

MEETING SUMMARY

CRISIS RESPONSE IMPROVEMENT STRATEGY STEERING COMMITTEE MEETING SUMMARY

Tuesday, November 9, 2021; 3 pm to 5 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 MEMBER

Amber Leaders, Office of Governor Jay Inslee
Bipasha Mukherjee, Volunteer
Keri Waterland, Washington State Health Care Authority
Senator Manka Dhingra, Washington State Senate
Michele Roberts, Washington State Department of Health
Representative Tina Orwall, Washington State House

COMMITTEE STAFF

Betsy Jones, Health Management Associates
Brittany Thompson, Health Management Associates
Jamie Strausz-Clark, Third Sector Intelligence (3Si)
Lauren Baba, Harborview Medical Center
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

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. Michele Roberts from the Washington State Department of Health, offered a land acknowledgement, recognizing that she is a guest on tribal lands and honoring tribal ancestors and leaders as stewards of these lands. Senator Manka Dhingra then offered a welcome to the newest member of the Steering Committee, Bipasha Mukherjee. Lastly, Steering Committee members introduced themselves.

MEETING OBJECTIVES AND AGENDA

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

1. Continue to build and sustain collaborative relationships with each other and provide our newest member—Bipasha Mukherjee—with a warm welcome.
2. Review updated agenda for 11/16 CRIS Committee meeting, with a focus on how the project team has addressed Steering Committee feedback and confirm any final input.
3. Update Steering Committee on progress on forming Subcommittees, including potential gaps in representation.
4. Update Steering Committee on plan for developing end-of-year progress report/Comprehensive Assessment/update on next steps for developing preliminary funding recommendations for 988 line and gather feedback.
5. 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.

ICE MELTER:

What movie or song best capture your mood today and why?

DISCUSSION: UPDATES

NOVEMBER CRIS MEETING AGENDA REVIEW

Jamie Strausz-Clark (3Si) reviewed the proposed agenda for the November CRIS committee. Michael Anderson-Nathe reviewed the approach to embed equity and facilitate a deeper understanding of equity into the work of the CRIS Committee. During the next CRIS committee, there will be a small group breakouts where CRIS members will be asked to address two areas:

1. What does it mean to embed equity in our work? And what do you need to make this happen?
2. Review the starter values that the CRIS committee identified at the last meeting and ask if they do or do not resonate and what is missing?

Bipasha Mukherjee asked two questions about the role of members with lived experience on the CRIS committee: would these members who are not participating as part of their paid work be compensated, and what does it mean to be a non-voting member of the Steering Committee? In response to the question about compensation for members with lived experience, Sen. Dhingra responded that current rules do not allow for such compensation, but to the Legislature and Governor's office are working on finding a solution. She added that this rule affects multiple committees, task forces and commissions in the state. There is not yet a solution, but there is work happening to address this inequity. Sen. Dhingra also responded to the question about voting vs. non-voting CRIS members. She explained that that the people who were identified in the legislation as voting members were identified specifically as a way to promote accountability around implementation of the CRIS Committee recommendations.

SUBCOMMITTEE UPDATE

Betsy Jones (Health Management Associates) gave an update about the status of the subcommittee statements, appointments and status of work. Three-hundred and twenty-seven statements were received and final appointments are shortly forthcoming.

Subcommittees:

- 1 Credentialing and Training, 40 statements of interest
- 2 Technology, 24 statements of interest
- 3 Cross-System Crisis Response, 135 statements of interest
- 4 Confidential Information Compliance and Coordination, 9 statements of interest
- 5 Rural and Agricultural, 37 statements of interest
- 6 Lived Experience, 82 statements of interest
- 7 Tribal 988 Subcommittee, in progress, working with the Tribal Centric Behavioral Health Advisory Board.

Betsy also discussed the request for a new subcommittee, to focus on funding, which brought forth mixed reactions.

REPORT/COMPREHENSIVE ASSESSMENT UPDATE

Betsy gave updates on the bodies of work being done in the background to gather data including:

- 1 Community Forums
 - a. First Responder Community Forum, 177 participants
 - b. General Community Forum, 64 participants
 - c. General Community Forum, 99 participants
 - d. Lived Experience Community Forum, 84 participants
 - e. Rural and Agricultural Community Forum, 37 participants
- 2 Survey
 - a. Distributed to BH-ASOs and behavioral health providers
 - b. All 8 BH-ASOs participated
 - c. 15 providers who provide crisis services and 9 providers who do not provide crisis services
- 3 Interviews
 - a. All 8 BH-ASOs participated
 - b. 4 MCOs participated
- 4 Data Analysis and Report Reviewing
 - a. Quarterly Crisis reports from BH-ASOs
 - b. Overdose death statistics from Washington State Department of Health
- 5 Other resources
 - a. HCA contracts with BH-ASOs
 - b. Preliminary report on 988 case referral and management system
 - c. Vibrant 988 Landscape analysis and implementation plan
 - d. National scan of crisis delivery best practices

Betsy then outlined the timeline for the report development and review and reminded Steering Committee members that the project team will be asking the Steering Committee to approve the report on December 27th. One question for the project team focused on what type of demographic data and analyses would be included in the report, such as age, race, and ethnicity. Betsy responded that the project team is waiting for

claims and encounter data to help do this type of analysis and that HMA is working closely with HCA to get this information for 2022. In response to many of the comments offered, Betsy acknowledged that this report is not the endpoint, but rather the beginning for the work ahead and is about setting the table for the work ahead in 2022. Betsy also shared that the project team views this report as a “living document” and that it will change in response to the feedback they anticipate, and that for example, there may be additional subcommittees created to ensure the issues that are raised have a home and are being addressed.

NEXT STEPS

Jamie (3Si) reviewed the action items from the meeting:

- The project team and members of the steering committee will continue look for ways to provide compensation members of the CRIS who are participating as members with lived experience and who are not participating in the CRIS as part of their paid work.
- The project team will be in touch with Steering Committee members about their role for the next CRIS meeting, (offering land acknowledgement, welcome, etc.)

PUBLIC COMMENT PERIOD

Jamie Strausz-Clark opened the public comment period: 13 people signed up for public comment, and 5 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 comment via email to: HCAprogram1477@hca.wa.gov.

MEETING ADJOURNED