HB 1477 Lived Experience Subcommittee
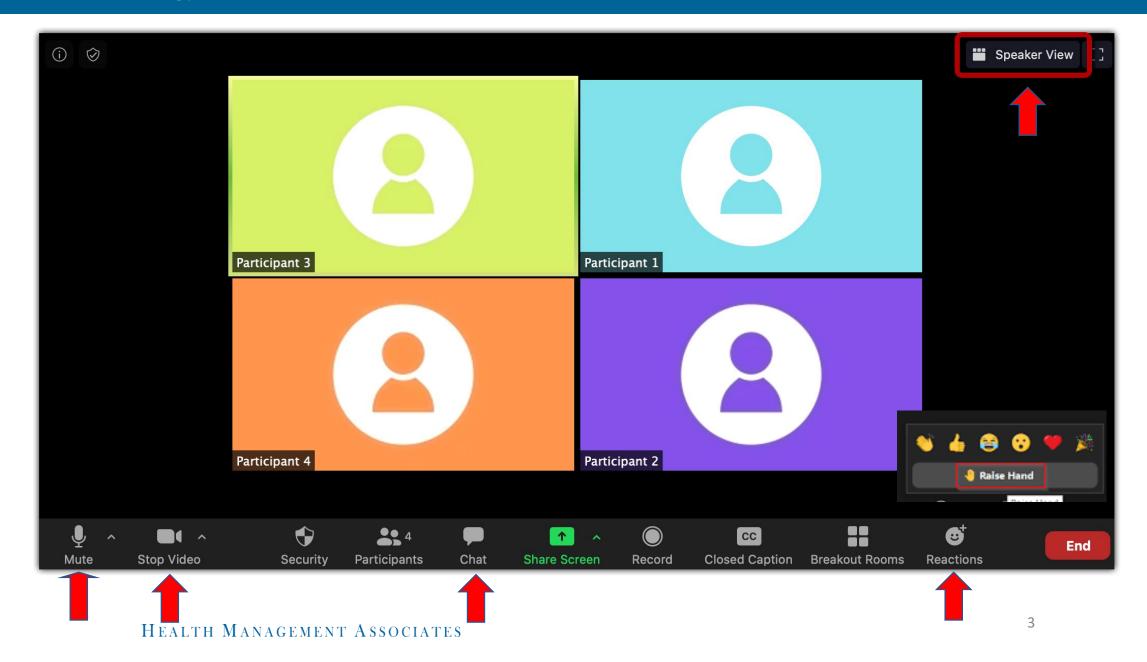
July 13, 2022

HEALTH
MANAGEMENT
ASSOCIATES

HARBORVIEW
MEDICAL CENTER

UW Medicine | King County

TIME	TOPIC
5:00 pm	Welcome, Introductions, Review Meeting Agenda
5:15-6:00 pm	Request for input: Washington Crisis Response System – How to Address Gaps • A place to call • *Someone to come – focus of this meeting* • Somewhere to go
6:00-6:20 pm	Update from CRIS Committee and Subcommittees
6:20-6:50 pm	Open Discussion
6:50-7:00 pm	Adjourn and closing

Goals of HB 1477 and SAMHSA

- Work to implement HB 1477 follows the Substance Abuse Mental Health Services Administration (SAMHSA) best practices for crisis services
- Goals from the SAMHSA toolkit include:
  - Creating a system with someone to talk to, someone to respond, and somewhere to go
  - Reducing the use of police or first responders in crisis calls
  - Integrating peers into crisis work
- Goals for Washington:
  - Establish standards for mobile crisis teams
  - Expand youth crisis services while implementing the Mobile Response and Stabilization Services (MRSS) model
  - Make services accessible across Washington and make those services responsive to the needs and unique cultures in the state

Improving Mobile Crisis

Aligning to national SAMHSA best practices

Washington State
Health Care Authority

Adult Mobile Crisis Response Teams – Current state and near future plans

Current Adult Mobile Crisis Response Teams	Future State Activities
• Exist in a variety of formats in all regions. • Teams can be made up of Mental Health Professionals (MHPs), Certified Peer Counselors, Crisis Case Managers, Designated Crisis Responders (DCRs) and other providers. • Some mobile crisis response providers work full time in other non-crisis clinical roles for their agency and part time for crisis response or are expected to stop non-emergent work activities to respond to crisis situations.	• Recent legislative investments, through proviso funding, in Mobile Crisis Response teams. • Development of standards for Mobile Crisis Response teams (draft guide based on SAMHSA best practices and adapted to Washington). • Development of training for Mobile Crisis Response providers to enable leveraging of enhanced federal dollars for Medicaid. • Ensuring services are equitable and accessible statewide.

Youth vs. Adult mobile crisis response

Youth Crisis Model	Adult Crisis Model
▶ Single point of access	▶ Care traffic control model
▶ Crisis defined by parent/youth	▶ Crisis defined by caller
▶ Comprehensive youth assessment	▶ Crisis assessment for danger to self & others
▶ Respond without Law Enforcement	▶ Law enforcement may respond with team
▶ Teams trained to work with children and families	▶ Crisis trained responders, not child specific
▶ Designed to interrupt care pathway	▶ Designed to address needs of the adult
▶ Stabilization in-home - 8 weeks	▶ Connection to community supports
▶ Community Connections and warm-handoff core component	▶ Team may provide transportation

Mobile Crisis Response guide

- Developing a program guide based on SAMHSA's best practices including the Mobile Response and Stabilization Services (MRSS) model for youth

- This program guide will be used to statewide standards

- These standards will include
  - Addressing equity
  - Program requirements
  - Clinical considerations
  - Safety practices
  - Addressing equity

Barriers and Gaps in Youth Mobile Crisis

Current barriers	Future State and Items for Consideration
▶ Procuring teams and training them in the Mobile Response and Stabilization Services (MRSS) model including developmentally appropriate crisis interventions	▶ Funding needed for more teams in every region to build to capacity
▶ Ensure 988 National Suicide Prevention Lifelines (NSPLs) understand that for families, in-person response is key to build trust	▶ Funding needed to ensure all youth and families get access to the in-home stabilization phase regardless of payer
▶ Schools, primary care providers and current providers shift to in-home model and refer to youth teams	▶ Coaching teams in outreach and engagement efforts
▶ Emergency Department and LE referral to youth teams first instead of Designated Crisis Responder	▶ Developing and delivering developmentally appropriate training

Equitable access to services

Expanding services to reach all of Washington

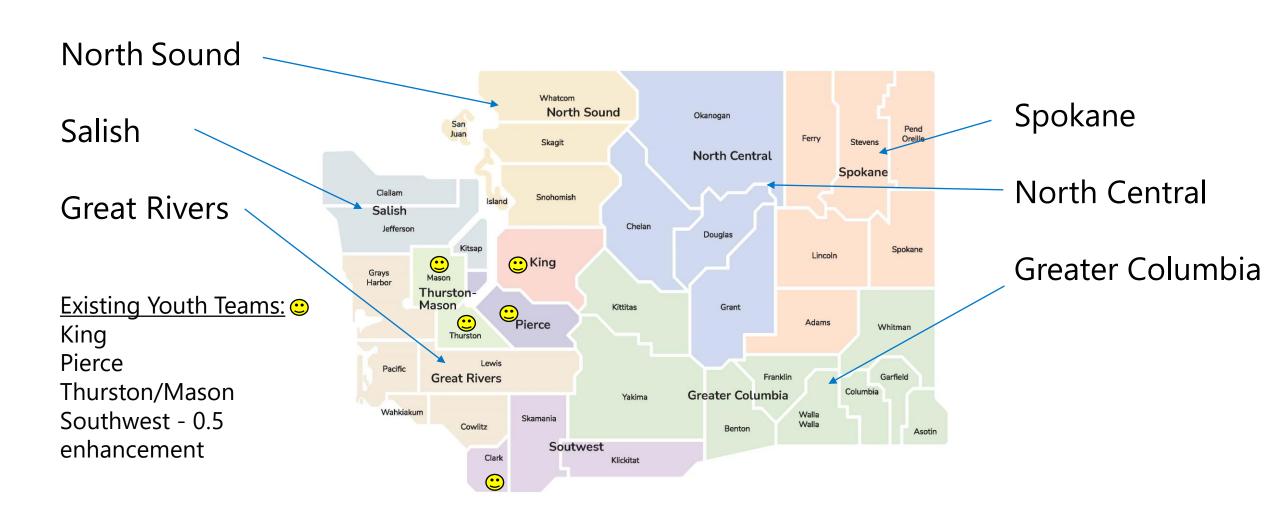Washington State
Health Care Authority

How is HCA distributing funds?

- Utilized the <u>Crisis Now Calculator</u>

- The calculator considers population, population density, and time to respond, but this is a first step to equitable access.

- To ensure there is equitable access across Washington, there are still challenges to address. Some of which are:
  - Rural/Agriculture areas
  - Response times
  - The type of response
  - Who should respond – culturally appropriate, community trust, etc.
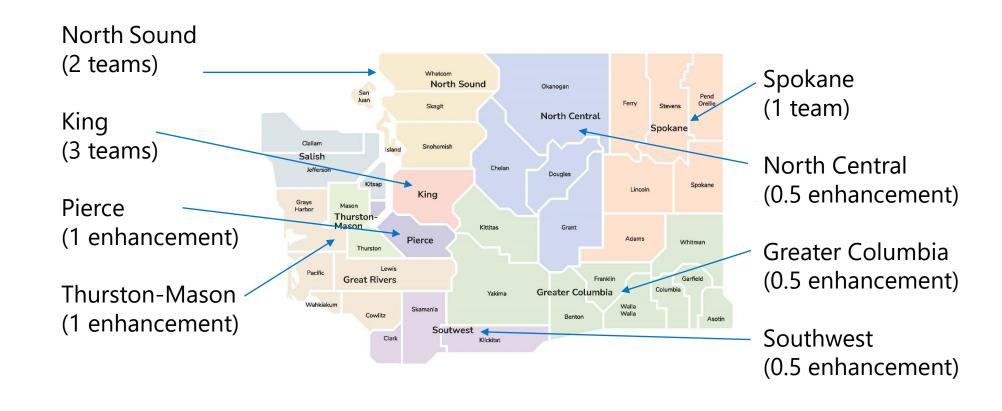 - Accessible services and services for those with co-occurring medical conditions

Mobile Crisis Response 2021 Legislative Investments

- Funding from the Biennium Operating Budget SB 5092
  - (54) $250,000 to provide crisis response training to peer specialists
  - (65) $25,848,000 for increasing mobile crisis team availability and ensuring there is at least 1 adult and 1 youth team in each region.

- HCA added 6 adult teams, defined as 11 team members
  - 1 MHP supervisor
  - 5 clinicians
  - 5 peers

- HCA distributed funding for 6 youth teams

- HCA added 3.5 adult team enhancements, that were either half of an 11-member team or a full 11-member team, to be added to current Mobile Crisis Response resources in the region.

Current Youth Teams and Expansion Teams

BH-ASO Adult Mobile Crisis Response expansion by Region

North Sound
(2 teams)

King
(3 teams)

Pierce
(1 enhancement)

Thurston-Mason
(1 enhancement)

Spokane
(1 team)

North Central
(0.5 enhancement)

Greater Columbia
(0.5 enhancement)

Southwest
(0.5 enhancement)

Key questions and considerations

Where we need you

Key Questions

Seeking lived experience perspectives regarding how to improve Washington's mobile crisis response:

- What are the essential training, education, and credentials for staff?

- How can we address workforce shortages?

- What recommendations should we consider to fund services so that they are always available when needed?

- How do we ensure response is available across the state in a timely manner? How do we define timely?

- How do we ensure the right response is sent out? How do we ensure an individual in crisis receives the same level of care anywhere in the state?

- How do we make services safe, stigma free, and utilized by people across the state?

- How do we ensure facilities can safely meet medical needs while also being low-barrier and responsive?

- How do we incorporate peers in crisis and ensure anyone can be served by them regardless of insurance?

Potential Solutions

- Fund mobile crisis services as a public service similar to police, public health, and emergency services.

- Develop a new 24-month certificate program for behavioral health crisis responders.

- Build teams utilizing staff from the local community who are familiar with the local culture and needs.

- Separate, as much as possible, Mobile Crisis Response (MCR) and Designated Crisis Responder (DCR) services and approach crises statewide from an MCR first model.

Questions?

Thank you for listening

Contact information

- Matt Gower – CST team lead

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- Luke Waggoner – Adult MCT Program Administrator

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- Sherry Wylie – Youth MCT Program Administrator

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▶ Information about the CRIS Committee

▶ More information about 988

▶ SAMHSA best practice toolkit

▶ Tribal Hub

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MRSS links to other states best practices

Connecticut MRSS model

https://www.youtube.com/watch?v=3hLaTdP2ijI&t=24s

New Jersey and Nevada MRSS Power point

https://www.ssw.umaryland.edu/media/ssw/institute/training-institutes-2018/presentation-notes/Institute-No.-7-Notes.pdf

University of Maryland, CT and NJ MRSS

https://www.marylandpublicschools.org/stateboard/Documents/2021/0824/MSDEPresentation.MRSS.08192021(Access).pdf

CRIS and Subcommittee Updates

CRIS Committee Decision Process Map – 2022

February 2022 (Workplan and Roles)

Objectives:
- ✓ Feedback on Initial Assessment.
- ✓ Development of High Level Workplan to frame overall objectives for work ahead.
- ✓ Understanding of committee and state agencies roles.

March 2022 (Centering Equity)

Objectives:
- ✓ Identify tangible actions to center equity in the High Level Workplan.

May 2022 (Vision & Guiding Principles)

Objectives:
- ✓ Adopt vision and guiding principles for Washington's behavioral health crisis response system.

July 2022 (Crisis Service Gaps & Goals)

Objectives:
- ✓ Recommend expanded and/or new crisis system services to achieve Washington's vision based on understanding of current services in Washington and crisis system best practices.

September 2022 (Roadmap and Budget)

Objectives:
- ✓ Articulate roadmap to achieve the vision for Washington's crisis response system.
- ✓ Inform process to develop budget recommendations.
- ✓ Review Section 109 Technical and Operational Plan (Tech/Op Plan).

November 2022 (Draft Progress Report)

Objectives:
- ✓ Review and provide input on draft January 2023 Progress Report – 1) Vision, 2) Equity, 3) Services, 4) System Interfaces, 5) Staffing/Workforce, 6) Funding, 7) Technology (Tech/Op plan).

December 2022 (Final Progress Report)

Objectives:
- ✓ Review final January 2023 Progress Report.

CRIS Committee – Recommendations Overview

➢ **The CRIS Committee and Subcommittees are charged with advising the Steering Committee in developing recommendations, including, but not limited to:**

1. **Vision:** *Recommendations vision for Washington's crisis response and suicide prevention system.*

2. **Equity:** *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.*

3. **Service Goals:**
   - *Develop an inventory of existing statewide and regional behavioral health crisis response, suicide prevention, and crisis stabilization services and resources.*
   - *Identify quantifiable goals for the provision of statewide and regional behavioral health crisis services and targeted deployment of resources.*
   - *Develop a plan for the statewide equitable distribution of crisis stabilization services, behavioral health beds, and peer-run respite services.*

4. **Cross system interactions:** *examine and define complementary roles and interactions for broad range of entities involved in the crisis system.*

5. **Staffing/Workforce:** *Make recommendations related to workforce needs by region, including staff education and training requirements for call center Hubs.*

6. **Funding/ Cost Estimates:** *Cost estimates for each of the components of the integrated behavioral health crisis response and suicide prevention system. This will inform budget needs and recommendations.*

7. **Technology:** *advise on the technology and platform needed to manage and operate the behavioral health crisis response and suicide prevention system (Section 109 Technical and Operational Plan).*

Meeting Dates	Subcommittees & Charges
4/14, 6/23 7/28	**Rural & Agricultural Communities Subcommittee** *(provide rural and agricultural perspectives into development of system recommendations)*
3/21, 4/18, 6/7 7/13, 8/15	**Lived Experience Subcommittee** *(provide lived experience perspectives into development of system recommendations)*
4/20, 5/18, 6/15 7/21	**Tribal 988 Subcommittee & Roundtables** *(provide lived experience perspectives into development of system recommendations)*
4/20, 6/28 8/23	**Confidential Information Compliance & Coordination Subcommittee** *(examine and advise on issues related to sharing and protection of health information)*
4/21, 6/22 7/27	**Credentialing and Training Subcommittee** *(Inform workforce needs and requirements needed to support Washington's system)*
3/21, 4/25, 5/23, 6/22 7/18	**Technology Subcommittee** *(HB 1477 Technical and Operational Plan review)*
3/17, 6/21 8/17	**Cross System Collaboration Subcommittee** *(Inform development of cross-system intersections and coordination /system process map)*

HB 1477

➢ The CRIS Committee and Subcommittees are charged with advising the Steering Committee in developing recommendations for an integrated behavioral health crisis response and suicide prevention system, including:

"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."

➢ The CRIS High-Level Workplan provides an organizing framework to ensure the full continuum of crisis response.

- o **Objective 1:** A place to contact – NSPL call centers

- o **Objective 2:** Someone to come – Mobile crisis rapid response teams

- o **Objective 3:** A place to go – Broad range of crisis stabilization services

- o **Objective 4:** Pre- and Post-Crisis Care – Immediately upstream and downstream of crisis events

- o **Objective 5:** Crisis system infrastructure and oversight

➢ The CRIS Committee and all subcommittee are providing input into ways to embed equity into the High-Level Workplan.

- ▪ Request for Subcommittee members to submit recommendations via email to Nicola Pinson (npinson@healthmanagement.com)

WRAP UP & NEXT STEPS

Next Meeting Date: August 15, 5-7pm