

HB 1477 Crisis Response Improvement Strategy Committee

July 17, 2023

HEALTH
MANAGEMENT
ASSOCIATES

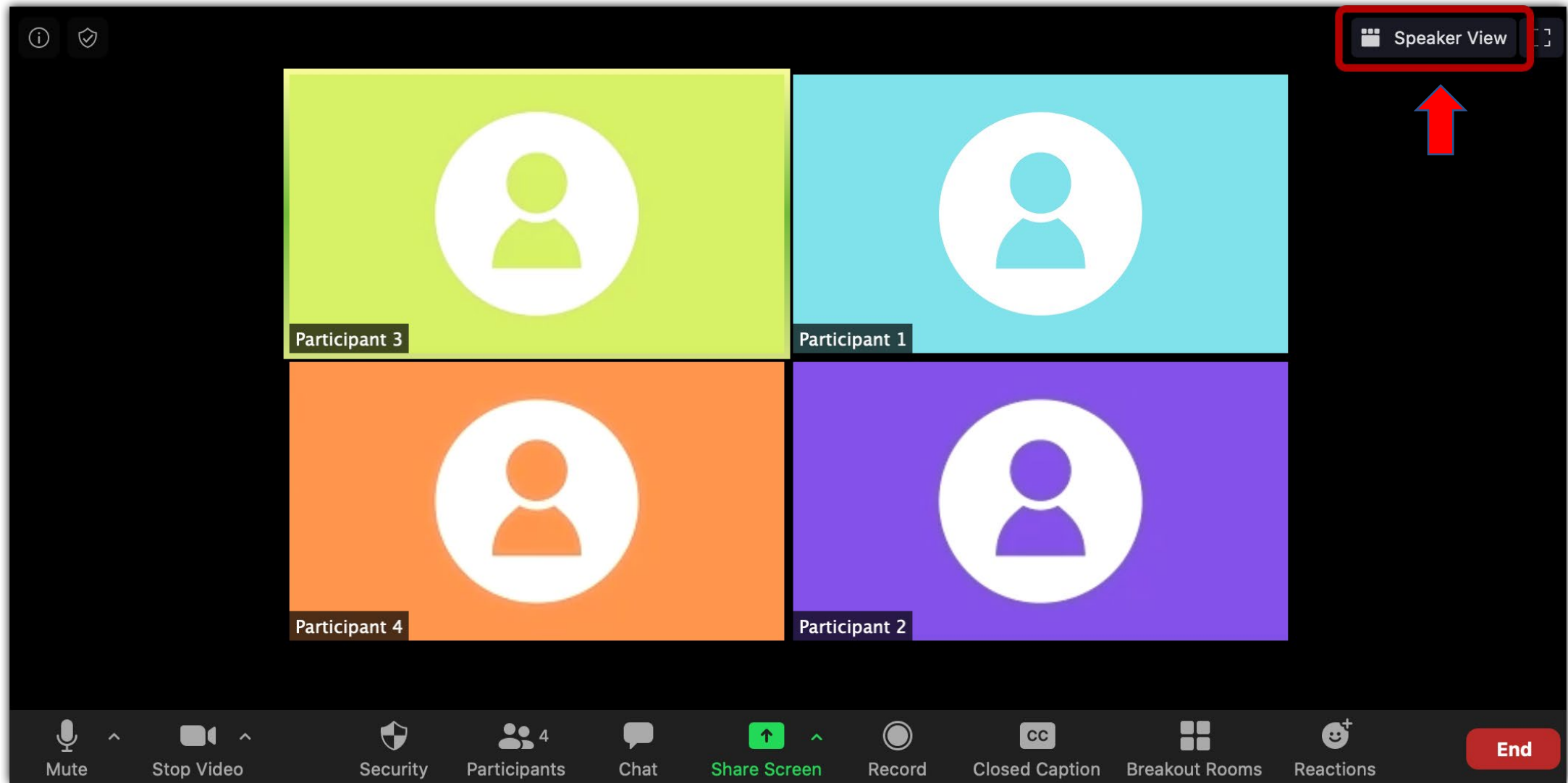
HARBORVIEW
MEDICAL CENTER

UW Medicine  King County

Zoom Etiquette: CRIS Committee Members



Zoom Etiquette: Members of the Public



CRIS Committee Meeting Objectives

1. Understand where we've been, where we are now, and where we are going in the CRIS process.
2. Hear updates from state agencies, Governor's Office, and CRIS members relevant to 988 and behavioral health crisis response system improvements.
3. Hear outcomes from First Responder and Behavioral Health Crisis Response Collaboration Work Group.
4. Discuss recommendations for addressing system gaps related to Someone to Come.
5. Confirm action items and next steps.
6. Hear public comment.

Meeting Agenda

TIME	TOPIC
11:00 am	Technology Review
11:05 am	Welcome, Introductions, Review Meeting Agenda
11:20 am	Personal Story
11:40 am	System Updates and Agency Q&A
12:00 pm	Presentation: Outcomes from First Responder and Behavioral Health Crisis Response Collaboration Work Group
12:40 pm	Break
12:45 pm	Discussion: Exploring Potential Recommendations to Address System Gaps for Mobile Crisis Response
1:45 pm	Action Items and Next Steps
1:48 pm	Public Comment Period
2:00 pm	Adjourn

CRIS Committee Decision Process Map – 2023

February 2023
(Someone to Come)

- Objectives:**
- ✓ Discussion of **adult mobile crisis response** services and system gaps.

March 2023
(Someone to Come)

- Objectives:**
- ✓ Discussion of Behavioral Health Crisis Response and **Collaboration with First Responders**

April 2023
(Someone to Come)

- Objectives:**
- ✓ Discussion of **youth crisis response services** and gaps.

May 2023
(Crisis Stabilization)

- Objectives:**
- ✓ Discussion of **Crisis Stabilization Services** and Gaps.

June 2023
(Services Recommendations)

- Objectives:**
- ✓ Discussion of Recommendations relating to **Crisis Stabilization** gaps.
 - ✓ HCA Dispatch Protocols and Best Practice Guidelines.

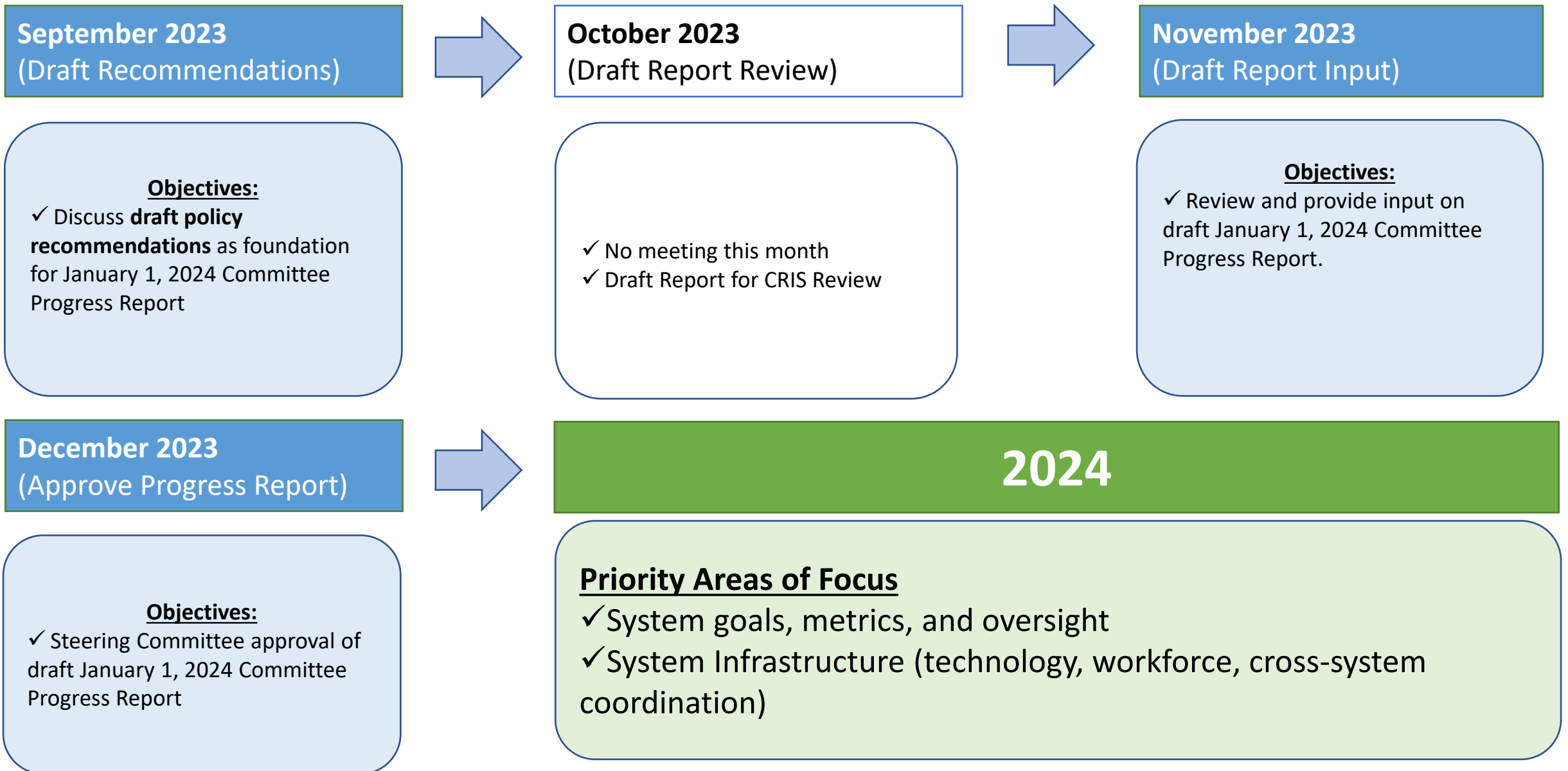
July 2023
(Services Recommendations)

- Objectives:**
- ✓ Synthesis of **Recommendations relating to Someone to Come**, including collaboration with first responders

August 2023
(Recommendations Synthesis)

- Objectives:**
- ✓ Synthesis of **policy recommendations** as foundation for January 1, 2024 Progress Report
 - ✓ Update on **988 Contact Hub Rulemaking**

CRIS Committee Decision Process Map – 2023



PERSONAL STORY

Objectives:

- *Set the context for why we are engaging in this work.*

Washington Speaks

ARE YOU INTERESTED IN?

- ❖ Sharing your story with the CRIS or CRIS Steering Committee?
- ❖ Receiving support and feedback from others with lived experience in preparing to share your story?
- ❖ Supporting others in preparing to share their story?

To join our CRIS Lived Experience group training let us know in chat or e-mail bthompson@healthmanagement.com





Heather (Ricky took this pic)



OLYMPIA
WA



RICKY'S LAW

A person is shown from the waist up, engulfed in intense orange and yellow flames. The person's body is partially obscured by the fire, which appears to be consuming them. The background is a light, hazy gradient. The overall mood is one of destruction and loss.

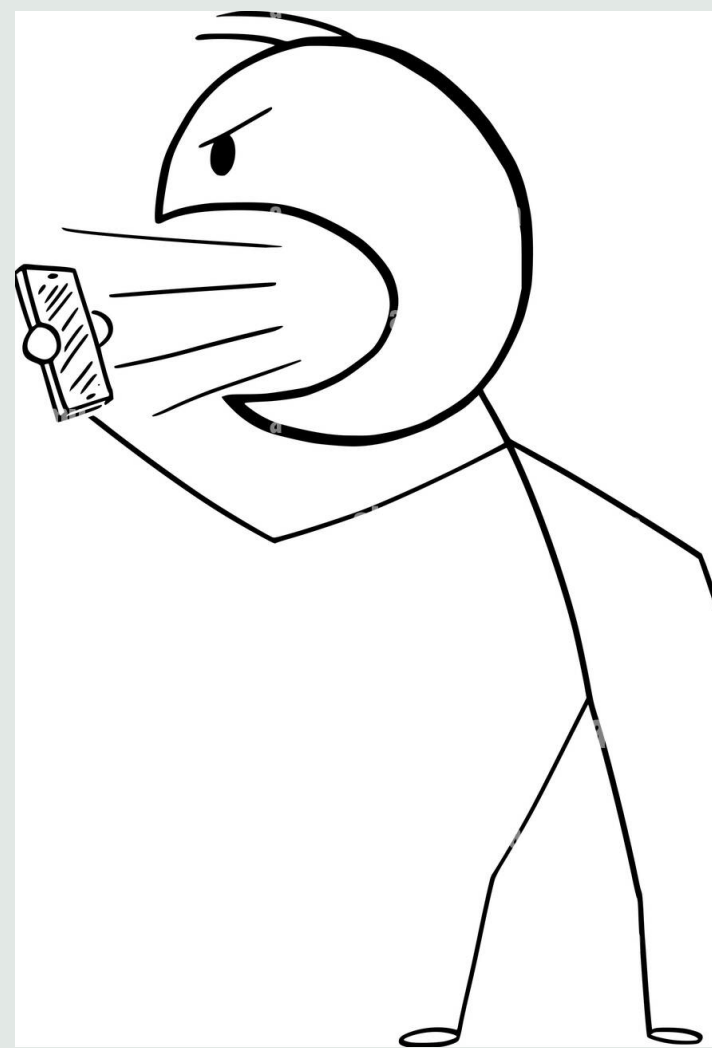
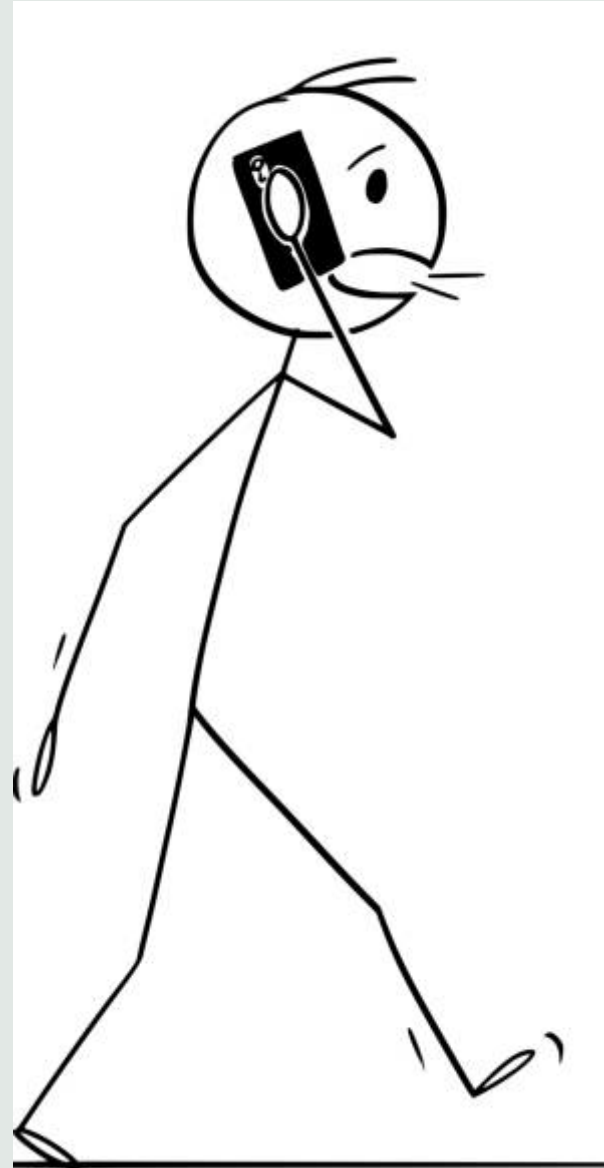
A LIFE
FALLS
APART when

SYSTEMS FAIL
YOU

COMMUNICATION

BREAK

DOWN



BUILDING
SAFETY
NETS
IS A MUST
DURING A
CRISIS...



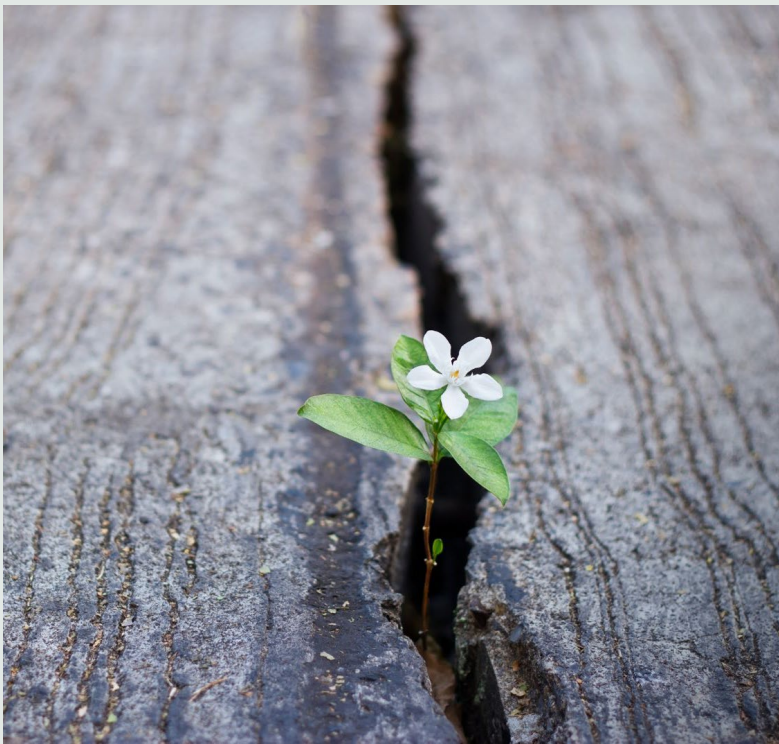
...AND
TO PREVENT
THE NEXT
CRISIS.



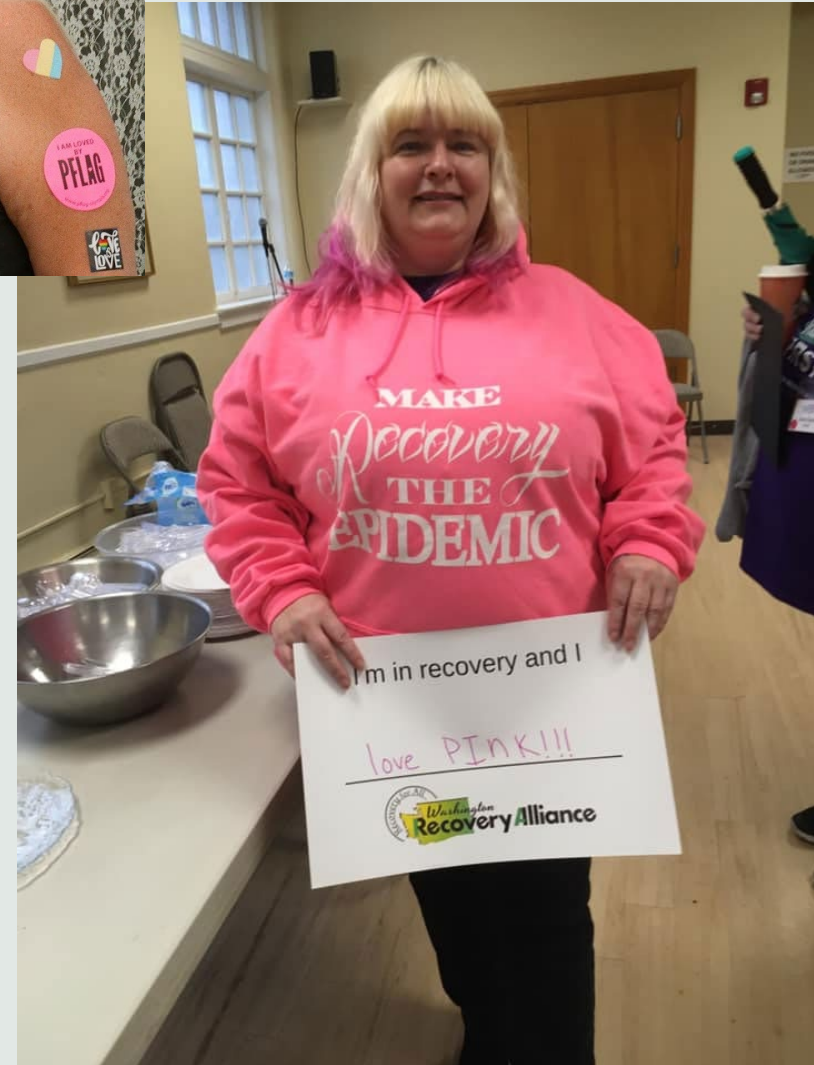
IT ALSO DECREASES
STRESS &
MONEY SPENT
ON CRISIS SYSTEMS.

Identifying Supports

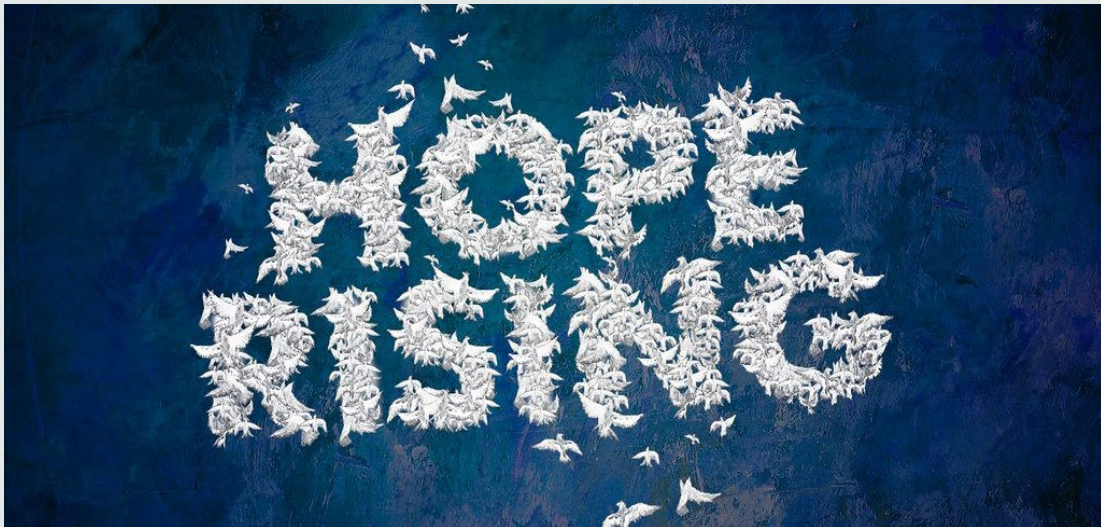




Friend who told me to become a peer counselor



LIVING
MY
BEST
LIFE



System Updates and Q&A

Objectives:

- *Answer questions from CRIS committee members about updates in the monthly CRIS e-newsletter and hear updates relevant to 988 and behavioral health crisis response system improvements.*

Presentation: Outcomes from the Behavioral Health Crisis Response & First Responder Collaboration Workgroup

Objectives:

- *Report back on outcomes from the First Responder and Behavioral Health Crisis Response Collaboration Work Group that will inform Steering Committee recommendations.*

To share the work of the Behavioral Health Crisis & First Responders Collaboration Workgroup.

1. Presenter introductions
2. Talk about our charge and how it came to be
3. Share who participated and how the group was formed
4. Describe our process
5. Share a high-level summary of the outcomes
6. Q&A

Workgroup Charge: develop recommendations for the **Steering Committee** to ensure appropriate, effective, equitable, and safe collaborations between first responders and the crisis response system.

Brainstorm challenges, barriers, and fears

What is getting in our way of having an appropriate, effective, equitable and safe collaboration between fire, police, and emergency medical services (first responders)?

Develop Recommendations
to mitigate challenges, barriers, and fears

A vision for our ideal/future state

Washington has an appropriate, effective, equitable and safe collaboration between behavioral health crisis response and fire, police, and emergency medical services (first responders).

Workgroup Members

Member Name	Representation
Adam Wasserman	911
Bethany Phenix-Osgood	Tribal Liaison, Aging & Long Term Care of Eastern Washington
Brittany Miles	Lived Experience
Christal Eshelman	Carelon BH-ASO
Dianne Boyd	Children's Crisis Outreach Response System
Gordon Cable	Greater Columbia BH-ASO
Heather Sanchez	Veterans
Jan Tokumoto	988 center
Jessica Shook	Crisis responders – DCR and MCR
Kashi Arora	Children and Youth
Kelly Waibel	Tulalip Tribes
Kim Mosolf	Police accountability
Levi Van Dyke	988 center
Marie Fallon	Lived Experience
Puck Franta	Lived Experience
Ron Harding	Law Enforcement

- » **Acknowledge:** that this is not about *if* first responders and mobile crisis response will collaborate, but rather *how* they will collaborate
 - » **Accept:** that structural racism and oppression exists and has life threatening impacts on people of color and other marginalized communities (we are not here to debate this)
 - » **Make space:** for multiple perspectives and experiences
 - » **Focus:** on our task at hand
-
- » **This is about systems, not individuals:** we can critique a system while still acknowledging that good people work within them
 - » **Expect discomfort:** complex systems change requires wading into difficult and challenging conversations – stick with it

A few key processes that made this effective

- » **Breadcrumbs document** – tracing the evolution of the workgroup's conversations into succinct, tangible, and action-oriented wording for transparency and accountability
- » **Live on-screen notetaking** – for transparency, accountability and accuracy
- » **Diverse representation on workgroup** – to ensure multiple perspectives, experiences, and opinions
- » **Commitment to staying engaged** - especially when it got tough. It wasn't always easy but our persistence resulted in an effective process
- » **Making the distinction between people and systems** – you can critique the system while also acknowledging that there are good people working hard in it at the same time.
- » **Assumed positive intent and attended to accountability** – yes there are good people trying their best to fix things and things are improving *AND* harm is still being done and we need to be accountable to that

WORKGROUP PRODUCTS

Barriers
Principles
Recommendations

Barriers

1

Lack of adequate or consistent training, integrated systems, and shared understanding of roles, responsibilities, authority, and approaches between BH and First responders including across 988 and 911.

2

Lack of consistent and clear processes for determining when a behavioral health crisis has an existing safety risk component that requires first responders which can lead to an inappropriate response to the level of need.

3

Lack of parity in funding for crisis system (at systems level) which result in 911/emergency room being the default. Additional challenges with livable wages and workforce retention across all systems.

4

Lack of trust and relationships between systems, between systems and communities, etc. (behavioral health, first responder, hospital/ER systems).

Barriers

5

The "crisis system" is not consumer or community centered or easy to access. Nor is there consistency or a baseline level of services between all the regions.

6

Lack of a shared vision for Co-Response models in Washington leading to differences in standards, implementation, oversight, and outcomes.

7

Concerns over consumer confidentiality and presence of body cams.

8

Access barriers due to concerns over US Immigration and Customs Enforcement involvement.

9

Complex social and medical needs combined with lack of resources further exacerbating crisis situations.

1 We want to move towards a more collaborative approach with aligned and complimentary systems.

2 People with lived experience should be included in every aspect of this work.

3 This is not about *if* first responders and mobile crisis response will collaborate, but rather *how* they will collaborate.

4 This is about systems, not individuals. We can critique a system while still acknowledging that good people work within them.

5 Ensure collaboration and partnership with Tribes in a manner that respects their sovereignty.



Advocate for lessening Criminal Justice Information Services (CJIS) laws that prevent Peers to have access to working within law enforcement.

Advocate for policy changes related to public information requests and body cam footage for when there are patient confidentiality concerns

Advocate for policy changes that bar immigration status to be used in behavioral health crisis response situations (mostly through requirements for first responders to identify individuals)- likely through removal of the requirement for identifying the person in crisis



Advocate for increased resources for all systems supporting the crisis response system to ensure a living wage, adequate resources, and workforce stability with a focus on behavioral health

Fund more prevention services to avoid need for crisis



Convene a workgroup with representatives from first responders, behavioral health staff, people of color, and people with lived experience (and intersections of these identities) to make recommendations about how to determine and define how to assess safety risk in behavioral health crisis and appropriate response. This should include establishing shared understanding or definition of "safety" that acknowledges and takes into account how racism and bias show impact this. Any policy decisions should lead to the development of standardized protocols for implementation. It should include identifying what data and indicators to monitor to assess impact.



Establish a consensus on the rights of people in crisis and create a "caller bill of rights"

- » **Focus on informed consent for community**
- » **Develop clear materials for communities on what to expect when they call 911 or 988**
- » **Include some sort of monitoring plan to assess trends**

Build upon current 988 dispatch protocols to include 911 but do this through a collaborative workgroup of people from both systems and then train - scale and spread.

Develop and pilot a crisis response and first responder collaboration in a region that is receptive to developing more of a "shared system" and capture best practices and spread.



Partner with people with lived experience to create and require participation in a comprehensive training curriculum for behavioral health and first responders that includes:

- » **Overview of roles, authority, requirements, training, and approaches for responding to behavioral health crisis for both behavioral health and first responders**
- » **Implicit bias and recognizing and addressing power and privilege**
- » **Best practices for engaging with people who appear erratic or non-compliant**
- » **Understanding difference between safety issues and behavioral health crisis**
- » **Person-first and respectful interactions (cultural responsiveness and trauma-informed)**

Expand on the work happening under MHADs that can help advise on community education campaigns, and champion things that make the system more client-centered including behavioral health release of information or mental health advanced directive. Incorporate into integrated platform.



Do root cause analysis on lack of trust issue between systems and systems and community (behavioral health and first responders and between both systems and communities) - then acknowledge causes and work to develop solutions

Conduct an audit to ensure alignment with current CIT training standards for co-response programs in Washington



Thoughts from the workgroup

Rereading everything made me feel my voice was heard. I appreciate this WG. Most satisfying part of this work since being a part of this.

I felt like I could speak my mind with this group, haven't always felt that way through CRIS – times I don't speak up because I worry about conflict. I felt I have been able to say what I feel with this group.

Thanks everyone for coming together and spending this time. Value everyone's opinion and courage to have these conversations.

Collaboration, diversity, inclusion – what we are looking for in crisis system is for folks to have differing opinions but find common ground to improve the systems and people's lives.

Appreciate your facilitation on difficult issues. Appreciate learning from people.

All the perspectives helped enhance conversation and voices being lifted up. Grateful for everyone.

BREAK

**Discussion:
Exploring Potential
Recommendations
to Address System
Gaps for Mobile
Crisis Response**

Objectives:

- *Inform Steering Committee recommendations for 2023 report to the Legislature.*

1. Recognizing the progress that has been made and work underway, where are system gaps remaining?

2. Where can CRIS recommendations build on the progress by state agencies and the legislature?

3. Where are opportunities for the CRIS to advise and support state agencies in work to implement system changes?

ACTION ITEMS & NEXT STEPS

PUBLIC COMMENTS

	Name
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	