

MEETING SUMMARY

CRISIS RESPONSE IMPROVEMENT STRATEGY (CRIS) STEERING COMMITTEE MEETING SUMMARY

Thursday, February 10, 2022; 6:30 pm to 8:30 pm
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

STEERING COMMITTEE MEMBERS

Amber Leaders, Office of Governor Jay Inslee
Bipasha Mukherjee, Member with Lived Experience
Keri Waterland, Washington State Health Care Authority (HCA)
Michele Roberts, Washington State Department of Health (DOH)
Representative Tina Orwall, Washington State House of Representatives

STEERING COMMITTEE MEMBERS ABSENT

Senator Manka Dhingra, Washington State Senate

AMERICAN SIGN LANGUAGE (ASL) INTERPRETERS

Andrea Medlock
Michael Kosanovich

COMMITTEE STAFF

Betsy Jones, Health Management Associates
Brittany Thompson, Health Management Associates
Jamie Strausz-Clark, Third Sector Intelligence (3Si)
Liz Arjun, Health Management Associates
Mark Snowden, Harborview Medical Center
Nicola Pinson, Health Management Associates
Elizabeth Tenney, Health Management Associates
Suzanne Rabideau, Health Management Associates

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. Jamie also introduced the American Sign Language Interpreters to the meeting and reviewed how to pin their window to the screen. Michele Roberts (Washington State DOH) welcomed everyone to the meeting and thanked steering committee members and members of the public for

attending the 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. Steering committee members and supporting staff introduced themselves to the public.

MEETING OBJECTIVES AND AGENDA

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

1. Continue to build and sustain collaborative relationships with each other.
2. Provide updates relevant to the Steering Committee.
3. Confirm ad hoc workgroup to advise Steering Committee on vision for crisis response system.
4. Finalize high-level Subcommittee workplan, based on CRIS committee feedback.
5. Confirm action items and next steps.
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.

UPDATES

Amber Leaders shared that the Governor's Office posted the position for the Behavioral Crisis 988 Coordinator and has received a number of applicants to date. Amber also invited Steering Committee members to consider appointments to the Governor's Blue-Ribbon Commission, which was created by Executive Order in 2021 to focus on the connection between the justice system and behavioral health. The members for this Commission will be appointed from the CRIS Committee as determined by the Steering Committee.

AD HOC WORKGROUP ON VISION FOR CRISIS RESPONSE SYSTEM

Representative Tina Orwall introduced discussion regarding the creation of an Ad Hoc Workgroup on Vision in response to feedback from CRIS members regarding the importance of establishing a clear vision to guide the work ahead. This vision should support major systems change, while also acknowledging and building upon aspects of the system that are working. The Ad Hoc Workgroup on Vision will develop a draft vision statement for consideration and further input by the full CRIS Committee. Steering committee members supported the creation of this workgroup. Members emphasized that the vision should be high-level and adaptable to changes as appropriate.

As next steps, the project team will reach out to CRIS members who are interested in joining this Workgroup. The Workgroup will begin working at the end of February/early March.

- **Decision:** Creation of Ad Hoc Workgroup on Vision approved. All Steering Committee members present at the meeting raised hands to approve the workgroup. Senator Dhingra indicated approval prior to the meeting in her absence.

FINALIZE HIGH-LEVEL SUBCOMMITTEE WORKPLAN

Steering Committee members discussed feedback from CRIS Members on the High-Level Subcommittee Workplan, received during the February 1 CRIS Committee meeting. Members highlighted several key areas of feedback, including the need to address workforce, the need to leverage the multiple funding mechanisms that are available in the state, and the need to ensure that the system design has embedded a culturally responsive approach throughout redesign process.

Betsy Jones (Health Management Associates) reviewed the CRIS High-Level Subcommittee Workplan and highlighted key changes to the workplan based on the feedback gathered from the CRIS Committee at the February 1 meeting. She reminded the Steering Committee that the purpose of the workplan is to lay the foundation for our work ahead and align work by the state agencies and input by Subcommittees and the CRIS Committee. The workplan is also meant to be iterative and adaptable as the work of the CRIS Committee unfolds. The revised workplan includes:

1. **Clarity regarding timelines** – CRIS members requested for more clarity regarding the timelines for these objectives, especially for critical path issues such as the 2023 legislative session. Specific timelines will be developed for work on each objective. For purposes, of the High-Level Workplan, timelines were removed to keep a focus on the work that needs to be accomplished. The project team will develop a more detailed timeline and process for bringing these objectives through Subcommittees for input.
2. **Cultural responsiveness** – Integrated language throughout to highlight the need for culturally-responsive care tailored to the needs of diverse populations.
3. **Regional crisis call centers** – Added language to explicitly recognize regional crisis call centers, and further discussion of roles and coordination.
4. **Call Center Hub Technology (Objective 1.7)** – Added language regarding the development of Call Center Hub technology to include disaster preparedness plans and compliance with data privacy and security laws (including text and web-based data sharing).
5. **Coordination with law enforcement and emergency departments** – Added language to more explicitly recognize coordination with law enforcement, emergency departments, and other system partners.
6. **Crisis Stabilization Services** – Added language to indicate a “broad range” of walk and crisis stabilization services (including but not limited to peer-run services and peer-run respite centers) to address concerns that the term “crisis stabilization services” was too limited.
7. **Tribal sovereignty** – Added a new objective to ensure that crisis system is designed in a manner that respects the existing processes and governing bodies of tribal governments to address tribal behavioral health and crisis system needs and gaps.
8. **Braided funding** – Identified more specific sources of funding, including use of Medicaid, Medicare, commercial, local and other dollars.
9. **Workforce** – Added a new objective to address workforce.

In addition to the changes above, the Steering Committee requested that language regarding minimum training requirements is added to the new objective on workforce needs. As next steps, the project team will develop Subcommittee charters that outline specific charges, tasks, and roles for the subcommittees in relation to the High-level Workplan. As part of this work, the project team plans to support development of a

process map for the full continuum of crisis response services, as framed by the workplan. The process map will essentially outline the current system and key gaps, and future system goals and best practices.

- **Decision:** The High-Level Subcommittee Workplan was approved. All Steering Committee members present at the meeting raised hands to approve the workplan; Senator Dhingra indicated approval prior to the meeting in her absence.

NEXT STEPS

Jamie (3Si) reviewed the next steps and action items from the meeting:

- The project team will revise the workplan to incorporate the additional feedback from the Steering Committee and will begin working to develop charters and a process map and schedule for the work of the subcommittees.
- The project team will reach out to identify members interested in serving on the Ad Hoc Workgroup on the Vision and convene this group at the end of February or as soon as possible.
- Steering Committee members should contact Amber if they have suggestions for the Blue Ribbon Commission appointment process. More discussion on this topic will take place at the next Steering Committee meeting.

PUBLIC COMMENT PERIOD

Jamie Strausz-Clark (3Si) opened the public comment period: 15 people signed up for public comment, and 4 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 comment via email to: HCAprogram1477@hca.wa.gov.

MEETING ADJOURNED