

# HB 1477 Crisis Response Improvement Strategy Committee

July 16, 2024

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. Ground our work in the personal stories and experiences of people who encounter the crisis response system.
2. Hear updates from state agencies and subcommittees relevant to the CRIS.
3. Learn about Tribal behavioral health crisis response and how to ensure statewide work does not create barriers for the Tribal work.
4. Discuss cross system collaborations, including the Mental Health Crisis Call Diversion Initiative pilot and warm transfer protocol process.
5. Confirm action items and next steps.
6. Hear public comment.

## Meeting Agenda

TIME	TOPIC
1:00 pm	Technology Review
1:03 pm	Welcome, Introductions, Review Meeting Agenda
1:10 pm	Tribal Behavioral Health Crisis Response Panel Discussion
2:45 pm	Break
2:55 pm	System Updates and Q&A
3:05 pm	Presentation and Group Discussion: Cross-System Collaboration
3:45 pm	Action Items and Next Steps
3:48 pm	Public Comment Period
4:00 pm	Adjourn

# CRIS Committee Decision Process Map – 2024 (DRAFT)

January 2024

- Objectives:**
- ✓ 2024 Legislative Update
  - ✓ 2024 Agency Priorities
  - ✓ 2024 CRIS Key Focus Areas and Decision Process

February 2024  
(Quality & Oversight)

- Objectives:**
- ✓ Understanding of current state system performance metrics and gaps.

March 2024  
(Substance Use Disorder)

- Objectives:**
- ✓ Focus on intersection between substance use disorders and the crisis response system.

April 2024 (In Person)  
(Quality & Oversight)

- Objectives:**
- ✓ Discussion of system performance & oversight

May 2024  
(Steering Committee guidance)

- Objectives:**
- ✓ Steering Committee to provide guidance and direction to CRIS work as needed.

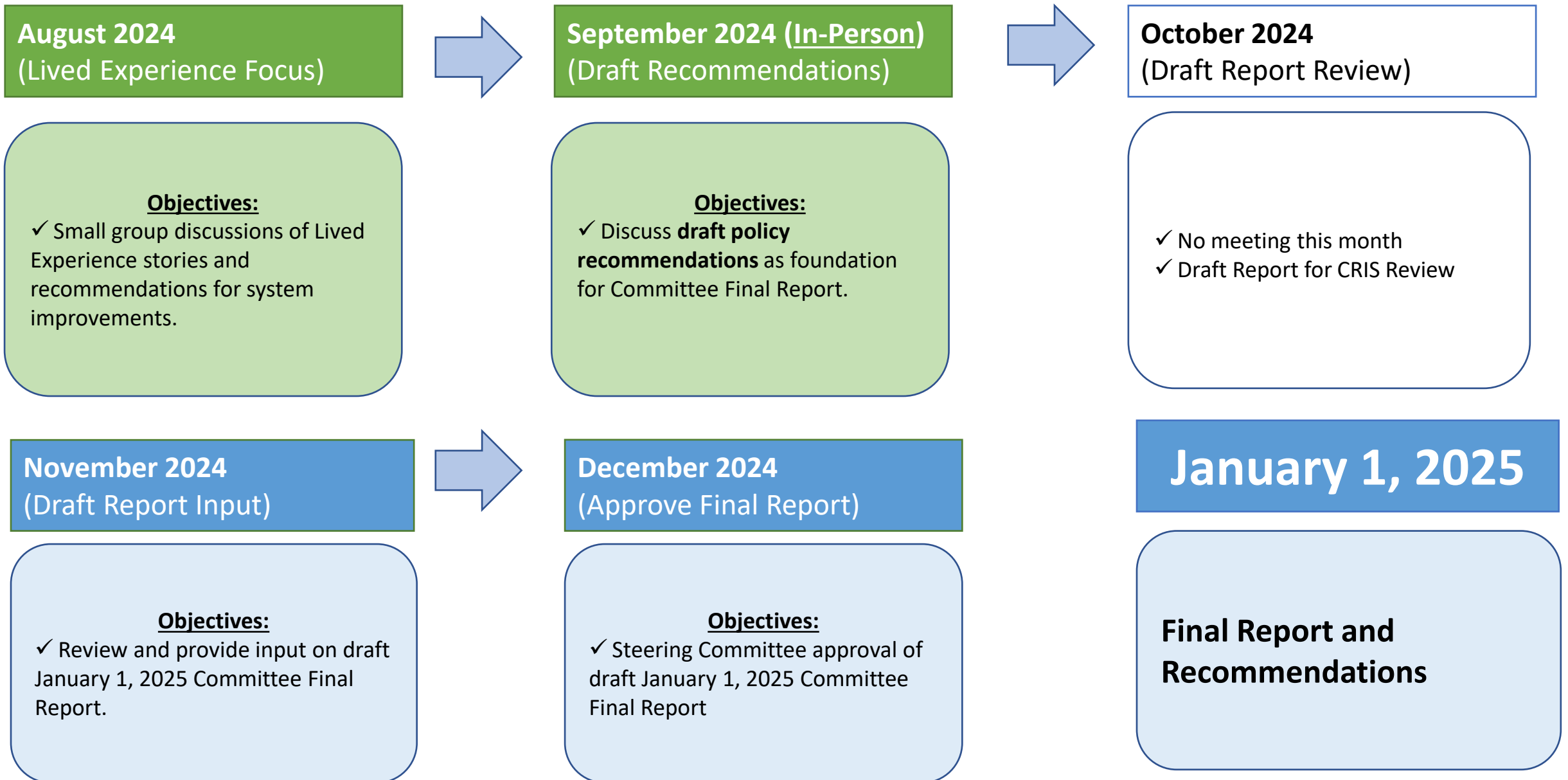
June 2024  
(Quality & Oversight)

- Objectives:**
- ✓ Discussion of youth system

July 2024 (Tribal Crisis System  
& System Infrastructure)

- Objectives:**
- ✓ Tribal Crisis Response System
  - ✓ System Infrastructure
    - Cross System Collaboration
    - Technology Platform

# CRIS Committee Decision Process Map (DRAFT)



# Tribal Behavioral Health Crisis Response Panel Discussion

## *Objectives:*

- Learn about the behavioral health crisis work happening in Native nations.
- Understand Tribal sovereignty and the importance of ensuring statewide crisis response system improvement work does not interfere with or adversely impact the work of Native nations.





# Washington State Tribal Behavioral Health Coordination Efforts

Vicki Lowe, Executive Director  
American Indian Health Commission





# Behavioral Health Crisis Response

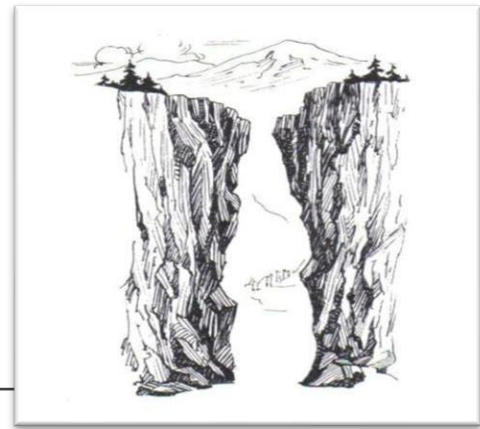
For Tribal Governments-this is a public health issue...

But Tribes are also providers of health care- including behavioral health

The system created in Washington State for behavioral health crisis was not developed with the inclusion of Tribes as Tribal Health Jurisdictions or Indian Health Care Providers

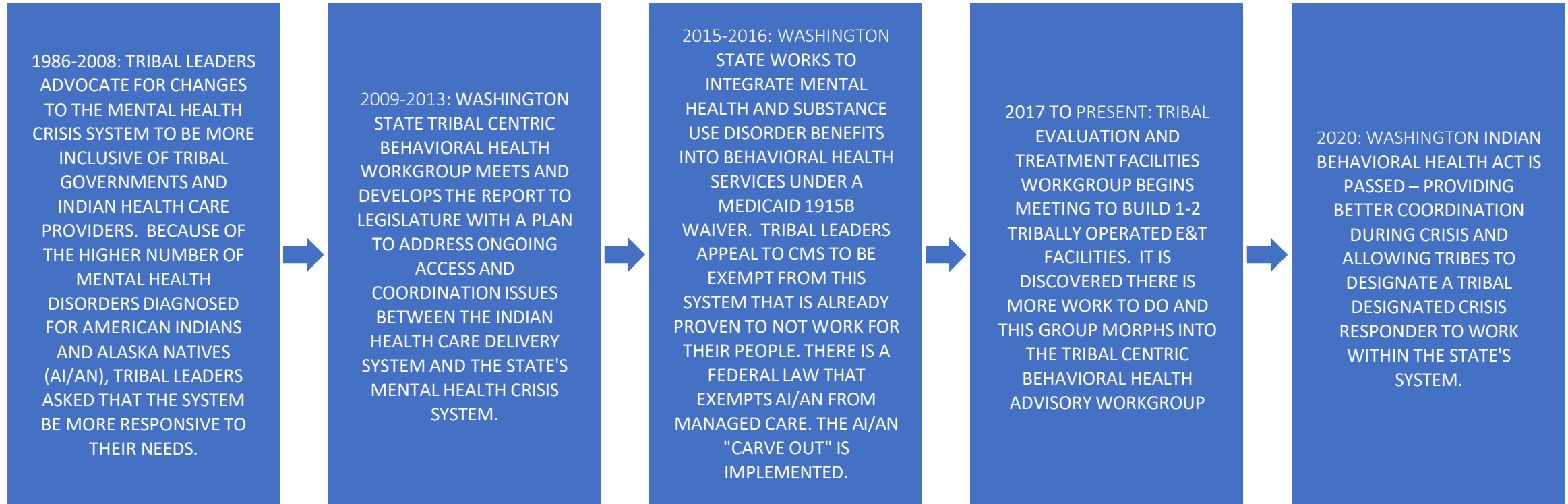
# Gap Examples

- RSN, BHOs and now BH/ASOs are not clear on how to work with Fee for Services (FFS) Medicaid patients and Indian Health Care Providers
- Non-Tribal Providers often consider the FFS program as “not having coverage.” This common misclassification is significant since more than 60% of AI/AN population enrolled in Medicaid are in the FFS Program
- Lack of access to voluntary in-patient treatment impacts the ability to help those in crisis
- Tribes and Indian Health Care Providers are not directly funded to provide crisis care



# History of Tribal Efforts to Improve Access

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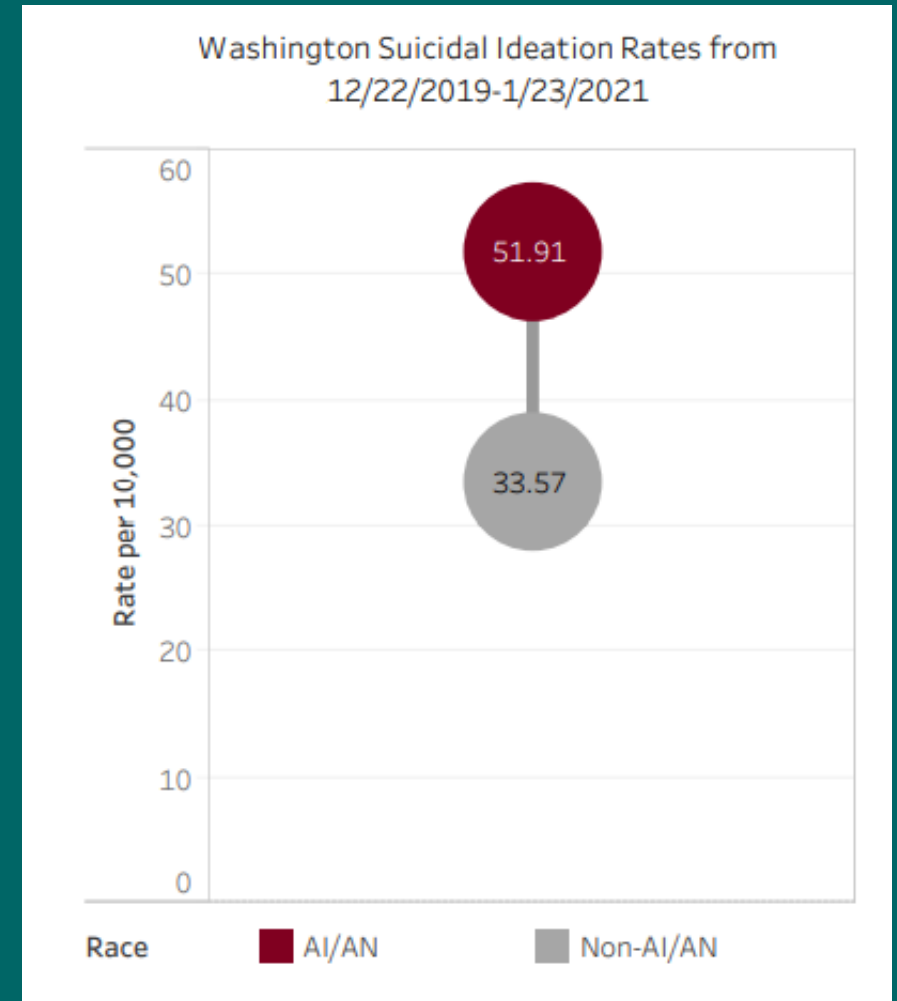


View the 2013 Tribal Centric Behavioral Health Report here: [GetPDF \(wa.gov\)](#)

# Why is this so Important?

## Washington State Statistics

- Between 2001 and 2016, the rate of suicide mortality for AI/AN in Washington State increased by 58%.
- Recent data on emergency room visits for AI/AN with Suicide Attempt in Washington report 400 suicide attempts between 12/22/2019-1/23/2021.\*
- During the COVID-19 pandemic, AI/AN suicide related emergency department visits increased by 23%.\*



Data from the Northwest Tribal Epidemiology Center

**WE ARE RESILIENT**  
**OUR WAYS ARE RESILIENT**

**“Kill the Indian; save the man”  
Officer Richard Pratt**



# Adverse Childhood Effects and Historical and Intergenerational Trauma in AI/AN Communities

- In AI/AN communities there exist disparately high rates of adverse childhood experiences which are a direct result of historical trauma.
- Historical trauma becomes intergenerational trauma through repeating cycles of ACEs over generations.
- Historical trauma refers to situations where a community experienced traumatic events, the events generated high levels of collective distress, and the events were perpetuated by outsiders with a destructive or genocidal intent.
- The effects of historical trauma, however, manifest in the everyday experience of AI/AN communities today.





# HISTORICAL TRAUMA



**“Cumulative emotional and psychological wounding across generations, including the lifespan, which emanates from massive group trauma.” Maria Yellow Horse Brave Heart, PhD**

# WASHINGTON STATE DEFINITIONS



**"Historical trauma"** means situations where a community experienced traumatic events, the events generated high levels of collective distress, and the events were perpetuated by outsiders with a destructive or genocidal intent. (SSB 6259, passed 2020)

**"Resilience"** means the personal and community qualities that enable individuals to rebound from adversity, trauma, tragedy, threats, or other stresses, and to live productive lives. (SSB 6259, passed 2020)

# Other related efforts

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State Plan Amendment for Community Health Aides and Behavioral Health Aids to become billable providers under Medicaid

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Primary Care Case Management Entity- support for care coordination services provided by Indian Health Care Providers/Tribal clinics

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E.H.R. as a Service- Implementing EPIC E.H.R. for Tribal and UIHO clinics across the State

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Medicaid Transformation 2.0 – Native Hubs

# Tribal Behavioral Health Codes

2019 – Present Day



*Little Root Digger Hands by Roxanne Best, Colville*

# Why Tribal Codes?

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“Tribal constitutions and codes are the heart of self-government for over 500 federally recognized tribes and are the lifeblood of Indian sovereignty.”

Source: <https://researchguides.library.wisc.edu/c.php?g=125278&p=819868>



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# Tribal Authority and Sovereignty

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Tribes have inherent power to govern their people. \*

Tribes need no authority from the federal or state government to govern their own people. \*

Tribes do not need to have behavioral health codes to provide crisis care to their population

Tribes are both governments and public health authorities

Tribal Leaders, attorneys and staff are the experts in this

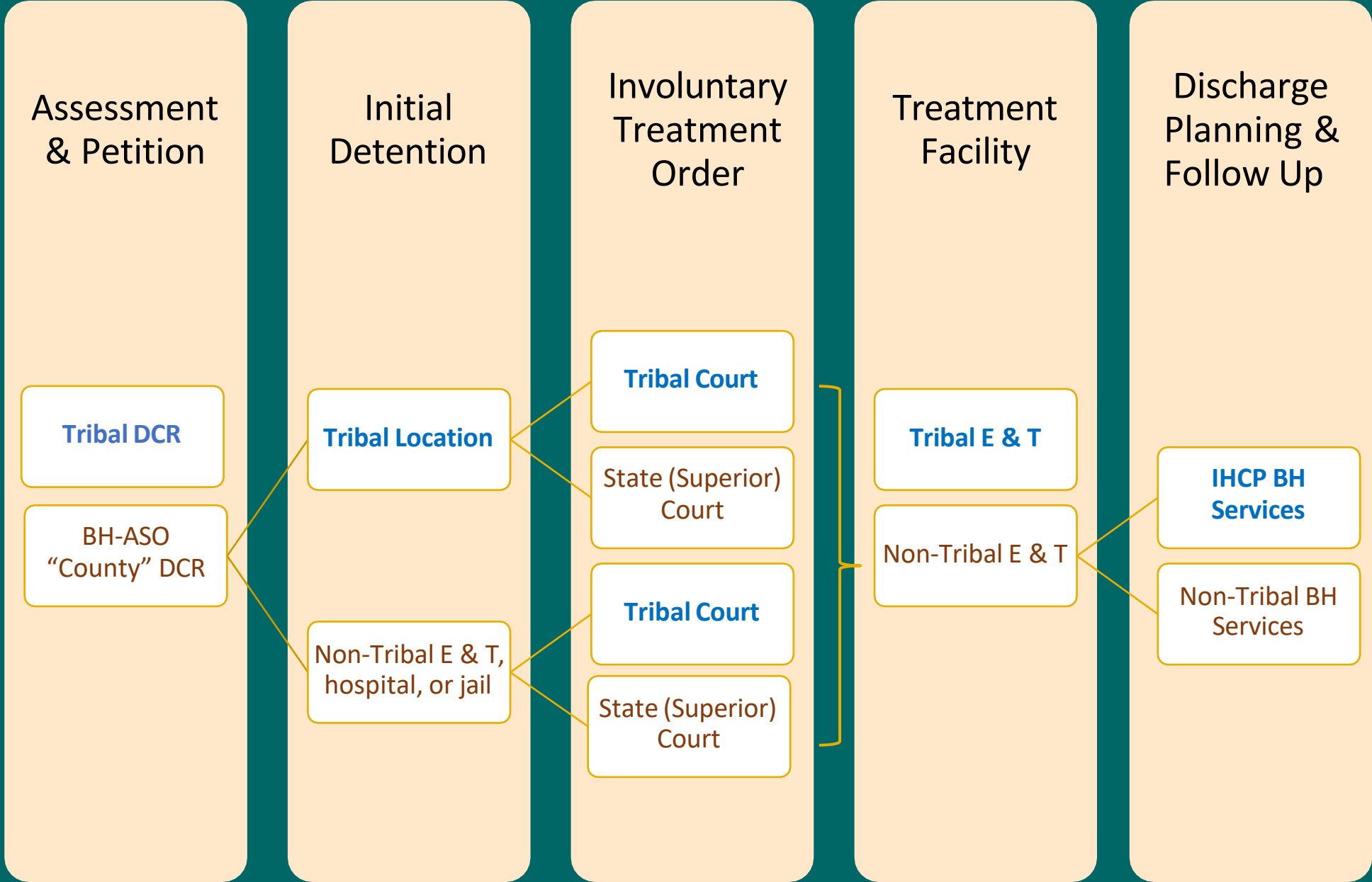
\*Iron Crow v. Oglala Sioux Tribe, 231 F.2d 89 (8<sup>th</sup> Cir. 1956); Merrion v. Jicarilla Apache Tribe, 455 U.S. 130, 149 (1982).

# Tribal Designated Crisis Responders

2020 – Present Day



*Dragonfly baskets by Bobbie Bush, Chehalis*





# Models for Assessment, Detention, and Petition Decisions for Involuntary Treatment

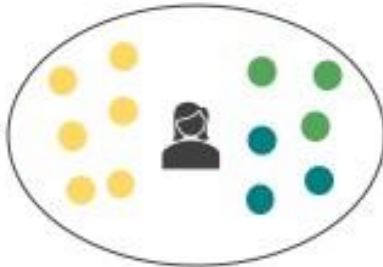
DRAFT



A Tribal DCR is a professional authorized to petition for involuntary treatment in the state system.

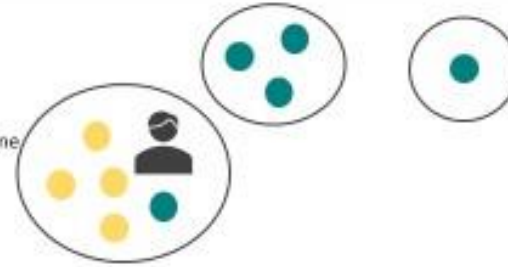
## Staffing Example 1

- Works at one Tribe
- Wears state and Tribal hats depending on situation



## Staffing Example 2

- Primary counselor at one Tribe
- Tribal DCR authority at several Tribes



# Tribal Mobile Crisis Teams

Informal networks have always existed.

Formalized teams are in various planning and starting stages, may or may not have a Tribal DCR on the team.

Will coordinate with state/county services as needed.



*Creation by Zeke Serrano, Quinault*

# Tribal DCR & MCT Engagement

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Depending on the Tribe and services available, a Tribal DCR and/or Mobile Crisis Team may,

- Be part of a BH care team, or multi-specialty team
- Train and coordinate with other services such as, law enforcement, justice, housing, family services, etc.
- Be contracted or employed by the Indian Health Care Provider
- Provide crisis assessment at one or more Tribes
- Coordinate with the Tribal Crisis Coordination Hub
- Follow the client from first notification through discharge and referral
- Be dispatched by Native & Strong Lifeline (988), or other agreed upon process



[This Photo](#) by Unknown Author is licensed under [CC BY-SA](#)

# Tribal Behavioral Health Law & Policy


Tribal Laws & Customs

Federal Indian Law

Medicaid Laws and Regs

State Involuntary Treatment Act  
RCW 71.05

State-MCO Contract

 Tribal Crisis Coordination  
Protocols (formerly 7.01 Plans)

Provides protocols for how MCOs/BHASOs provide services to Tribal members experiencing a behavioral health crisis. The protocols include the following:

1. Designated crisis responders (DCRs) accessing Tribal lands
2. DCR coordination with IHCPs both during and after crisis services, including involuntary commitments
3. Transportation of Tribal members to assessment, evaluation, and treatment

# Thank you

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**American Indian Health Commission  
for Washington State**

Vicki Lowe, Executive Director  
[vicki.lowe.aihc@outlook.com](mailto:vicki.lowe.aihc@outlook.com)



*Whale Comb by Zeke  
Serrano, Quinault*

## Tribal Behavioral Health Crisis Response Panelists



**COUNCILWOMAN  
ROSALEE REVEY-  
JACOBS**

Council Member, Lummi  
Nation



**EMILY ARNESON**

Suicide Prevention  
Coordinator, Port  
Gamble S'Klallam Tribe



**KELLY WAIBEL**

Licensed Mental Health  
Counselor, Tulalip Tribe  
Behavioral Health



**VICKI LOWE**

Executive Director,  
American Indian Health  
Commission for  
Washington State

**BREAK**

# System Updates and Q&A

## *Objectives:*

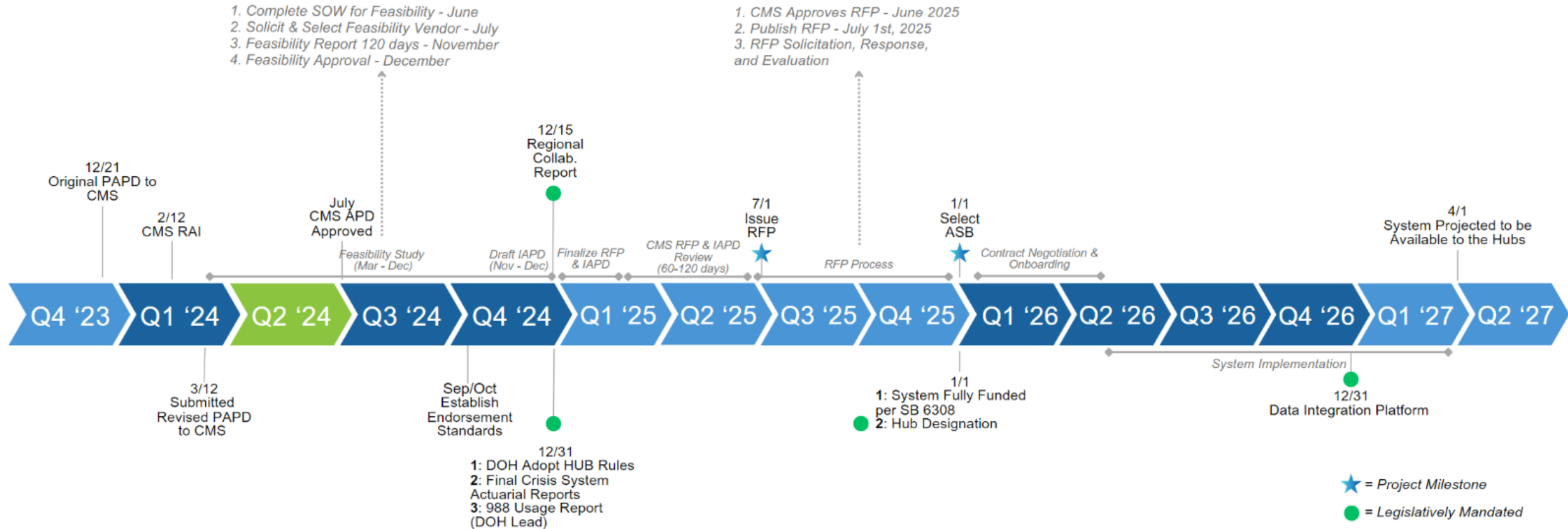
- *Ensure transparency and demonstrate progress.*
- *Connect agency work to CRIS recommendations.*
- *Inform CRIS committee of what is happening so they can build on what is already progressing in 2024.*



# 988 Project: Technology Platform Timeline

## 988 Project Timeline

5/31/24



# **Presentation and Group Discussion: Cross-System Collaboration**

## *Objective:*

- Understand WA DOH's work on cross system collaboration.



# CRIS COMMITTEE MEETING

988 CRISIS SYSTEMS SECTION,  
OFFICE OF HEALTHY & SAFE COMMUNITIES

7/16/24

TIME	TOPIC
3:05 PM	<b>Welcome and Agenda Review</b>
3:07 PM	<b>Diversion Overview</b> <ul style="list-style-type: none"><li>➤ Mental Health Crisis Call Diversion Initiative (MHCCDI) Pilot Partnerships</li><li>➤ Warm Transfer Protocol Development</li><li>➤ Highlights of Midpoint Data</li><li>➤ What's Next</li></ul>
3:17 PM	<b>988 &amp; 911 Perspectives</b> <ul style="list-style-type: none"><li>➤ Crisis Connections</li><li>➤ Frontier Behavioral Health</li><li>➤ Volunteers of America Western Washington</li><li>➤ Statewide 911</li></ul>
3:29 PM	<b>15 to 20 Minute Discussion</b>

# Context: Washington 911-988 Cross System Initiatives

2024												2025			
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr

## Mental Health Crisis Call Diversion Initiative Pilot Projects

(January-December 2024)

- *Partnership between Washington's 988 Lifeline crisis centers and three (3) of the state's 65 Primary PSAPs/911 centers.*

## Statewide 911-988 Warm Transfer Protocols – Transformation Transfer Initiative (July 2024 – April 2025)

- *Environmental scan (Summer 2024)*
- *Community and Tribal Engagement (Summer 2024)*
- *Workshops to develop warm transfer protocols (Fall 2024)*
- *Develop train-the-trainer program for 911 staff (Spring 2025)*

# MHCCDI Pilot Partnerships Call Volume

988 Call Centers/911 PSAPs	Number of calls received by 911 and transferred to 988 (diversion calls)				
	February	March	April	May	June
Crisis Connections/Valley Com 911	No data	99	156	58	28
Frontier Behavioral Health/Spokane Regional Emergency Management	448	344	295	308	341
Volunteers of America Western Washington/South Sound 911	65	5*	33	36	18

\*Call volume may not be accurate due to a reporting issue that occurred that month.

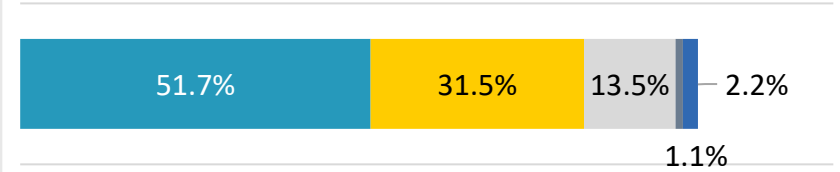
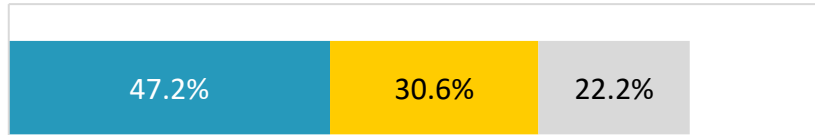
# Evaluation: 988 and 911 Call Taker Surveys



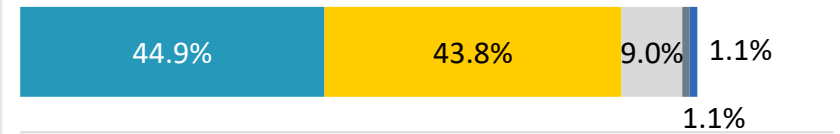
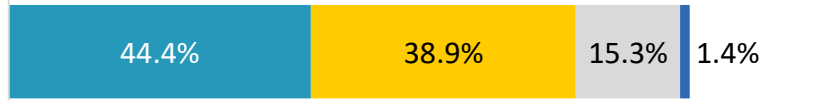
## BASELINE SURVEY (N=72)

## MID-POINT SURVEY (N=90)

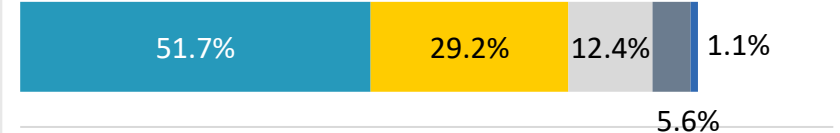
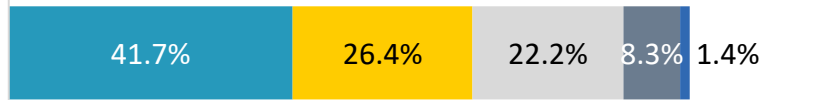
I am excited to support the impact the diversion initiative will have on my community



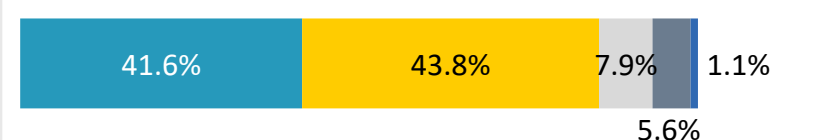
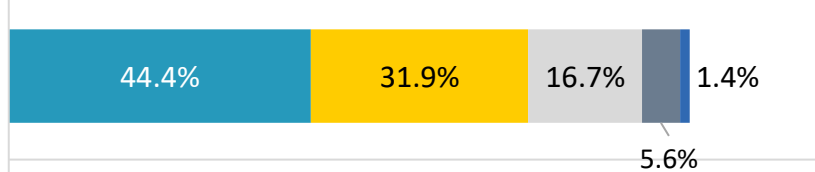
I understand the importance of my role in accepting diversion calls.



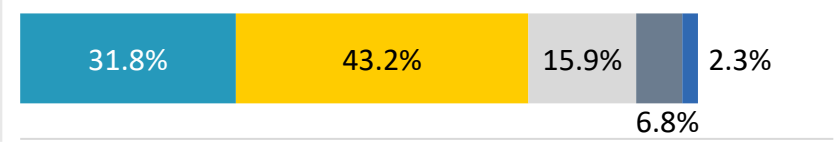
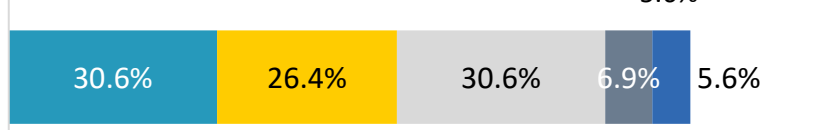
I can rely on my supervisor for guidance concerning diversion calls.



I know how to identify a caller's concerns and address them to the best of my ability.



I am able to utilize the knowledge and skills developed during training for responding to diversion calls.



*\*Midpoint survey results are preliminary and expected to change.*

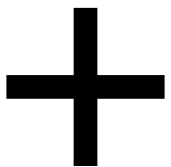
# Successes Identified in MHCCDI Midpoint Evaluation

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## Reduced strain on 911

- Call takers perceive that some frequent 911 callers are now opting to call 988 instead.
- Some callers reporting suicidal ideation or hallucinations are accepting support from 988, agreeing to call 988 directly in a future crisis.



## Belief in the positive impact of diversion work

- Increasing confidence in supporting 911 callers in crisis by both 911 and 988 staff.
- Increased connection to appropriate responses and referrals.



# Challenges Identified in MHCCDI Midpoint Evaluation

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Stigma

Supporting People  
Experiencing  
Hallucinations or  
Delusions

Resource  
Limitations (not  
24/7 & hold times)

More Training  
Needed

Insufficient  
Physical Space

Collaboration

Callers Not Open  
to Help Offered

Technology

Call Identification

## Potential Process Improvements

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### Training Related Challenges

- Increase trainings for 988 staff around motivational interviewing and supporting people with higher levels of acuity crises
- Cross-training to improve staff collaboration/coordination

### Warm Transfer & Scheduling Challenges

- HMA development of warm transfer protocols
- Explore staffing models to limit wait-time, optimize transfer volume
- Increasing funding to meet 24/7 demand and expand participation

### Technology Challenges

- Development of statewide crisis system technology platform

### Physical Space Limitations

- Develop planning that supports remote and embedded models of diversion with PSAP engagement

# What's Next?

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- Environmental Scan (Summer 2024)
- Listening Sessions (Summer 2024)
  - Community Listening Sessions
    - [Wednesday, July 17<sup>th</sup> @ 12-1pm](#)
    - [Thursday, July 18<sup>th</sup> @ 5-6pm](#)
    - [Tuesday, July 23<sup>rd</sup> @ 1-2pm](#)
  - Tribal Listening Sessions
    - [Thursday, July 25<sup>th</sup> @ 12-1pm](#)
    - [Monday, July 29<sup>th</sup> @ 5-6pm](#)
    - [Thursday, August 1<sup>st</sup> @ 2-3pm](#)
- Warm Transfer Protocol Development (Fall 2024)
- Warm Transfer Protocol Training Development (Spring 2025)
- Pilot Evaluation Report (Summer 2025)

# Perspectives of Key Successes and Challenges



# Perspectives of Key Successes and Challenges





## Washington Emergency Management Division



# Questions?



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### Question for Discussion

- Based on what you learned today about this pilot project, what is one thing you want the final CRIS report to highlight about 911/988 diversion?

# ACTION ITEMS & NEXT STEPS

## Community and Tribal Listening Sessions – 911-988 Warm Transfer Protocols

Group/Forum	Dates
<b>Community Listening Sessions</b>	<ul style="list-style-type: none"> <li>• Wednesday, July 17<sup>th</sup> @ 12-1pm               <ul style="list-style-type: none"> <li>○ <a href="https://healthmanagement.zoom.us/meeting/register/tJcqceCopj0pG9WdqSnIsV55HT5PHh7zGrOi">https://healthmanagement.zoom.us/meeting/register/tJcqceCopj0pG9WdqSnIsV55HT5PHh7zGrOi</a></li> </ul> </li> <li>• Thursday, July 18<sup>th</sup> @ 5-6pm               <ul style="list-style-type: none"> <li>○ <a href="https://healthmanagement.zoom.us/meeting/register/tJcoce-vqjgjE90RAAqHsB0E52ln0ryTf580">https://healthmanagement.zoom.us/meeting/register/tJcoce-vqjgjE90RAAqHsB0E52ln0ryTf580</a></li> </ul> </li> <li>• Tuesday, July 23<sup>rd</sup> @ 1-2pm               <ul style="list-style-type: none"> <li>○ <a href="https://healthmanagement.zoom.us/meeting/register/tJEtcemqrDMiH9Nq_tLeuhyj5KyyNJD8Nh4S">https://healthmanagement.zoom.us/meeting/register/tJEtcemqrDMiH9Nq_tLeuhyj5KyyNJD8Nh4S</a></li> </ul> </li> </ul>
<b>Tribal Listening Sessions</b>	<ul style="list-style-type: none"> <li>• Thursday, July 25<sup>th</sup> @ 12-1pm               <ul style="list-style-type: none"> <li>○ <a href="https://healthmanagement.zoom.us/j/98343517454?pwd=liHWqzvKnz5lwU8oQCcOhJZMSF2sVO.1">https://healthmanagement.zoom.us/j/98343517454?pwd=liHWqzvKnz5lwU8oQCcOhJZMSF2sVO.1</a></li> </ul> </li> <li>• Monday, July 29<sup>th</sup> @ 5-6pm               <ul style="list-style-type: none"> <li>○ <a href="https://healthmanagement.zoom.us/j/94266281963?pwd=4hHG12HkHiMfCzBDOu6XjnT2YoNfLA.1">https://healthmanagement.zoom.us/j/94266281963?pwd=4hHG12HkHiMfCzBDOu6XjnT2YoNfLA.1</a></li> </ul> </li> <li>• Thursday, August 1<sup>st</sup> @ 2-3pm               <ul style="list-style-type: none"> <li>○ <a href="https://healthmanagement.zoom.us/j/92287315444?pwd=G8ZdxoyxthRSBspPct3i8r76cNLZC.1">https://healthmanagement.zoom.us/j/92287315444?pwd=G8ZdxoyxthRSBspPct3i8r76cNLZC.1</a></li> </ul> </li> </ul>

Please contact Brooke Zollinger ([brooke.zollinger@leavittpartners.com](mailto:brooke.zollinger@leavittpartners.com)) with any questions.

# PUBLIC COMMENTS

	<b>Name</b>
<b>1.</b>	
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