workgroup’s discussions that informed the draft statements.

The Draft Vision and Principles were shared with several subcommittees (Lived Experience, Rural & Agricultural, and Tribal) and the Children and Youth Behavioral Health Workgroup (CYBHWG) for comment. A summary of these comments was included in CRIS meeting materials sent last week in advance of this meeting. Overall, there was general support for the vision and principles. Suzanne provided an overview of key themes from comments received (see CRIS May 10 meeting meeting materials for details of comments received).

Committee members separated into four breakout rooms to discuss and provide feedback on the draft vision statement and guiding principles. CRIS members were asked to respond to the following question: “Imagine it is ten years from now... Does this description of an ideal future crisis response system resonate with you? Why or why not?”

Breakout Group 1:

- The piece that is missing for me is a mention of safety and keeping people safe. I like healing and hope, but keeping people safe is more than this - it is about keeping them alive. And not necessarily safety as defined by the helpers but also by the person seeking help.
- I like the addition of safety - I also wonder about recovery.
- I want to echo the need to reinforce accessibility to LGBTQ populations as well as the already mentioned pops
- Crisis system side principles - I am not sure what the need is, but is there a way to emphasize when people need to call.

- It is a crisis system - so how do we make sure the message is expansive or inclusive of what constitutes a crisis? How do we make sure people know they can call if they need help and not worry that their issue is not a crisis.
- I like the work the ad hoc committee did - Agree we do need to add safety and access for LGBTQ+
- This statement doesn't make it clear that it is about BH and MH crisis...do we need to have that included to make sure people know who and what this is for?
- The vision statement doesn't even mention crisis....what is someone is struggling to provide rent? Would they call?
- Not everyone is going to see their situation as a crisis and it might be....
- We were a bit deliberate not to define or name crisis in this vision - but should we? Or do we want to be the catch all line?
- I think people are going to use this line and define for themselves what constitutes a crisis...I don't think we would be able to define it for them
- No matter what the driver of the crisis is, there is often a BH component to this....
- A concern is to make sure we have the staff to answer the calls and types of concerns that are coming up...so need to keep that in mind if we move towards being a catch all line. Training needs to be tailored and matched appropriately

Breakout Group 2:

- Yes - Hope and Connection
- Key words or healing hope and recovery
- Struggled with the word "them"
- In ten years hoping that racism equity and housing is still not an issue
- Concept of community include in vision or guiding principles
- Coordination and collaboration across community partners
- Not just SI, could be loved ones, where do you go to get needs met
- Meeting communities with acceptance and empathy
- Pro-active instead of reactive
- Prefer Anyone in *need vs struggling* – struggling doesn't resonate with one of the participants, culturally
- Discussion: "need" could be too broad – could be addressed as to what "need" refers to when marketing 988 comes into play (if you need support with ABC...call)
- Incorporate access and inclusion/belonging – into guiding principles
- Vision edit discussion: "Care that is inclusive and responsive to developmental..."; "988 offers a connection to anyone who needs support..."; "responding with acceptance.."
- include safety
- care is accessible
- when in doubt call
- still need a tag line –
- is 988 a catch-all for all – is it a no wrong door phone #?
- how is crisis defined?
- how are calls triaged? How ensure timely access (operational question)
- Summary of changes: We all agreed to remove "them" in the vision too and to add inclusion in the last blue bullet on the left. Add community instead of system.

Breakout Group 3:

- Not sure what is fully meant by the word connection, suggest using understanding

- Overall, the vision statement is inviting and provides a door I would consider going through, yet some tweaking of some words might enhance
- Use of 988 does not fully provide an understanding of all the crisis services
- The use of the word empathy is too clinical
- Suggest removing recovery – most do not know what that is unless you are in recovery or know someone in recovery
- Consider using the word help
- Geographic location needs to be added somewhere in guiding principles
- Perhaps the use of the word “no wrong door”
- How are we going to address all the language needs
- Use more action-oriented words provides is passive something stronger
- Rural has issues with broadband, how can we address
- Not sure what struggling means
- Regarding all the comments provided, if more than one person says something give more weight to that

Breakout Group 4:

- Language sounds clinical/bureaucratic – support for more plain language.
- Hope and recovery sounds amorphous and need to be more specific about connecting people to the right resources.
- Doesn’t reflect broader crisis system resources – 988 is connecting people to the right care at the right time.
- Add care that is responsive to gender (culture doesn’t capture this)
- The crisis system should be built around the person in need.
- Emphasis around the need for simplicity in the system and the ability of easily access the right care.
- Visual makes it seem like the people and the system are separate and there is no intersection/ nothing in common.
- 988 will be the connection to the system – in the future, 988 will be the same as the behavioral health system.

ACTION ITEMS AND NEXT STEPS

Next steps and action items from the meeting:

- The Ad Hoc Workgroup on Vision will convene on Friday, May 13th to work on revisions to the vision statement and guiding principles based on feedback received from the CRIS Committee, Subcommittees, and other groups. The revised and final vision statement and guiding principles will be presented to the Steering Committee for approval during the May 19th meeting.

PUBLIC COMMENT PERIOD

Jamie Strausz-Clark opened the public comment period: 9 people signed up for public comment, and 4 members of the public commented. Individuals were allowed two minutes to provide comment. For individuals with additional comments or time needed, Jamie highlighted the opportunity to submit public comments via email to: HCAprogram1477@hca.wa.gov.

MEETING ADJOURNED