CRISIS RESPONSE IMPROVEMENT STRATEGY COMMITTEE MEETING SUMMARY

Thursday, April 18, 2024; 1:00 pm – 4:00 pm
In Person: Spokane Convention Center, Spokane, Washington
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 MEMBERS

Aleesia Morales, Tacoma Fire Department
Amber Leaders, Office of Governor Jay Inslee
Bipasha Mukherjee, Crisis Line Volunteer
Claudia D'Allegri, Sea Mar Community Health Centers
Connie Chapman, Washington Department of Veterans Affairs
Darcy Jaffe, Washington State Hospital Association
Dillon Nishimoto, Asian Counseling and Referral Service
Jane Beyer, Washington State Office of the Insurance Commissioner
Jan Tokumoto, Frontier Behavioral Health
Justin Johnson, Spokane County Regional Behavioral Health Division
Kashi Arora, Community Health and Benefit, Seattle Children's
Kristen Wells, Valley Cities Behavioral Health Care
Larry Wright, University of Washington School of Social Work
Laura Pippin, Washington Association of Designated Crisis Responders
Levi Van Dyke, Volunteers of America Western Washington
Michael Robertson, Certified Peer Counselor
Michele Roberts, Washington State Department of Health (DOH)
Michelle McDaniel, Crisis Connections
Puck Kalve Franta, Access & Inclusion Consultant
Representative Tina Orwall, Washington State House
Representative Tom Dent, Washington State House
Robert Small, Premera Blue Cross
Teesha Kirschbaum, Washington State Health Care Authority (HCA)

COMMITTEE MEMBERS ABSENT

Adam Wasserman, State 911 Coordinator
Anna Nepomuceno, National Alliance on Mental Illness (NAMI) Washington
Joan Miller, Washington Council for Behavioral Health
Ron Harding, City of Poulsbo
Senator Manka Dhingra, Washington State Senate

AMERICAN SIGN LANGUAGE (ASL) INTERPRETERS

Catherine Thomas

Jackie Bruce

COMMITTEE STAFF

Jamie Strausz-Clark, Third Sector Intelligence (3Si)
Mark Snowden, Harborview Medical Center
Betsy Jones, Health Management Associates
Nicola Pinson, Health Management Associates
Brittany Thompson, Health Management Associates
Chloe Chipman, Health Management Associates (Leavitt Partners)
Michael Anderson-Nathe, Consultant

Frontier Behavioral Health 988 Center and Continuum of Crisis Response Services

In advance of the CRIS in-person meeting in Spokane, CRIS members visited the Frontier Behavioral Health 988 Center to learn about FBH's continuum of integrated crisis response services.

Lunch Panel Discussion: Rural Community Behavioral Health Crisis Response

Panelist and presenter bios can be found at the end of the meeting summary.

Dr. Kirchoff, PhD (clinical track faculty with the Washington State University Psychology Department and associate director with the WSU Psychology Clinic) presented on the WSU Farm Stress Program and the unique behavioral health stressors experienced agricultural communities. Dr. Kirchoff also highlighted the following points:

- In 2020, the National Suicide Rates was 14.1 deaths per 100,000. In 2020, the National Suicide Rates for Farmers, Ranchers and Ag Population was 43.7 deaths per 100,000 population.
    - This is the 6th highest rate among occupational groups.
- In Washington State:
    - 17.5 deaths per 100,000, Suicide is 8th leading cause.
    - 21 counties are higher than state average, of which 17 identified as rural area.
- Common characteristics for farmers who died by suicide include:
    - Average age of 61 for male and 53 for female farmers.
    - The most prevalent circumstances were physical health problems, which was higher in the 65 and older category (54%).
    - Often felt financial stress.
    - Self blame is a risk factor for suicide among farmers. They tend to internalize their struggles, feel hopeless, which influences self-esteem and leads shame. There is reluctance to seek help, mental health stigma.
    - More than 70% of the suicides occurred by firearms (Miller DM, Rudolphi JM, 2022)

Dr. Kirchoff also provided an overview of sources of farm stress:

- Community and social level:
    - Changes in climate, weather patterns,
    - Market fluctuations,

    - Lack of government investment.
    - Limited resources (i.e. child-care, schools, grocery shopping, health services, veterinarian services)
- Individual level:
    - Physical health (i.e. injuries, tractor accidents)
    - Mental health (i.e. divorce, death of partner/ solitude, alcohol use)
    - Financial costs (i.e. rising input costs, thin margins, loans)
    - Social Network
- Identification and values:
    - Reliance on self or on family and community
    - Identification with profession, land and livestock
        - Farms often in family hand for generations, livelihood
        - Having to give up a farm is experienced as personal failure
        - Lack of alternate pathways

Dr. Kirchoff highlighted the Farm Stress Voucher Program set up through the funding from WSU and Don McMoran's office. Through the program, WSU offers six flexible telehealth therapy sessions free of charge to the agriculture community. The therapy is anonymous to protect the farmers' privacy. The aim of the program is to decrease obstacles to receiving mental health services as well as meet farmers and family members where they are at. After grant funding runs out, WSU plans to leverage students in the Ph.D. program in Clinical Psychology to provide therapy and assessment services under close supervision.

Dr. Kirchoff shared that Don McMoran was the recipient of the annual Joe D. Shelton Memorial Award from the Broetje Family Trust. Joe D. Shelton was a gifted farmer and leader that devoted his life to serving others at Broetje Orchards. He held a deep respect for the land and all those who worked there. He loved his family, being out in nature, and farming. He believed that everyone deserved an opportunity to work so that children could be raised in healthy, thriving communities. The award goes to organizations that focus on the health and wellbeing of agricultural and Native communities, and those who live close to the land.

Don McMoran (WSU's agriculture and natural resources extension educator and director) presented on the 988 AgriSafe helpline. When WSU started on FarmStress suicide prevention work, the U.S. Department of Agriculture (USDA) mandated the development of a call center for the western region (13 states and 4 territories in the west). WSU initially partnered with Farm Aid to provide agricultural operators with resources and support. However, Farm Aid's east coast hours prevented full support for the west coast. In the third round of USDA funding, WSU suggested Farm Aid provide an additional 8 hours of support per day, 5 days per week, as well as host operators located in Washington state. Farm Aid agreed; there are now two operators located in Washington state working for farm aid on their resource line, and they are successful in connecting farmers with resources including attorneys, accountants, and USDA programs. However, the operators do not work with crisis. WSU pivoted to partner with AgriSafe crisis call center, which operates a 24/7 AgriSafe Stress Hotline and has operators in Washington, Oregon, Montana, Wyoming, and Colorado (available at: 833-897-2474). Don added that senators are pushing for this service to be available nationwide. One downside is that AgriSafe does not mandate its operators to have an agricultural background, and ideally callers can engage with individuals of similar backgrounds. There may be potential to design a new system that works well for Washington state.

CRIS Committee member **Representative Tom Dent** moderated the panel discussion. Panelists included **Dr. Kirchoff**, **Don McMoran**, **Rob Bates** (counseling services provider), **Cassidy Brewin** (suicide and opioid prevention coordinator), **Levi Van Dyke** (chief behavioral health officer for Volunteers of America Western

Washington), and **Representative Joe Schmick** (9th District, house agriculture and natural resources committee).

Panel Discussion

- What are the unique needs of people in rural areas and in the agricultural industry who are experiencing a behavioral health crisis?
    - Levi recognized the unique needs of rural areas and the agriculture industry, and emphasized the importance of addressing these needs. These include, for example, weather, markets, and added stigma. 988 can expand on agricultural-based training. For example, farming can be isolating due to time spent alone working; farmers may need a number to call or text to feel less alone. Additionally, in rural areas, first response may not be a mobile team, but volunteer firefighters or law enforcement. These responders could also benefit from additional training and resources.
    - Cassidy emphasized stigma as a specific barrier. In her experience, people don't want to visit their suicide prevention booths at community events because of the association to mental health. Individuals don't want to be seen as weak or needing behavioral services. She has also seen a breakdown of the crisis care continuum in her community, specifically someone to respond and somewhere to go. In her community, it can take hours for mobile crisis teams to respond; that person may no longer be in acute crisis and may not qualify for support such as respite beds in the Crisis Center.
    - Rob emphasized the barriers that come with responding across farther distances in rural areas. The lack of mental health providers in hospitals can also pose a challenge.
    - Rep Schmick noted that when he speaks with farm groups about the agricultural suicide situation, and financial and other stressors that cause this, he is hearing that they want to talk to someone as close to home as possible. Encouraged to hear AgriStress have staff in five western states. He added the need for operators that are trained in and speak agriculture. Rep. Schmick personally experienced challenges as a farmer looking for financing. It would be helpful to get more farmers and folks associated with the farming industry that understand triggers and stressors to support crisis work. He wondered about what happens to individuals that move beyond an acute crisis; what might that follow-up look like.
    - Don highlighted the Agrarian Imperative created by Michael Grossman (available at: https://www.lsuagcenter.com/~/media/system/b/8/4/3/b8435231cbb318bac67b4f0f552ba93a/the%20agrarian%20imperativepdf.pdfhttps://www.lsuagcenter.com/~/media/system/b/8/4/3/b8435231cbb318bac67b4f0f552ba93a/the agrarian imperativepdf.pdf). Generational pressures can be a unique challenge for the agricultural community. However, the landscape has changed. Commodity prices, with the exception of beef, are trending lower, and input costs are higher. Farmers are under tremendous stress to make ends meet, specifically with high interest rates. Don also emphasized the need for education and resources, and the idea of a dedicated resource line for farmers.
    - Dr. Kirchoff noted the need for a more sustainable and comprehensive system for farmers, highlighting the importance of having specific language and knowledge of issues. She suggested the establishment of a specific hotline for farmers, which would provide immediate access to resources, including mental health services and short-term labor assistance. Beyond

that, there is a need for people on the ground who are aware of what's going on and can follow-up and reach out. If someone is in crisis and reaches out, could have a lot of resources available to them. Our program for example can quickly help someone that is suicidal that needs mental health services.

- Given these differences, what are the implications for the behavioral health crisis response system? In other words, how do we need to approach crisis response system improvement to support people living in rural and agricultural communities?
    - Cassidy touched on the appropriateness of existing contract deliverables for crisis services in rural and agricultural communities, suggesting a need for improved systems tailored to these communities' specific needs.
    - Levi emphasized the need for creativity, collaboration, and layering in specific expertise to improve the current systems. He also highlighted the importance of follow-up services and using various communication modalities to reach out to individuals. Levi also suggested involving more people from the communities they serve in decision-making roles.
    - Rep. Schmick agreed with Levi's ideas and added that they need to find the right people to help their communities, particularly those experiencing specific stressors. He expressed a shared commitment to preventing suicide among farmers.
    - Dr. Kirchoff proposed that the hotlines could recommend key people that could be trained to recognize and respond to signs of distress. A farm response team could also contact farmers, either as a mobile response team or at least virtual response.
    - Don highlighted the importance of accessible and affordable mental health support for farmers.
    - Rob proposed that recruiting staff and providers from local communities could help the behavioral health system, especially in areas with unique cultural needs.
- Representative Tina Orwall asked if there are specific regional farming issues that would not be well addressed on a national line.
    - Rep Schmick shared that differences in crop cultivation can create unique needs among agricultural communities. These can be impacted by market and market access.
    - Levi added that the impact of weather patterns, such as wildfires, can create additional unique needs.
    - Rep. Dent noted different locations will have unique social dynamics within agricultural communities.
- Kashi Arora, Seattle Children's, asked if the panel could share insights on the unique needs of children and youth in agricultural farming families.
    - Rep Schmick noted it is difficult for families in agricultural settings to hide stress. Parent stress will fall to the family; they can feel when something is wrong. These children and youth can internalize a lot.

- Cassidy added that school districts in agricultural and rural communities can play a role in supporting behavioral health services. However, many school districts do not have access to behavioral health services onsite.
- Rob highlighted the need to support parents in order to support their children. Otherwise, the same cycle and negative coping skills will be transferred to children, and nothing will change.
- Levi noted that youth today have more stress than ever. Physical ailment or difficulties among parents can result in youth feeling they need to pick up slack on farm or ranch and do more. There is also a concern around access to lethal means for children and youth on farms.
- Dr. Kirchoff shared that family legacy is very important. If a farm is affected, it usually will affect whole family. This is a huge burden on youth to feel responsible and help the farm, and may have limited access to resources compared to urban counterparts.
- Rep Dent shared an example of a large agricultural family in North Central Washington facing significant financial challenges, leading to family tragedies.

- Claudia D'Allegri, Sea Mar Community Health Centers, noted that a large portion of farm workers are Latinx. What kind of mental health and culturally competent services are available to them and their families?
  - Cassidy emphasized that there are not enough culturally competent resources provided to Latinx communities. Walla Walla is trying to increase the number of trainings offered by bi-cultural folks who can offering those sorts of resources to folks. She added the need to compensate folks to come to those things. They will have lost wages if they are not offered at appropriate times. There is a need for space to share resources while making sure they don't lose wages to get to those resources.
  - Levi noted VOA is constantly trying to make services more culturally relevant, but this is an area where we can all do more.
  - Dr. Kirchoff emphasized the presence of stigma around mental health and suicide prevention.
- Kashi also asked about effective strategies to reduce stigma around mental health conversations and/or asking for help when an individual is suicidal.
  - Rob highlighted the importance of open conversations.
  - Dr. Kirchoff agreed with drawing attention to stigma, noting the younger generation may be a key entry point, and working to normalize mental health issues. It can be powerful when people in the community share about their own mental health issues to other farmers.
  - Cassidy noted efforts in her community to build a foundation of everyone speaking the same language around suicide prevention. She emphasized the need for community-based solutions, such as offering mental health first aid and QPR trainings, to promote awareness and reduce stigma.
- The CRIS is developing recommendations for performance metrics to measure crisis system improvement. As they continue developing these, what is one key takeaway about rural and agricultural communities you'd like the CRIS to consider?

- Rob emphasized the importance of workforce development and encouraging more people into the mental health care system in these areas.
- Rep Schmick stressed the need for people who can speak the language of farming and ranching.
- Cassidy: Noted that improving crisis systems in rural areas will require continuous effort and improvement. She encouraged the CRIS Committee not to give up on rural areas, adding they are just as important as the urban areas.
- Dr. Kirchoff agreed with Cassidy, noting farmers are our food source. A metric for success would be a decline in death by suicide, as well as an increase in utilization of suicide health lines by farmers from the communities. She recommended asking farmers about their experience receiving services, including what was helpful and what could be improved.
- Levi noted that trust and engagement are key.
- Rep. Dent emphasized that the rural community thinks differently, and their lives are different. They will react better to someone that understand them and relates to them. He encouraged the CRIS to think about the uniqueness of the rural and agricultural communities.

Rep. Dent shared that he received proviso in the Washington state budget for $250k to support and finance a panel to look at uniqueness of agriculture, mental health, and suicide, and determine if we need to do things differently.

Jamie thanked Rep. Dent for moderating and the panelists for their preparation and presentations. CRIS members shared that the presentation and panel helped them appreciate behavioral health crisis considerations for farming and agricultural communities at a new level.

CRIS MEETING

WELCOME, INTRODUCTIONS, AND TECHNOLOGY REVIEW

Jamie Strausz-Clark, 3Si, convened the meeting, which was held in-person at the Spokane Convention Center. Jamie also reviewed use of Zoom features to ensure understanding among meeting participants regarding use of Zoom meeting technology and expectations for committee members and public observers joining virtually. CRIS Committee member Rep. Dent welcomed everyone and shared a personal story about his family's experience with mental health and suicide, underscoring the importance of mental health and the potential for positive change.

MEETING OBJECTIVES AND AGENDA

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

1. Ground our work in the personal stories and experiences of people who encounter the crisis response system.

2. Observe and learn about a local crisis care system that fully integrates services across the crisis care continuum.
3. Learn about the unique needs of rural and agricultural communities when it comes to behavioral health and crisis response.
4. Learn about how state agencies have considered and advanced the CRIS Committee's input on meanings and metrics that emerged from the February CRIS meeting.
5. Identify remaining gaps in the discussion of system performance meanings and metrics, especially considering what we've learned about substance use disorder and rural and agricultural communities since we first discussed this topic in February.
6. Confirm action items and next steps.
7. Hear public comment. Due to lower sign-up numbers, the comment period was shortened. Public comments are welcome in written form at any point throughout the process and may be submitted to HCAprogram1477@hca.wa.gov.

PERSONAL STORY

CRIS Committee member Bipasha Mukherjee introduced Lavonnie McManus to share her personal story and experience with Washington's crisis response system. Lavonnie is a certified peer counselor and supports HCA to develop curriculum for the state's peer program. She outlined her plans to create support and resources for underserved rural and tribal areas, particularly for individuals in reentry after incarceration. Lavonnie's own experiences with mental health, substance use, and in carceral settings informed her vision of establishing clean and sober living houses in rural communities, run by peer services, to aid in reentry and provide essential services. She emphasized that investment in these communities would not only improve individual outcomes but also have a positive impact on the broader population. CRIS Committee member Kristen Wells thanked Lavonnie for sharing with the group, noting that her story touched on relevant topics including lack of resources in rural areas and the connection between the mental health system and the carceral system.

DISCUSSION: State Agency and Lived Experience Subcommittee Updates

Kristen and Bipasha provided an update on the Lived Experience Subcommittee project to gather lived experiences stories of Washington's behavioral health crisis response system to inform system improvements. The Lived Experience Subcommittee will focus on broad outreach to all populations. The team will gather stories in writing, video, or recording. Kristen emphasized the importance of hearing from marginalized communities and compensating participants for their time and emotional labor.

Committee Discussion

- Darcy Jaffe, Washington State Hospital Association, asked how the stories will be used once they are gathered.
    - The stories project team will do an initial review and identify themes for successes to replicate and gaps to address. These themes will be shared with the Lived Experience Subcommittee and CRIS to inform recommendations.

- Kashi offered to recruit stories from children, youth, and families, and flagged that sharing stories beyond the CRIS would require informed consent.

CRIS members received the CRIS April Newsletter with legislative updates in advance of the meeting and were given the opportunity to ask questions.

- In Senate Bill 6251, what is community-based crisis teams? How is it different from Mobile Response and Stabilization Services (MRSS) or mobile crisis response?
    - Rep. Orwall noted that community-based crisis teams are teams that serve as alternative to the police that responds rapidly. This uses some of the 988 fee to provide additional dollars for clinical teams to respond more quickly and focus on 988.
    - Nicola Pinson, HMA, shared the following definition from HB 1134: "a team that is part of an emergency medical services agency, a fire service agency, a public health agency, a medical facility, a nonprofit crisis response provider, or a city or county government entity, other than a law enforcement agency, that provides the on-site community-based interventions of a mobile rapid response crisis team for individuals who are experiencing a behavioral health crisis."

PRESENTATION: What state agencies have done with the meanings and metrics

Michele Roberts (DOH) and Teesha Kirschbaum (HCA) presented work by DOH and HCA to review the Guiding Principles provided by the CRIS. The agencies found general alignment between CRIS priorities and agency priorities for what the 988 system should track. DOH and HCA mapped out the current, near, and distant states for measurements and metrics related to each guiding principle. Looking ahead, DOH and HCA will continue to work together to understand and ensure measurements, metrics, and reporting align to the Guiding Principles the CRIS has provided. While not all measurements or metrics will be available at once, the 988 team will keep the CRIS informed on timelines and when to expect metric reporting.

The team also shared two examples of current measurement in use. The first example used the guiding principle "Empowered by technology that is accessible to all." The measurement is call, text, and chat volumes, and the goal is that 90% of calls, texts, and chats are answered in-state. Using volume, awareness, and the goal, DOH and HCA can begin to build metrics to understand how they are performing against the goals and plan for future resource requirements. Moving forward, more information on accessibility will allow for more robust metrics and more ambitious goals related to equity. The goal is 90% of in-state calls, texts, and chats are answered within the state; the 12-month running average for calls and texts is 89%, and 86% for chats.

The second example used the guiding principle "Centered on and informed by lived experience." HCA, along with its partner Enroute, created and implemented developmentally appropriate training for mobile crisis teams. This training includes modules on trauma-informed care, harm reduction, and de-escalation to align with SAMHSA core competencies for crisis response. The training audience includes Mobile crisis teams under contract with the Behavioral Health-ASOs, and focused on Crisis Intervention. 358 team personnel completed the adult version of the training and 100% finished the 3-hour training. 193 took the developmentally appropriate training and 193 completed the training. This training for youth focused teams took 4 hours to complete. While mobile crisis teams were familiar with trauma informed care and de-escalation techniques,

most were not familiar with harm reduction. Teams reported that the harm reduction training helped them feel better equipped to support people experiencing co-occurring crisis.

Committee Discussion

- With regard to calls that are diverted from 911 to 988, will DOH and HCA be able to collect data highlighting whether they were diverted from an ER or potentially jail as a result of the call to 988 instead of 911?
    - Michele noted that each of the three call centers have current pilot projects that established partnerships between 988 and 911 call center staff. Many behavioral health calls to 911 have been transferred to 988 thus far. There is a lot being done to collect data to be able to report-out; each of the call centers are reporting on metrics regularly.
- Can the call, text, and chat volumes data be broken down by further by age, race, ethnicity, and language of care?
    - Michele shared that while this is not easy to do currently, it is one of the goals of the future state. And while we can't screen initially for those things, we can collect data elements as they're being gathered.
- What will happen to the CRIS-recommended measurements that have no current or planned tracking method or have significant technology dependencies?
    - Michele shared the state is in the process of assessing whether its technology can sustain a comprehensive system or several comprehensive systems that talk seamlessly. We can't do the work marked as significant technology dependencies until we have that technology system in place.
    - Teesha added that the plan will be to look back on measurements with no current or planned tracking method to determine if we can do them.

Discussion: Identifying remaining gaps in proposals for meanings and metrics

Jamie facilitated the discussion, first inviting CRIS members to spend individual time considering responses to the following questions:

- Based on the panel presentation at today's meeting, what additional meanings and metrics should be added to adequately meet the needs of rural and agricultural communities?
- What additional considerations would you highlight to address the needs of rural communities that have not been covered today?
- Based on the presentation at the March CRIS meeting, what additional meanings and metrics should be added to adequately address substance use disorder (SUD) or co-occurring mental health crisis and substance use disorder?
- What other gaps remain in the meaning and metrics documents that still need to be addressed?

CRIS Committee Member Discussion:

Remaining Gaps

- Aleesia Morales, Tacoma Fire Department CARES program, recommended measuring traditional crisis services through regional crisis lines/988 in comparison to the 911 system. Measurement would look at how we are including the 911 response system in the crisis work and how are we measuring those outcomes.
- Kristen noted there are a lot of metrics that were blank; she suggested doing some work to operationalize the meanings.
- Kashi noted that some of the meanings are consistent across multiple guiding principles, indicating there is overlap. She suggested adding a column that notes if it is an existing metric, one will be added in the future, or unknown.
- Rep. Orwall shared that next day appointments (NDA) need some additional definition and tracking. There are opportunities to be more sensitive around NDAs, particularly for agricultural communities (e.g., having them done by people who have been trained to work with agricultural populations, multicultural tailored services). Currently, we don't know how they are working, or what our system could be doing to better tailor services. We could also potentially collect more information on demographics. NDA appointment data should also distinguish between Medicaid and private insurance.
- Darcy noted that the meanings and measurements lack specifics around "someone to come" and "a place to go."
- Bipasha emphasized that "a safe place to be" has a very short list of metrics and meanings. We need input from people with lived experience but also from staff providing direct services (or people on the front lines).
- Kashi noted there are barriers to gathering/reporting demographic information, but knowing who we are serving (and therefore who we are missing) is critical.
- Kristen highlighted guiding principle 4, related to providers mirroring the demographics of the communities they are serving. She recommended including a meaning or measurement tracking whether there are education or training programs to create providers in those communities. If those programs do exist, we need to measure how many people go through those programs actually enter the workforce and then are able to serve the communities they come from.
- Aleesia noted the missing component of 911 services provided. There is an increase in first responder agencies growing various programs to support behavioral health services. To capture all of the services and get a picture of what exists, this will include services that exists in the 911 system response system for people experiencing behavioral health and substance use crisis (or solely substance use crisis). She also shared that developing, reviewing, and amending/updating crisis intervention training for traditional first responders (Fire/EMS, LE) is important when we talk about people being adequately/appropriately trained. Also including training for call takers/dispatchers to determine who was dispatched, why they were dispatched, and what the outcome of the dispatch was.
- Bipasha noted that 988 won't have people answering the phones that will represent every population demographic. She recommended honest reflection on what 988 can be. It can't be everything to everybody. Call takers' primary job is to be a human being to the person calling in first and foremost. Referrals may need to be made for specific communities, but everyone should get some initial person-centered care when they call regardless of whether or not the provider matches the caller's

demographics. The whole system will require interaction between 988 and grassroots service providers in communities that 988 cannot possibly have. Similarly for the mobile crisis team, you cannot have people who go out and cover every demographic. She noted that elements of stigma cross cultures and boundaries and recommended honest conversations at CRIS about what stigma is and what does it mean. She anticipates there will be overlap across multiple communities. This will help us talk about how to address stigma in behavioral health.

Modifications/Updates to Meanings and Metrics to Address Co-Occurring and SUD

- Dillon Nishimoto, Asian Counseling and Referral Service, asked about how co-occurring and substance use disorder (SUD) needs are being recorded in the systems we are using? Is this being identified by the person calling in or accessing the 988 service? Is it being determined by a set of assessment questions? This isn't specific to SUD, rather how we're identifying the presenting issue for the caller, so we're really working with the individual accessing the support to find what their primary need is. This also looks like honoring the caller and not making assumptions with limited information so folks aren't being labeled in a way that may or may not be accurate to their presenting need.
    - Levi shared that there is currently no clear definition for co-occurring and SUD. Each center likely records it differently.
    - Michele touched back on the notion of a future state of one system for all data collecting and the different levels of people who would be interacting within the system. She suggested we could find ways to help refine that for what the call centers may collect, but they may or may not be the ones to know that or collect it. For example, a mobile team would have the access to the data, or at least a process where we also engage the caller in defining what their primary need is.
    - Puck emphasized not applying things onto people. We get a lot of stigma based on incorrect diagnoses, etc. traveling through the system. If we are keeping individualized shared information, we need to ensure that people have access to knowing what that information is and trained to correct it if it's incorrect.
- Dr. Snowden noted the section on collaboration and coordination between systems, highlighting the need for better collaboration between SUD and mental health systems. One measure would be looking at whether we are increasing the use of secure withdrawal and monitoring beds. In particular, are we getting patients from the medical or ED system into mental health/SUD care. For the creation of new crisis receiving centers and clinics, we should measure how well they manage people coming in with detox and SUD needs.
- Kristen highlighted the first guiding principle, where people in crisis experience timely access to high quality coordinated care, noting that the meanings and measurements point to appropriate referrals. She recommended including tracking whether appropriate referrals are available for both agricultural communities and SUD (e.g., facility or service available in the community, detox with mental health care availability). She added we cannot track whether a correct referral was made if the correct referral does not exist.

Additional Considerations for Rural and Agriculture Communities

- Michael Robertson, Certified Peer Counselor, highlighted that different communities (e.g., rural and farming communities) will get aid in various ways. This might be a consideration when it comes to how people are able to access, improved outcomes, similarities and differences.
- Claudia highlighted the differences among the agricultural communities. She noted finance issues, market concerns, price drops, etc., which can impact farm owners. Claudia's in-laws are farm owners in Washington state who have farmers in California. There are farm workers who are immigrants, they may not have documentation to work, may not speak the language—however, they work hard, and their suicide ideation is not high. This is different from the reality of suicide ideation experienced by the children of farm workers, which is very high. This is a group of youth that don't have an identity, that doesn't feel they belong, and don't see much of a future. Therefore, our metrics here cannot be the same. People in rural and agricultural communities are different; we can't look at owners the same way we look at workers. The metrics and the needs are different.
- Darcy recommended expanding our definition of equity in the guiding principle on equity and anti-racism to include rural, ageism, etc. related to different components of equity. The equity definition should be expansive and inclusive.
- Dr. Snowden agreed with Darcy on including the basics around rural and agricultural communities in the equity guiding principle and/or the section about people in crisis that are receiving services responsive to their age and culture. He suggested providing culturally responsive services as this is a specific culture. In the section on being informed by lived experience, this would be an opportunity to get information on peers in terms of their rural and agricultural background or connection.
- Michael cautioned that "equity" isn't a blanket approach/application. Different equitable considerations are missed because the more "palatable" approach is easier to execute and it in turn drowns out the obvious and more "viscous" IN-equities that have always persisted.
- Jane Beyer: Is the statement "The crisis response system is coordinated and collaborative across systems and community partners." referring to the behavioral health system only or to potential coordination with social service systems? Per the panel today, it seems that making those other connections could help to resolve a crisis as well as mental health counseling might. The issues that folks present with can go well beyond a behavioral health crisis. If we are talking cross-system, are we talking about linking people to other social services beyond behavioral health crisis services? Thinking of the root cause of someone's crisis, and how it might be related. For example, connection to therapy won't solve someone's basic human needs.
    - Michele noted the theme on how we are collecting data on referrals and then tracking outcomes of referrals. Generally, for the 911 and 988 partnership, the call centers are also incorporating 211 and other local/community/statewide resource lines in connection for those social service referrals. These are all warm handoffs.
- Kristen highlighted the second guiding principle regarding safe services. For rural and agricultural communities, safety may also mean confidentiality. Beyond protecting health information, it may also mean that your neighbor doesn't see you walking up to a building with behavioral health services. This more physical and visual form of confidentiality is needed for folks to feel comfortable accessing services.
- Dillon highlighted the conversation with panelists about increasing workforce with folks from different backgrounds; we have a lot of rich experience among our peers. He recommended looking at how we

can encourage folks to become peers or take trainings like mental health first aid. This will also help us normalize or destigmatize mental health.

- Puck noted that Rep. Dent is able and willing to talk about mental health because he has been through it. There are other farming families that have been through it and at some point they will be ready to support other people. Puck highlighted the Promotoras programs (available at: https://kingcounty.gov/en/dept/dph/health-safety/health-centers-programs-services/access-outreach-program/promotora), which identifies individuals in the community who already care, and give them the support and education they need. While we don't need peer counselors with our specific experiences, it is important to have a person who has gone through struggle and knows how to listen without judgement. He suggested we pay attention to what supports needs people have and if they are engaging with us, and why. When you are in trauma and are reaching out for help, you don't have as much patience for outsiders not being able to help. How are we reaching people who are not using the system but need to. We need to be gathering those ungatherable metrics of people who aren't engaging.

PUBLIC COMMENT PERIOD

Jamie reviewed the public comment process and opened the public comment period: two members of the public commented. Jamie highlighted the opportunity to submit public comment via email to: HCAprogram1477@hca.wa.gov.

See SAMHSA inclusion of people with lived experience policy shared: https://www.samhsa.gov/sites/default/files/inclusion-policy-tc.pdf

MEETING ADJOURNED

Panelist Bios: Behavioral Health Crisis Response in Rural and Agricultural Communities

CRIS Meeting – April 18, 2024

Presenters:

Dr. Cornelia Kirchhoff, Washington State University

Cornelia Kirchhoff is a clinical track faculty member at Washington State University (WSU) Psychology Department and associate director of the WSU Psychology Clinic. After earning her degree in Psychology from the University of Heidelberg in Germany and working eight years as a clinician with adults and children, she moved to the U.S. in 2009. She earned her Ph.D. in Clinical Psychology at WSU in 2015. She partnered with WSU Skagit County Farm Response in the hopes of being able to serve the agricultural community in providing therapeutic services and train the next generation of mental health providers in working effectively with this community.

Don McMoran, Agriculture and Natural Resources Extension Educator and WSU Skagit County Extension Director

Don McMoran was born on a 2000-acre diversified potato farm in Mount Vernon Washington. He grew up working on the farm including bucking hay bales and moving irrigation pipe all summer long. Working in the fields was long and hard but he grew to appreciate how hard area farmers work to make the valley what it is today. Don completed his Master's Degree in General Agriculture in 1998 with a minor in Spanish and a Masters in Arts and teaching in 2000. After graduating from college Don taught Spanish at Stanwood Middle School for one year before receiving a position with the Skagit Conservation District where he implemented the Conservation Enhancement Reserve Program (CREP). In May of 2006 Don was hired as the WSU Extension Agriculture and Natural Resources Educator for Skagit County, where he assists local farmers and gardeners with their research and extension needs. His major programming includes Cropping and Irrigation Systems, Leadership, Farm Stress, Agricultural Suicide Prevention and Outreach to Underserved Audiences.

Panelists:

Moderator: Representative Tom Dent

Tom Dent has been a Columbia Basin resident for over 60 years. He became a professional pilot in 1976, and soon after founded Tom Dent Aviation, which offered aerial application, pilot service and flight instruction for area agriculture and industry. Tom lives on the Flying T Ranch with his family, located 7 miles NE of Moses Lake, raising bison, and producing hay.

Sworn into office in 2015, Tom represents the 13th District, which includes Kittitas County, as well as parts of Grant and Yakima counties. He currently serves as the Ranking member on the Ag and Natural Resources Committee, he also serves on the Human Services, Youth and Early Learning and Transportation Committees as well as several special legislative committees. Tom is the Co-chair for both the Aviation caucus and the Wildfire caucus.

His legislative priorities include wildfire prevention through improving forest health, and increasing our initial attack resources for fire suppression, Agriculture issues including promoting increased trade, protecting pesticide use and water resource management, and as a career aviation professional the protection and expansion of our aviation infrastructure and increased aviation workforce training.

Tom cares deeply about providing a safe and positive environment for young people that allows them to grow up and have the same opportunities available to prior generations to become successful.

Finally, Tom is a passionate advocate for mental health and suicide prevention that improve the lives of the mentally ill and assist families in helping their loved ones.

Cassidy Brewin, Suicide and Opioid Prevention Coordinator, Walla Walla County Department of Community Health

Cassidy Brewin (she/her) is the Suicide and Opioid Coordinator for Walla Walla County Department of Community Health. She has a Master's in Public Health from University of Washington and Bachelor of Arts from Whitman College and is passionate about creating systems level change to improve the lives of individuals and communities across Washington.

Rob Bates, Bates Counseling Services

(from Rob's website, https://www.batescounselingservices.com/) I bring a diverse skill set of life and counseling experience. I grew up with a tumultuous household in a small community. I joined the military at a young age and have lived and worked throughout the world. I have had my own family, raising children weathering many successes and failures in the process. I continue to experience counseling as a client working with the emotions of my past and present to improve my future. My personal experience in therapy enhances my great respect for my clients' vulnerability in our sessions. I am a fellow traveler in life, as you learn and grow so do I.

I have returned to a quiet rural community because I love the pace, the people, and watching the cycle of life in the fields that grow around me. My daily life is filled with my amazing wife, my elderly dog, and villainous kitten in a farmhouse from the 50's about a mile out of a small town located centrally in Washington. I am close enough to experience the amazing delights of the city; far enough to be separated from the stress and anxiety urban life brings for me. My hobbies include the outdoors, learning, great food, and time with friends. When not working with clients I spend most of my life dreaming of the next great adventure to experience.

I look forward to our journey together and am excited to help you work through whatever comes next for you in this amazingly complicated thing we call life.

Representative Joe Schmick

Rep. Joe Schmick has served the 9th District, which includes Asotin, Columbia, Garfield, Franklin, Lincoln, Adams, Whitman, and south Spokane counties, since 2007.

Joe is a former second-generation farmer and small-business owner. He earned degrees in Accounting and Economics from EWU and is a graduate of the Washington Agriculture and Forestry Education Foundation.

Joe's extensive background in agriculture includes leadership roles in local, state and national Farm Bureau organizations, Grain Quality Committee, Washington Barley Commission, and the National Barley Improvement Committee. He served as a member of the Whitman County Wetlands and Whitman County Natural Resource Advisory committees.

Schmick serves on the House Appropriations Committee and the House Agriculture and Natural Resources Committee. He is the Ranking Member on the House Health Care and Wellness Committee, where he has focused his efforts on keeping quality health care affordable, accountable and accessible to all, especially those in underserved rural areas.

Joe and his wife, Kim, reside in Colfax.

Levi Van Dyke, Chief Behavioral Health Officer at Volunteers of America Western Washington (VOAWW)

Levi Van Dyke has spent the past 15 years working in crisis services and suicide prevention throughout the state of Washington. VOAWW operates a crisis center providing 988, Regional Crisis Line (RCL), and Indigenous specific (Native and Strong Lifeline) services across Washington. VOAWW is also currently a national backup chat/text center and LGBTQI+ Youth subnetwork chat/text center through Vibrant Emotional Health, the national 988 administrator.

Outside of VOAWW, Levi currently serves as Board Vice President for the National Association of Crisis Organization Directors. He also serves on numerous regional, state, and national committees, including being a Crisis Response Improvement Strategy Committee (CRIS) member. Levi was raised on the Palouse and spent six years as a volunteer firefighter/EMT while attending Washington State and Eastern Washington Universities.