

MEETING SUMMARY

CRISIS RESPONSE IMPROVEMENT STRATEGY COMMITTEE MEETING SUMMARY

Tuesday, September 20, 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
Anna Nepomuceno, National Alliance on Mental Illness Washington
Bipasha Mukherjee, Volunteer
Caitlin Safford, AmeriGroup
Claudia D'Allegri, Sea Mar Community Health Centers
Darcy Jaffe, Washington State Hospital Association
Dillon Nishimoto, Asian Counseling and Referral Service
Ellen Carruth, Washington Mental Health Counselors Association
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
Kashi Arora, Community Health and Benefit, Seattle Children's
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
Robert Small, Premera Blue Cross
Representative Tina Orwall, Washington State House
Tom Dent, Washington State House

COMMITTEE MEMBERS ABSENT

Darya Farivar, Disability Rights Washington
Heather Sanchez, American Lake Veterans Affairs
Jan Tokumoto, Frontier Behavioral Health

HEALTH MANAGEMENT ASSOCIATES



Justin Johnson, Spokane County Regional Behavioral Health Division
Keri Waterland, Washington State Health Care Authority (HCA)
Krystina Felix, The Kalispel Tribe
Ron Harding, City of Poulsbo
Summer Hammons, Treaty Rights/Government Affairs

AMERICAN SIGN LANGUAGE (ASL) INTERPRETERS

Abel Cosentino
Janelle Hankinson

COMMITTEE STAFF

Nicola Pinson, Health Management Associates
Brittany Thompson, Health Management Associates
Jamie Strausz-Clark, Third Sector Intelligence (3Si)
Laura Collins, Health Management Associates
Mark Podrazik, Health Management Associates
Mark Snowden, Harborview Medical Center
Michael Anderson-Nathe, Michael Anderson-Nathe Consulting
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 Tina Orwall welcomed everyone to the committee meeting. Mark Snowden, Harborview Medical Center, offered a land acknowledgement, recognizing that he is a guest on tribal lands and honoring tribal ancestors and leaders as stewards of these lands. Jamie introduced new CRIS committee member Ellen Carruth, who is serving in the CRIS member seat representing an organization specializing in behavioral health services for LGBTQ populations.

MEETING OBJECTIVES AND AGENDA

Jamie reviewed the meeting agenda and objectives for each agenda item:

1. Understand where we've been, where we are now, and where we are going in the CRIS process.
2. Hear updates on state agency activities relevant to CRIS Committee
3. Hear update on development of funding recommendations for use of the line tax established under HB 1477 Section 205.
4. Gain a foundation of understanding of existing best practice crisis response services in communities, in response to feedback from the July CRIS committee meeting.
5. Re-explore gaps and opportunities to expand or add services, now that we have a better understanding of existing services.
6. Confirm action items and next steps.
7. Hear public comment.

PERSONAL STORIES

Representative Tina Orwall introduced the speaker to share her personal story. Seika Brown shared her personal story and experience with the behavioral health crisis response system as a child when her sibling attempted suicide. In high school she founded a nonprofit organization focusing on mental health policy change and awareness. Seika has focused her work on advocating and engaging in policy discussions around mental health in youth populations. She emphasized the importance of educating young people about mental health. Youth populations should also be involved in policy decision making, and have a seat at the table. The crisis lines are great and the launch of 988 is important, but the stigma against mental health must be addressed or young people will not utilize these lines. CRIS Committee members thanked Seika for taking the time to come to this meeting and share her experience.

UPDATES

Jamie shared that the 100th episode of the Crisis Jam will air on October 19th and is open for anyone interested in participating. Jennie Harvell and Huong Nguyen, HCA, provided an overview of the Final Technical and Operational Plan. They discussed the purpose of the Final Plan, the review and approval process, the components of the plan, and comments received from the Technology Subcommittee. The Final Plan will be submitted on October 31, 2022 to the Governor, the Office of Financial Management, the CRIS Steering Committee, and various policy and fiscal committee of the legislature after an extensive feedback and approval process. Going forward, HCA plans to incorporate feedback from the Technology Subcommittee, Tribal Review, Legislative Review, and the Office of the Chief Information Officer. CRIS Committee members are invited to share additional comments to inform the Steering Committee review. Comments should be sent to Nicola Pinson with Health Management Associates by Friday September 23rd.

Michele Roberts shared 988 updates from the DOH:

- Michele shared updates from the July 988 launch. Washington state's call answer rate increased to 90% in August, up from 65% in June. Call centers have worked hard to recruit and hire across the state to increase capacity, which has helped improve the call answer rates. The call centers are continually working on quality improvement.
- She also shared information about the rulemaking required by HB 1477. This rulemaking will officially adopt rules with standards that crisis call centers must meet to become a designated Crisis Call Center Hub, as outlined by HB 1477. She explained the rulemaking process, which includes three listening sessions planned for November where interested parties can provide input on the rule. There is also way to provide written feedback on the formal rulemaking process as well.

Rochelle Williams, Volunteers of America Western Washington, updated the committee on status of the Native and Strong Lifeline.

- Right now, the Native and Strong Lifeline is fully staffed by indigenous tribal counselors 24/7. The native team is taking non-indigenous calls currently for training, pending the official launch of the Native and Strong Lifeline later this fall.

- Washington reached out to Vibrant, the NSPL Administrator, to set up a dial pad option in Washington for the Native and Strong Lifeline. Vibrant is adjusting their system to accommodate this request for the state, and Washington state is the only state right now working on this.
- If all goes well, the Native and Strong Lifeline will meet with Vibrant at the end of the month where they will be assigned a dial pad number and provided a launch date.

CRIS Committee members offered the following questions:

- What happens now when people call 988 and ask for the tribal line? Right now, someone can request the Native and Strong Lifeline and can be transferred to the lifeline.
- What has the call volume been, and how does it compare to what you have hoped it would be by now? There has been a 30-40% increase in call volume, which is within the anticipated range of increased volume.
- Is the Native and Strong Lifeline functioning on a national level or a state level? Right now, the Native and Strong Lifeline is only for Washington and will only be for state residents, but it needs to fit into Vibrant's national infrastructure.
- What is the breakdown between text and voice calls to the line? Right now, it is about a 50-50 split, but text volume is starting to trend higher.
- Have we been able to track the number of crisis calls where interpreter services were needed? This data is being tracked, and more information can be followed up.

FUNDING RECOMMENDATIONS FOR THE HB 1477 LINE TAX

Mark Podrazik, Health Management Associates, and Beth Mizushima, DOH, shared updates on the development of funding recommendations for use of the line tax established by HB 1477. HB 1477 requires the Steering Committee to submit recommendations on the funding of 988 crisis services from revenues generated by the fee established in Section 205. Preliminary recommendations were submitted January 1, 2022; final recommendations are due January 1, 2023. Mark provided a background on the Section 205 tax and permitted uses. In its first five years, it is projected that the tax will result in \$239.4 million (HB 1477 fiscal note summary). Beth provided an overview of the Department of Health's fiscal estimate for the 988 lines. Based on volume and cost figures provide to states by Vibrant, the preliminary funding recommendation submitted January 1, 2022 estimated that the line tax would cover the costs of the call centers in the first 3 of 5 years. For the funding recommendations due January 1, 2023, future updates to this estimate can be made based on actual call volumes since launch of the line, although it is still too early to determine with the certainty what the expected call volume will be over the next 5 years.

FOUNDATION OF EXISTING BEST PRACTICE CRISIS RESPONSE SERVICES IN WASHINGTON COMMUNITIES TO INFORM FUTURE VISION

CRIS Committee member, Kim Hendrickson, Poulsbo Fire CARES program, presented on Washington state's current model practices in crisis response for police, fire departments and emergency medical services. She discussed CROA, the Co-Responder Outreach Alliance, the role of first responders in crisis response and their place in the continuum of care. See the meeting slides on the CRIS webpage for overview of this presentation.

CRIS Committee member Joan Miller, Washington Council for Behavioral Health, introduced three behavioral health providers to share information about the work they do and their best practices in Washington.

- Monica Vanderheiden, Peninsula Behavioral Health, discussed work and success experienced in their rural community. Peninsula Behavioral Health works with their community to address needs and understands what resources are available and unavailable. They train community partners and their services include early intervention and crisis stabilization services. 988 is a support line that only augments the already existing system at Peninsula Behavioral Health.
- Freyton Castillo, Downtown Emergency Service Center, discussed the DESC's crisis response work for vulnerable people in the community and the growth and expansion of their crisis services over the years. He talked about their mobile crisis response team services, crisis stabilization services, co-response services, transportation services, and accessible transportation services; he also emphasized the strong relationships that DESC has built with police, fire, and EMS providers, other social service agencies, and other community partners.
- Mary Stone Smith, Catholic Community Services Western Washington, discussed their work in providing children and youth mobile crisis services; she shared information about their youth mobile crisis teams and their crisis stabilization services, their work providing services in pediatric clinics, and how they work with youth and their families, since a youth in crisis is also a family in crisis. She shared information on their dispatch response times, average number of referrals per month, and their trauma-informed approach to crisis team staff training.

Joan thanked the presenters for sharing what they do and how they are working to help the communities they serve. Matthew Gower, HCA, emphasized the importance of enhancing, not replacing, these existing systems and programs that are working for their communities.

CRIS Committee members then separated into breakout groups to discuss the following questions after hearing about best practices from providers:

- How can we expand what we currently have to better align with best practices?
- What do we need that we don't currently have to better align with best practices?
- What are additional considerations needed to address gaps in care for specific populations?

Members reconvened to share key themes, takeaways, and comments from the group breakout discussions. Some of the main topics for discussion were:

- Access
 - The providers that shared their successes earlier were wonderful, but that is not what happens across the state, and we need to find ways to make that happen across the state.
 - There needs to be equitable access to high quality care across Washington
 - There is a lack of providers that accept Medicare that is preventing seniors from accessing services.
 - There are issues right now with streamlining the 988 line so that youth are not spending long times getting through to services.
- Best practices
 - As a community we have not defined what best practices we endorse.

- It would be helpful to have a way to discuss and identify what best practices are endorsed.
 - Need to decide what is needed and what would be nice to have
 - What is currently available?
 - Review laws and rules to identify where changes are needed.
- Collaboration with First Responders
 - Several members are struggling with the co-responder models; there needs to be more dialogue regarding collaboration with first responders.
 - Historical issues that have precipitated the over reliance on the unnecessary use of law enforcement needs to be identified (e.g., lack of funding, lack of staffing)
- Communication of Crisis Response and Distrust in the System
 - Better communication tools are needed across the crisis system
 - There is still a lot of uncertainty around 988. Many fear police involvement and are unclear about confidentiality and their safety. People are distrustful. There needs to be education and transparency around 988 expectations.
 - Provide access to information on what happens when calling 988 and the possibilities of what could happen, including the remote possibilities of having to involve police.
 - It would be important to address and have honest conversations about the root causes of distrust with the system, particularly with communities of color.
 - At a recent Communities of Color for Latin Americans event with over 8,000 participants, they were asked what they do when experiencing a crisis. Not one reported knowing of or using crisis lines or services.
- Training and Workforce
 - We need to invest in developing the workforce.
 - First responders need to be trained in situations where mobile teams will not be dispatched because there are no teams in that area, like rural areas.
 - Coordinate with and train law enforcement.
- Services
 - Mobile crisis response must be the standard that exists across the state.
 - There needs to be better communication tools across crisis and service providers
 - Better discharge planning when leaving the emergency room.
 - Provide better whole person care and integrate medical staff (or ability to do medical clearance) into crisis stabilization services and locations
 - Invest in prevention, we need to connect people to resources before things become a crisis- this could be partnering with 211 and other resources
 - Peer support should be attached to services.
 - Geolocation for crisis calls is important.
 - Explore alternative transportation methods beside police cars
 - There should be consistency across the state for services and ensuring those services are culturally and linguistically sensitive and offer youth services and peer support and training
- Funding
 - Financial sustainability is critical

- Reduce any incorrectly used funds
- Equity
 - We need to do more around racial equity. How do we center anti-racism in this work?
 - Ensure specialized responses for Intellectually and Developmentally Disabled populations
 - More resources should be directed to the elderly and those with dementia
 - We need to pay attention to the needs of rural and agricultural populations.
 - Services must be culturally and linguistically appropriate across the state.
- Data
 - We need baseline data to get a better understanding of where the gaps are and what already exists.

Discussions from this meeting will feed into the work that will be coming in 2023, as the CRIS Committee starts to think about outcomes, measurements, and how exactly to build a system for everyone.

ACTION ITEMS AND NEXT STEPS

Next steps and action items from the meeting:

- CRIS Committee members are invited to share additional comments on the Final Technical and Operational Plan to inform the Steering Committee review. Comments should be sent to Nicola Pinson with Health Management Associates by Friday September 23rd.

PUBLIC COMMENT PERIOD

Jamie Strausz-Clark opened the public comment period: 2 people signed up for public comment in advance; 1 member 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