

MEETING SUMMARY

Crisis Response Improvement Strategy Committee Kickoff Meeting Summary

Thursday, September 30, 9 am to 12pm

Zoom

*[Meeting Agenda, Slides, Summary, 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
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
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
John "Bunk" Moren, Sea Mar Community Health Centers
Judy Warnick, Washington State Senate
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, Behavioral Health Volunteers of America Western Washington
Linda Grant, Evergreen Recovery Centers
Senator Manka Dhingra, Washington State Senate
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
Tom Dent, Washington State House
Victor Loo, Seattle Counseling Service

Committee Members Absent

Cathy Callahan-Clem, Sound Health

Jane Beyer, Washington State Office of the Insurance Commissioner

Robert Small, Premera Blue Cross

Melissa Hurt Moran, The Kalispel Tribe

Speakers/Guests

Bob Krulish, Author, Speaker (Personal Story)

Charissa Fotinos, HCA (Welcome)

Kristin Peterson, DOH (Welcome)

Committee Staff

Betsy Jones, Health Management Associates

Nicola Pinson, Health Management Associates

Liz Arjun, Health Management Associates

Brittany Thompson, Health Management Associates

Rachel Deadmon, Health Management Associates

Mark Snowden, Harborview Medical Center

Madeline Grant, Harborview Medical Center

Lauren Baba, Harborview Medical Center

Michael Anderson-Nathe, Michael Anderson-Nathe Consulting

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

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.

Dr. Charissa Fotinos, Interim State Medicaid Director for the Washington State Health Care Authority, began the meeting with a land acknowledgement, recognizing that she is a guest on tribal lands and honoring tribal ancestors and leaders as stewards of these lands. Dr. Charissa Fotinos, Kristen Peterson (Deputy Secretary, Washington State Department of Health), Amber Leaders (Senior Policy Advisor to Governor Inslee), Senator Manka Dhingra, Representative Tina Orwall each provided welcoming remarks to committee members, recognizing and thanking the committee for their participation in this important work to improve Washington’s behavioral health crisis response and suicide prevention system. Many committee members have been impacted by behavioral health through personal experience, family, and friends and the Committee’s work ahead provides an opportunity to build the kind of trauma-informed and caring system that we would all want in crisis. Each CRIS Committee member introduced themselves and the perspective(s) they bring to the CRIS Committee.

MEETING OBJECTIVES AND AGENDA

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

1. Build and sustain collaborative relationships with each other.
2. Understand the Behavioral Health System Redesign process.
3. Affirm CRIS Committee charter.
4. Secure a baseline understanding amongst all CRIS Committee members of:
 - a. The history and context of the crisis response system in Washington State and the effort to get HB 1477 passed.
 - b. Outcomes from the Vibrant 988 State Planning Grant effort, including how WA is taking the groundbreaking approach to leveraging the 988 funding to redesign the crisis response system.
5. Engage with each other on what success will look like at the end of this process.
6. 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.

PERSONAL STORY

Bob Krulish, author of *When Screams Become Whispers*, shared his personal story with bipolar disorder, grounding the committee in important context for why we are engaging in this work. Bob was symptomatic with bipolar symptoms when he was 16 years old but diagnosed 35 years later at the age of 51. Bob experienced a severe manic episode after receiving anti-depressants for an incorrect diagnosis of anxiety, resulting in the loss of his job, divorce, loss of custody of his children, his entire savings, and isolation. He experienced a lack of respect and support through the legal system. Once he was correctly diagnosed with bipolar disorder, he has been able to do the hard work of bringing his life back together. Bob wished to emphasize for the committee the importance of their work and appreciation for the time to share his experience.

ICE MELTER

Due to technical issues, the committee was not able to move into breakout groups to engage in the ice melter question (What are you grateful for today and why?). Jamie Strausz-Clark noted plans in future meetings to engage the committee in ice melter questions at the beginning of each meeting. The purpose of this exercise is to help lay the foundation for a collaborative working relationship.

BEHAVIORAL HEALTH SYSTEM REDESIGN PROCESS

Dr. Mark Snowden, Chief of Psychiatry at Harborview Medical Center, provided an overview of the role of the Behavioral Health Institute at Harborview Medical Center to support the Committee's work, and its contract with Health Management Associates (HMA) to provide facilitation and backbone support. Harborview contracted with HMA through a competitive procurement process, recognizing the need for an experienced consulting team with extensive knowledge of Washington's behavioral health system to support the work ahead.

Betsy Jones, Managing Principal of HMA's Seattle Office and Project Director for the work with the CRIS Committee, provided an overview of the Committee organizational structure, process, and timeline for developing recommendations to the Governor and Legislature, as outlined by House Bill 1477.

By January 1, 2022, the first progress report to the Governor and Legislature will include the result of comprehensive assessment of the behavioral health system, and preliminary recommendations related to funding of crisis response services from the Statewide 988 Behavioral Health Crisis Response and Suicide Prevention Line Account (Account). By January 1, 2023, a second progress report will include recommendations related to crisis call center hubs, and final recommendations related to funding crisis response services from the Account. By January 1, 2024, we will deliver a final legislative report, including recommendations in 13+ areas outlined by House Bill 1477. The structure to accomplish this work includes the 36-member CRIS Committee, 5-member Steering Committee which is comprised of a subset of CRIS members, and several subcommittees to be formed by the Steering Committee. Five subcommittees were established by the legislation, including: Washington Tribal 988, Credentialing & Training, Technology, Cross-System Response, Confidential Information Compliance & Coordination. Additional subcommittees to be formed include: Lived Experience, and Rural & Agricultural.

As outlined by HB 1477, the Steering Committee has selected three CRIS committee co-chairs from among Steering Committee members to lead the CRIS Committee. The co-chairs are Amber Leaders, Michele Roberts, and Representative Tina Orwall. To advance equity and transparency, the Steering Committee has decided to add a fourth co-chair to be selected by the CRIS Committee among the four CRIS Committee members representing lived experience. Senator Dhingra provided background that having co-chair who is a person with lived experience is very important and she had intended this to be drafted explicitly into the legislation. The next steps to select the 4th co-chair will include: 1) CRIS members will receive a brief biography of each interested co-chair, and a request to complete an anonymous poll to select a candidate. CRIS members eligible to serve as the fourth co-chair are among the four CRIS members representing lived experience; 2) the selected co-chair will be invited to the November Steering Committee as a non-voting member; and 3) the 4th co-chair selected with will be shared with the CRIS Committee via email.

Committee members were asked if they had clarifying questions about the process. Clarification was provided that the current subcommittees reflect the subcommittees established by legislation and additional subcommittees that have been identified to date as priorities (Rural & Agricultural, Lived Experience). The Steering Committee is open to additional subcommittees that may be identified as the Committee moves forward.

AFFIRM CRIS COMMITTEE CHARTER

Jamie introduced the CRIS Committee Charter for review and approval by members. Committee members received the charter one week in advance of the meeting for review prior to the meeting. The Charter serves as a guiding document for Committee and addresses the CRIS Committee purpose and charge, criteria for membership based on committee seats outlined by HB 1477, committee approach to centering equity in its processes, and member roles and responsibilities. Jamie briefly reviewed each section of the charter. Michael

Anderson-Nathe, HMA's equity advisor, reviewed the charter section addressing the Committee's commitment to centering equity and plans for further development of this understanding in future meetings.

Committee members were asked if they had clarifying questions or proposed changes to the draft charter.

The following changes were discussed to the draft charter:

1. Added clarification that the Steering Committee progress reports are delivered to both the governor as well as the legislature. Draft language recognized only the legislature.
2. Added a bullet on page 2 under the Committee Charge to explicitly recognize the need to ensure the system serves people with substance use disorders: "Recommendations to serve individuals with substance use disorder who are in crisis in an appropriate and comprehensive way."
 - a. Committee members recognized that individuals in crisis are often experiencing co-occurring mental health, substance use disorder, and a range of other challenges. This underscores the importance of a comprehensive, holistic approach to services.
 - b. Committee members recognized that crisis response services are also dependent on the individual's demographics and that services must be appropriate to the individual's needs.
3. Jamie noted a correction to the bottom of page 1 that the Steering Committee is making recommendations to the legislature and governor, rather than making ultimate decisions for redesign of the behavioral health crisis response system.

Decision: CRIS Committee Charter approved with the changes outlined. All committee members present at the meeting raised hands to approve the Charter.

LEVEL SETTING

Representative Orwall presented an overview of the history and context of crisis response system in Washington, the vision for the implementation of the new national 988 suicide prevention hotline number, and the effort to pass House Bill 1477 passed. Representative Orwall recognized the importance of the voices of people with lived experience to support passage of HB 1477 and to inform system changes. The purpose of this presentation was to provide committee members with important context and the history of work to date (see presentation slides available on the CRIS webpage).

Michele Roberts presented the outcomes to date from 988 implementation planning efforts supported by Vibrant Emotional Health, the administrator of the national suicide prevention hotline. Washington has participated in Vibrant 988 planning grants along with 48 other states. This work focuses on developing clear roadmaps and planning for implementation of the new national 988 hotline number in July 2022 and provides a foundation for the work outlined by HB 1477 moving forward. The Department is working to finalize the Vibrant grant deliverables including the landscape analysis and 988 implementation plan. The HB 1477 subcommittees, public meetings, and community forums provide an opportunity for the 988 coalition members to continue to engage in the process to improve Washington's crisis response system. (See presentation slides available on the CRIS webpage.)

Committee members were asked if they had clarifying questions. Members noted the following:

1. What time of year will resource lists be updated? As a provider for children and youth services, updates during the summer are helpful for the upcoming school year. – The timing of updates has not yet been determined. This is a topic where the Department welcomes further input. Annual updates are expected at a minimum, with the goal of quarterly updates in the future.
2. BH-ASO crisis call center answer rates currently exceed the goals outlined and the work forward can draw on existing best practices.
3. Emphasis on the importance of designing a system that addresses the needs of children and youth, including parent and family caregiver support.
4. Recognition of the role that emergency department providers play as a first line of contact for individuals in crisis. Although the goal is to divert individuals from emergency department settings, it's important to recognize emergency departments as an important landing zone and the need for support.

INTERACTIVE BREAKOUT GROUPS

CRIS Committee members were divided into 5 breakout groups to discuss the following question:

Imagine it is January 2024. What would make you look back and say, this was a good use of my time? In other words, what does success look like?

- *What are your hopes for this project?*
- *What are your fears?*

In addition, CRIS members representing lived experience also joined a room to discuss the nomination process for a CRIS Committee 4th co-chair. Jamie Strausz-Clark facilitated public discussion of the above questions during the time CRIS Committee members were in breakout groups. All CRIS Committee members then reconvened as a larger group to share discussion themes. A summary of hopes and fears from breakout groups is provided below.

Hopes/ Success

- Success would be a thoughtful plan of integrating the crisis level of services that is sustainable, community-based, and tailored to support all populations. The system is designed to hear and respond to the needs of the community.
- Elimination of inequities
- People know about 988 and feel safe calling and reaching out for help – and then they get the help they need and that it will be easy and barrier free.
- State continued investment in the infrastructure to create the system we need
- No more lives lost to suicide – that we are saving lives
- To have a very good plan that addresses from a high level, as a system, a plan for change
- Development of a system to share information about individuals in crisis to support collaboration and care individuals need
- People in crisis receive the appropriate resources in the moment and follow up tailored to their needs.
- Important to think about the whole continuum of care, prevention will be critical.
- Process results in de-stigmatization for people who have behavioral health challenges and who experience behavioral health crises.

- Compiling resources that exist and expanding so that they are truly able to reach everyone who needs them.
- Taking advantage of the perspectives from individuals with lived experience
- Work results in quantifiable outcomes, such as reduction in emergency room utilization, hospital stays, and incarceration.

Fears

- That people have a negative experience of 988 and then don't access it again
- Lack of interoperability between 911 and 988
- Loss of sight that we have a great foundation to work from
- Don't want to lose this opportunity to build something better – this is a unique moment in time and it is going to take all of us
- Concern about capacity to implement these monumental changes while the system is currently facing workforce challenges
- We achieve good technology and protocols, but don't have the workforce to support.
- Legislature has made a huge investment in behavioral health programs, but the system is challenged with ensuring staff to provide the services. This results in pressure on the system when people don't have access to needed behavioral health services.
- Concern that the role of police will diminish and the need for recognition that they are extremely important partners in this work.

Post Meeting: Hope/Fears

Below is a summary of hopes and fears shared by Committee members unable to attend the meeting:

- *Hopes* – we save lives; we have a system that gives people in crisis and their loved ones peace of mind; our system allows us to respond to people in a culturally-attuned way that meets their unique needs.
- *Fears* – something major—whether its legislation or bureaucracy derails us. Example: the referendum on HB 1477.

PUBLIC COMMENT PERIOD

Jamie Strausz-Clark opened the public comment period: 29 people signed up for public comment, and 7 members of the public commented. Individuals were allowed 90 seconds 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: 11:55am