

MEETING SUMMARY

CRISIS RESPONSE IMPROVEMENT STRATEGY COMMITTEE MEETING SUMMARY

Monday, July 17, 2023; 11:00 am – 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

COMMITTEE MEMBERS

Amber Leaders, Office of Governor Jay Inslee
Anna Nepomuceno, National Alliance on Mental Illness (NAMI) Washington
Bipasha Mukherjee, Crisis Line Volunteer
Claudia D'Allegrì, Sea Mar Community Health Centers
Dillon Nishimoto, Asian Counseling and Referral Service
Jan Tokumoto, Frontier Behavioral Health
Jane Beyer, Washington State Office of the Insurance Commissioner
Jessica Shook, Olympic Health and Recovery Services
Joan Miller, Washington Council for Behavioral Health
Kashi Arora, Community Health and Benefit, Seattle Children's
Keri Waterland, Washington State Health Care Authority (HCA)
Kimberly Mosolf, Disability Rights Washington
Levi Van Dyke, Volunteers of America Western Washington
Marie Fallon, Associated Ministries
Megan Celedonia, Office of Governor Jay Inslee
Michael Reading, Behavioral Health and Recovery Division, King County
Michele Roberts, Washington State Department of Health (DOH)
Michelle McDaniel, Crisis Connections
Puck Kalve Franta, Access & Inclusion Consultant
Representative Tina Orwall, Washington State House
Robert Small, Premera Blue Cross
Senator Judy Warnick, Washington State Senate
Senator Manka Dhingra, Washington State Senate

COMMITTEE MEMBERS ABSENT

Adam Wasserman, State 911 Coordinator
Caitlin Safford, Amerigroup
Darcy Jaffe, Washington State Hospital Association (Ryan Robertson attended in her place)
Heather Sanchez, American Lake Veterans Affairs
Justin Johnson, Spokane County Regional Behavioral Health Division
Krystina Felix, The Kalispel Tribe

HEALTH MANAGEMENT ASSOCIATES



Linda Grant, Evergreen Recovery Centers
Michael Robertson, Certified Peer Counselor
Representative Tom Dent, Washington State House
Ron Harding, City of Poulsbo
Summer Hammons, Treaty Rights/Government Affairs

AMERICAN SIGN LANGUAGE (ASL) INTERPRETERS

N/A – HCA provided live captioning

COMMITTEE STAFF

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

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 meeting technology and expectations for committee members and public observers. In lieu of ASL interpreters, attendees could access live closed captioning. CRIS Committee member Jessica Shook, Olympic Health and Recovery Services, welcomed everyone. She shared her perspective as a crisis worker and clinical manager for a crisis team. Jessica emphasized that the CRIS Committee benefits from communication of diverse perspectives and expressed her gratitude to the CRIS Committee members and conversations. Jamie thanked Jessica and emphasized that her words are very appropriate for the conversation today.

MEETING OBJECTIVES AND AGENDA

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

1. Understand where we've been, where we are now, and where we are going in the CRIS process.
2. Hear updates from state agencies, Governor's Office, and CRIS members relevant to 988 and behavioral health crisis response system improvements.
3. Hear outcomes from First Responder and Behavioral Health Crisis Response Collaboration Work Group.
4. Discuss recommendations for addressing system gaps related to Someone to Come.
5. Confirm action items and next steps.
6. Hear public comment. Due to lower sign-up numbers, the comment period was shortened to 10 minutes. Public comments are welcome in written form at any point throughout the process and may be submitted to HCAprogram1477@hca.wa.gov.

Betsy Jones, HMA, reviewed the updated CRIS Committee timeline and deliverables, which was extended by one year by HB 1134. The Steering Committee, with input from the CRIS Committee and Subcommittees, will now submit a third progress report on January 1, 2024, and the final report with recommendations on January 1, 2025.

The meeting today will focus on a synthesis of recommendations relating to “Someone to Come,” as well as hearing outcomes from the First Responder and Behavioral Health Crisis Response Collaboration Workgroup. In August, representatives from the Washington State Department of Health (WA DOH) will provide an update on the 988 Contact Hub Rule Making, which will assist in drafting more formalized recommendations in September. The CRIS Committee meeting in September will be in-person, followed by a break in October for HMA to draft the report to submit on January 1, 2024.

Jamie thanked Betsy and provided an update on the June post-meeting feedback survey, noting that seven CRIS Committee members had submitted responses that will help to continue to improve and strengthen the CRIS Committee meetings. CRIS Committee members were encouraged to complete the next survey that would be sent out after the meeting.

PERSONAL STORY

CRIS and Steering Committee member, Bipasha Mukherjee, provided an introduction for Heather Sturdevant to share her personal story and experience with Washington’s crisis response system. Heather was born and raised in Olympia, Washington, and shared her experience recovering from alcoholism and addiction. After getting clean and sober, Heather experienced mental health challenges, including anxiety and depression, which caused her to relapse. She eventually received peer services from Capital Recovery, and ultimately completed a Certified Peer Counselor Training herself, which gave her purpose and a coping mechanism for her mental health challenges. Another key to her recovery has been her support system, including her coworkers, family, friends, sponsor, counselor, and therapist. Heather explained that folks in crisis are often sent back to where they came from without supports after crisis stabilization or hospitalization. She emphasized that funding peer services for people with high acuity mental health needs would help to address this gap. Heather is now a Peer Case manager/Recovery Navigator at Olympic Health & Recovery Services on the Thurston Law Enforcement Assisted Division Team and will be 14 years sober as of July 27th, 2023. CRIS Committee member, Marie Fallon, thanked Heather for sharing with the group, and commended her on her hard work and vulnerability.

System Updates and Agency Q&A

CRIS members received the CRIS newsletter with state agency and committee updates in advance of the meeting and were given the opportunity to ask questions.

- For 988 call volume data, is there a way to see a breakdown of youth callers to give a sense of how many youth are calling? This could help to understand how many youth should be connected to Mobile Response and Stabilization Services (MRSS).

- Michele Roberts (WA DOH) noted that 988 does not collect data on youth callers as these calls are anonymous and it's the caller's discretion to share information. This gap will inform future work on key system indicators and data that is possible.
- Sherry Wylie (HCA) shared definitions in response to discussion about youth age ranges: In Washington, minors are considered 17 and under, transition age youth is 18 – 25. Age of consent in Washington is 13 – 17. MRSS can go up to age 20 in alignment with Early and Periodic Screening, Diagnostic, and Treatment. Levi Van Dyke, VOA WW added that the 988 LGBTQ+ youth subnetwork includes youth up to the age of 25.

Claudia D'Allegrì, Sea Mar Community Health Centers, shared an update on Sea Mar's Crisis Receiving Center for youth. With funding from the Governor's budget and support from Representative Orwall and Seattle Children's Hospital, Sea Mar has been developing a plan for a crisis receiving center for youth that provides both detoxification services and crisis services. Sea Mar's architect has drafted a design for the first floor, and the organization plans to submit the permit to the city and state after receiving additional feedback. Sea Mar hopes to begin construction on the center in 2024. (Note that Sea Mar's Crisis Receiving Center is distinct from the SB 5120 passed during the 2023 session to establish licensure standards for Crisis Receiving Centers for adults.)

- Representative Orwall thanked Claudia for her update, noting that youth focus groups in schools have been driving this process. She expressed thanks to everyone that has convened voices of youth. Representative Orwall also asked Claudia to share updates on work with dialectical behavior therapy (DBT).
 - Claudia shared efforts to implement and expand DBT, which originally began as an evidence-based practice in South America. Sea Mar has received funding to continue implementation, and currently has a cohort of 20 providers who speak Spanish and can maintain DBT with modifications for communities of color, particularly Latinx populations.

Michelle McDaniel, Crisis Connections, shared updates on call center co-location for 911 and 988 activities, noting partnerships with WA DOH, Frontier Behavioral Health, Volunteers of America (VOA), Valley Communications, and Seattle 911. Crisis Connections has been in contact with various Public Safety Answering Points (PSAPs) to develop a co-location system that can be scaled up and down as needed based on call volume, while focusing efforts on higher-volume PSAPs initially. VOA recently launched a pilot with a PSAP in Pierce County. Crisis Connections has been taking into account the public perception surrounding co-location and partnership with law enforcement in particular. Crisis Connections is also vetting a Memorandum of Understanding based on Vibrant guidelines, as well as vetting data sharing agreements to ensure HIPAA protections and alignment with state and national guidelines.

- Representative Orwall thanked Michelle for her overview and emphasized the efforts made to partner between 911 and 988.
- Kashi Arora, Seattle Children's, asked Michelle if she knew of a communication plan to share the co-location information with the community. She noted that co-location may raise some concerns, and

that it is important that the community understands the implications. Michele Roberts (WA DOH) noted that this effort is new, but that consistent messaging will take place moving forward.

PRESENTATION: OUTCOMES FROM FIRST RESPONDER AND BEHAVIORAL HEALTH CRISIS RESPONSE AND FIRST RESPONDER COLLABORATION WORK GROUP

Michael Anderson-Nathe, consultant and workgroup facilitator, provided a background for the Behavioral Health Crisis Response and First Responder Collaboration Workgroup (Collaboration Workgroup). The Collaboration Workgroup was formed as a next step after the March CRIS discussion about considerations for the role of first responders in a crisis. It was charged with developing recommendations for the Steering Committee to ensure appropriate, effective, equitable, and safe collaborations between first responders and the crisis response system. The Collaboration Workgroup participants represented different systems, lived experiences, and areas of the state, and met four times between May and June 2023. The participants first brainstormed barriers, challenges, and fears, and then later developed recommendations to mitigate these in order to reach a working vision that Washington has appropriate, effective, equitable and safe collaboration between behavioral health crisis response and fire, police, and emergency medical services (first responders). future ideal state.

Workgroup norms included acknowledging that the workgroup's focus was not about *if* first responders and mobile crisis response will collaborate, but rather *how* they will collaborate; workgroup norms also acknowledged that structural racism and oppression exists and has life threatening impacts on marginalized communities. The Collaboration Workgroup leveraged successful processes and practices including a breadcrumbs document to trace conversations into tangible wording for recommendations, live on-screen notetaking, diverse representation, commitment to staying engaged, distinguishing between people and systems, and assuming positive intent.

Puck Kalve Franta, Access & Inclusion Consultant, and Bethany Phenix-Osgood, Aging & Long Term Care of Eastern Washington, shared an overview of the Collaboration Workgroup products, including emerging guiding principles, key barriers, and a summary of recommendations (available on the CRIS webpage at: <https://www.hca.wa.gov/assets/program/bh-first-responder-workgroup-update-20230701.pdf>). They also highlighted participant experiences engaging with the Collaboration Workgroup, noting that participants felt their voices were heard, and valued the variety of perspectives and opinions that guided the workgroup's products.

- CRIS and Steering Committee member, Bipasha Mukherjee, thanked the presenters for sharing and for their efforts with the workgroup, emphasizing that the CRIS and Steering Committees will look forward to reviewing the recommendations further.
- Representative Orwall also thanked the presenters and flagged that HB 1134 provided some framework around training and funding that can help to move the Collaboration Workgroup's vision forward.

DISCUSSION: EXPLORING POTENTIAL RECOMMENDATIONS TO ADDRESS SYSTEM GAPS FOR MOBILE CRISIS RESPONSE

Jamie introduced discussion to explore potential recommendations to address system gaps for mobile crisis response. CRIS members were given 20 minutes throughout the discussion to review the synthesized outcomes from February, March, and April discussions highlighting system gaps, progress to date on addressing gaps, potential actions for state agencies and legislators, and opportunities for the CRIS Committee. This document was emailed to the Committee in advance of the meeting, and is available on the CRIS webpage: <https://www.hca.wa.gov/assets/program/cris-mobile-crisis-reponse-20230717.pdf>). Jamie facilitated the group discussion and provided the following prompt questions (also sent via email in advance) for committee members to consider:

- Recognizing the progress that has been made and work underway, where are system gaps remaining?
- Where can CRIS recommendations build on the progress by state agencies and the legislature?
- Where are opportunities for the CRIS to advise and support state agencies in work to implement system changes?

Committee Discussion

CRIS Committee members shared their input and feedback on remaining system gaps, where to build on progress, and opportunities to advise and support the implementation of system changes:

OVERALL RECOMMENDATIONS

- Make sure we clarify the understanding between regional and state decision making authority. This is critical, and it's not just differentiating it – someone has to be responsible. As a state, we need to ensure that decisions at the state and regional levels are resulting in people receiving care, and we need to revisit these decisions if they are not resulting in our desired outcomes.
- Define and standardize the concept of safety risk in a crisis (listed as a potential opportunity for CRIS from the Collaboration Workgroup in the Dispatch section).

DATA AND REPORTING

Remaining System Gaps:

- If the issue around defining safety risk is not explicitly listed in data definitions, it may get lost.
- In addition to creating definitions, there is a need to accurately measure gaps, including the number of mobile crisis response teams.
- Despite progress, there is a persistent lack of data on youth callers and youth receiving MRSS. Need to be clear on the definition of youth and transition age youth, and also on how to overcome or address barriers with respect to privacy, caller privacy, and not disclosing information.
- Lack of data available in terms of language barriers, e.g., how many people in need of mobile crisis response require an interpreter, what are the different languages, is there a language that is not available.
- There is no way to measure or track the number of people who go through crisis but don't engage with the system, and why.

- Overall, the more we understand where the needs are and where we're falling short the more we can start to invest in address them.

Where Recommendations can Build on Progress:

- As call centers become 988 hubs, they will track who responded and how long it took to get there, and will send that data either to BH ASOs or directly to HCA. This will give insight into how the teams are responding.
- Develop additional requirements for crisis response to report out on people with language barriers that access the system. Set targets to determine additional gaps in language accessibility. This could help to ensure mobile crisis teams are staffed appropriately depending on the populations being served.

Opportunities to Advise and Support the Implementation of System Changes:

- Ensure process for system evaluation and accountability, including continuous process improvement based on quantitative and qualitative data gathering methods and course correction as needed.

Additional Recommendations:

- Systems should be tracked and then held accountable to ensure their outcomes are resulting in meaningful access to services. Leverage existing oversight boards (expand or add-on).
- Make system improvements based on system user experiences and feedback.
- Leverage a census model to go into the communities to collect data.

DISPATCH

Remaining System Gaps:

- Lack of consideration for the needs of older adults and disabled communities.
- Services lack proper accommodations for a range of populations, e.g., interpreters for non-English speakers, folks who are hard of hearing or deaf, etc.
- There is no set standard to determine who is the lead out in the field when there are multiple types of teams responding to a crisis.
- Concern that a focus on response times for pay incentives can lead to unintentionally prioritizing speed over the best possible care.

Where Recommendations can Build on Progress:

- Recommendations and learnings from the 988 Geolocation Subcommittee may inform the dispatch protocols.

Additional Recommendations:

- Address handoffs between 988 and 911 (Collaboration Workgroup recommendation).

CAPACITY

Remaining System Gaps:

- Staff retention has been a major challenge. Substantial staffing gaps can exacerbate other system gaps.
- Additional staffing related concerns include lack of funding for compensation, staff burnout, and improperly trained staff.
- Slow response times from calling 988 will encourage responses by first responders.

ACTION ITEMS AND NEXT STEPS

Next steps and action items for the meeting:

- HMA to synthesize the discussion and add to the Gaps Document.
- CRIS Committee members to respond to the post-meeting survey.

PUBLIC COMMENT PERIOD

Jamie reviewed the public comment process and opened the public comment period: no one signed up for public comment. Jamie highlighted the opportunity to submit public comment via email to:

HCAprogram1477@hca.wa.gov.

MEETING ADJOURNED