

MEETING SUMMARY

CRISIS RESPONSE IMPROVEMENT STRATEGY COMMITTEE MEETING SUMMARY

Tuesday, March 15, 2022; 1:00 to 4:00pm

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
Amber Leaders, Office of Governor Jay Inslee
Bipasha Mukherjee, Volunteer
Caitlin Safford, Amerigroup
Cathy Callahan-Clem, Sound Health
Claudia D'Allegri, Sea Mar Community Health Centers
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
Judy Warnick, Washington State Senate
Justin Johnson, Spokane County Regional Behavioral Health Division
Kashi Arora, Community Health and Benefit, Seattle Children's
Keri Waterland, Washington State Health Care Authority (HCA)
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
Michael Reading, Behavioral Health and Recovery Division, King County
Michael Robertson, Peer Kent (Peer Washington)
Michele Roberts, Washington State Department of Health (DOH)
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
Tom Dent, Washington State House

COMMITTEE MEMBERS ABSENT

[Danie Eagleton](#), Seattle Counselling Service

[Darcy Jaffe](#), Washington State Hospital Association

[Katherine Seibel](#), National Alliance on Mental Illness Washington

[Melissa Hurt Moran](#), The Kalispel Tribe

AMERICAN SIGN LANGUAGE (ASL) INTERPRETERS

Abel Cosentino

Laurie Reinhardt

COMMITTEE STAFF

Betsy Jones, Health Management Associates

Brittany Thompson, Health Management Associates

Elizabeth Tenney, Health Management Associates

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

Laura Collins, 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. Representative Orwall welcomed everyone to the committee meeting. She thanked everyone for their involvement in working towards change and bringing a culturally sensitive, responsive, and healing-informed approach to the crisis response system in Washington.

Keri Waterland 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. Update the CRIS on launch of the 988 line from a national perspective.
3. Share updates relevant to CRIS committee about state agency activities in the background to advance crisis response improvement.
4. Update the CRIS on progress on developing a vision for the crisis response system.
5. Discuss how we will center equity in our work.
6. Confirm action items and next steps.
7. Hear public comment.

PERSONAL STORIES

Steering Committee member Bipasha Mukherjee introduced Puck Kalve Franta to share their personal story and experience with the behavioral health crisis response system. Puck is a CRIS Committee member representing lived experience. A recording of this story is available on the CRIS webpage as part of the March 15 CRIS meeting recording.

BRIEFING: SAMHSA 988 LINE UPDATE

Ingrid Ulrey, the Regional Director of the US Department of Health and Human Services, Region 10, opened the presentation and introduced David Dickinson, the Substance Abuse and Mental Health Services Administration (SAMHSA) Regional Administrator for Region 10. David provided opening remarks on the work to launch the 988 line nationally.

James Wright, the Chief of Crisis Center Operations, briefed the CRIS on the SAMHSA 988 line update. James shared facts and statistics regarding mental health outcomes in the United States and highlighted that the National Suicide Prevention Lifeline (NSPL) has seen tremendous growth since its inception in 2005 (See SAMHSA briefing slides available on the CRIS webpage as part of the March 15th CRIS meeting materials). The hope for 988 is that it will help spur an evaluation of the entire crisis care continuum and result in improved access to care. How can we increase contact and access to treatment for individuals in crisis? What are the components of a comprehensive behavioral health crisis response system? SAMHSA is working now to strengthen and enhance the NSPL network to make sure they are equipped to meet the demand for calls to the Lifeline; they are improving messaging and public communication and working to create a robust and responsive system ahead of the 988 line update. James shared that the current Lifeline number will remain in place will be directed to 988.

In Washington state, crisis centers and NSPL calls have seen huge growth in recent years, with increasing level of calls answered in state. SAMHSA is working to minimize the number of calls that get rolled over to the back-up network so that as many calls as possible are answered within the same state. SAMHSA has also launched a new 988 website available at [samhsa.gov/988](https://www.samhsa.gov/988), which includes a 988 Partner toolkit, frequently asked questions, and other resources.

Committee members thanked James for the presentation, and the follow issues were raised:

- SAMHSA does not oversee the 911 system or the law enforcement response, but they are working to collaborate between 988/911. When do you call 911 vs. 988? This is a critical distinction and relationship that will need to be further addressed with the implementation of 988 as a behavioral health crisis response contact.
- With the 988 rollout in July, it is important to manage expectations. SAMHSA is building off an existing system and they anticipate there will be unforeseen issues and challenges. Staying transparent with their data, information, and support needs is critical, and flexibility is key.

- SAMHSA does not have geolocation-based services; they have area code-based routing services. They are evaluating options to move towards geolocation services, but there are pros and cons with implementation of this type of service.
- 988 is a number that anyone in the U.S. can call to access crisis response. That said, in many places there are existing local crisis lines that people know about and access. It is going to be really important to communicate to people where and how they can get help when they need it.
- Communities of color are concerned about information that may be shared between 988 and 911. Local crisis systems would know more about what data is shared. The Lifeline assesses imminent risk and works to link people to emergency services if needed. The Lifeline system does not capture detailed information in this transfer.

CRIS UPDATES

Representative Tina Orwall and Senator Dhingra provided an update on legislative session activities, including but not limited to:

- Behavioral health and behavioral health investments continue to be a top priority in the legislature, with more funding this year put into behavioral health programs and services across the state.
- House Bill 1688 expands the definition of emergency services to include post-stabilization services. It ensures private insurance plans are paying for crisis behavioral health services.
- House Bill 1664 creates more funding for schools to increase the number of counselors, psychologists, and social workers across the state to help students.
- House Bill 1181, developed in partnership with Department of Veteran's Affairs includes provisions on lethal means safety training, peer services, and 988 services. It creates 988 signs in key locations where people might be at risk, creates a 988 emblem, and establishes fundraising for a memorial for those lost in Afghanistan and Iraq in combat and from suicide.
- Senate Bill 5644 provides opportunities to learn more about co-responder teams across the state and what that looks like.
- Additional legislation created assistive outpatient treatment program, an outpatient recovery program, and addressed compensation for certain individuals who are not otherwise compensated for their time on committees.

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

- For July's 988 rollout, the DOH is working to make sure the NSPL 988 call centers are ready. New state funding has gone into contracts with NSPL 988 call centers to enhance their work. The DOH is working closely with these call centers to help answer their questions on funding. They are working to improve in-call and in-state answer rates and interoperability with the 911 call system as well. Other lines and services will not be disrupted once the 988 line goes live in July.

- To become a 988 NSPL call center, there is a federal certification and accreditation process. The 988 call centers will need to become accredited for text and chat. Currently they are only accredited for calls.

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

- DOH and HCA are working to assess the Vibrant platform to make sure it meets the needs of the state. Currently, there is a draft technical and operational plan available on the CRIS website. Decisions about utilization of Vibrant platform and developing a Washington state-specific platform will be made in the coming months before the final technical and operational plan will be published in the fall.

Due to additional time needed for the federal and state updates, Betsy Jones, Health Management Associates will present her update to CRIS Steering Committee next week on March 24th.

UPDATE: DEVELOPING A VISION FOR THE CRISIS RESPONSE SYSTEM

Suzanne Rabideau, Health Management Associates, and Jim Vollendroff, University of Washington Medicine Behavioral Health Institute, are co-facilitating an Ad Hoc Workgroup charged with developing a draft vision statement. The group will work to develop a thoughtful and meaningful vision statement and bring it back to the CRIS Committee for review at the May meeting. At the first Workgroup meeting they discussed vision statements in general and other examples of vision statements. They will meet on March 29th to come up with a draft statement and on April 7th to refine their drafted statement. Afterwards, the draft will come to the CRIS committee and other subcommittees for their input.

Senator Manka Dhingra emphasized the importance of a vision statement in this work. This work will guide the work of the committees to develop recommendations to improve the system.

DISCUSSION: CENTERING EQUITY IN OUR WORK

Michael Anderson-Nathe, the HMA/BHI team lead for equity, set the context. He recapped that the CRIS Committee discussed centering equity in their work in 2021 and agreed to revisit and expand on this topic in 2022. He also referenced the HB 1477 legislation, which asks the Steering Committee to make 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 last CRIS meeting, the group provided feedback on the High-Level Work Plan that was adopted by the Steering Committee at their February meeting. At this meeting, CRIS Committee members focused on discussion of tangible actions that could be taken to embed equity into the High-Level Work Plan. CRIS members were divided into five breakout groups, each focused on one of the Work Plan's five major objective areas. The groups then returned to the main room and each shared highlights from their breakout rooms discussions:

- Objective 1 – A place to contact

- It is important to find a way to address existing racial biases and assumptions that call center responders hold. How do we make sure the new crisis response system is not perpetuating systemic biases?
- Not everyone has access to the same technology, so we need to make sure everyone can fully access the system.
- Call routing and standards for process flows between 988 and 911 lines should have equity considerations, including making sure that calls go to the right people, law enforcement is not engaged just because the caller is from a community of color, etc.
- Objective 2 – Someone to come
 - Engaging perspectives from diverse communities in the creation of the system to help ensure equitable access to services across the state system and consider protocols in place to avoid biases in the system.
 - Dispatch should improve information sharing so an individual does not need to share their information repeatedly.
 - Training and ongoing resources for staff should be provided to ensure appropriate skills and language accessibility.
- Objective 3 – A place to go
 - Diverse communities should be involved in planning, creating, running, and designing crisis facilities.
 - Work with organizations or agencies that already exist in the community.
 - Ensure facilities are accountable to their community through processes and procedures.
- Objective 4 – Pre- and Post- Crisis Care
 - Pre-crisis services should be emphasized; equitable access to prevention services is important.
 - The ‘warm hand-off’ should be culturally sensitive and competent.
 - Community education campaigns should be designed and implemented by people who come from the communities for which the campaigns are intended.
 - Geographic equity is a major issue, and rural/urban area should be an equity consideration.
 - Those with intellectual and developmental disabilities face considerable barriers to access that should also be addressed.
- Objective 5 – System infrastructure and oversight
 - Measurement metrics should be inclusive for all populations and there should be sub-population metrics used to track the data more thoroughly. This can help pull apart the data to fully understand where there is room for equitable improvement.
 - Funding is inequitable right now (e.g., crisis response looks different, depending on how the individual’s health insurance is funded). How do we make sure equitable services are being funded and delivered?
 - Consider diversifying the workforce and make sure to include volunteers and part-time workers in that workforce.
- Main Room Discussion
 - Crisis response team response times must be improved.
 - Address inequities on how Medicaid clients receive services.

- Including disability status as an equity measure. Have those with disabilities test new and current processes and systems for accessibility.

Staff will compile notes from each of the breakout room discussions and synthesize for further development of recommendations. Staff will also follow up with CRIS members after the meeting to provide opportunity to submit further ideas on way to embed equity throughout the work plan. (See the synthesis of comments from each breakout group and next steps reviewed at the March 24th Steering Committee meeting.)

ACTION ITEMS AND NEXT STEPS

Next steps and action items from the meeting:

- Committee member input from the equity discussion will be synthesized and sent out to CRIS members in document form for review.
- The CRIS Steering Committee is meeting Thursday, March 24th. The Steering Committee will discuss the feedback from the March CRIS meeting, and Betsy Jones will provide the Health Management Associates update at that meeting.
- If anyone is interested in providing personal stories or sharing lived experience, please reach out to the HMA team (npinson@healthmanagement.com) for further information about sharing your story.

PUBLIC COMMENT PERIOD

Jamie Strausz-Clark opened the public comment period: 27 people signed up for public comment, and four 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