MEETING SUMMARY

CRISIS RESPONSE IMPROVEMENT STRATEGY COMMITTEE MEETING SUMMARY

Thursday, June 18 2024; 1:00 pm to 4:00 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

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ATTENDEES

COMMITTEE MEMBERS

Aleesia Morales, Tacoma Fire Department
Amber Leaders, Office of Governor Jay Inslee
Anna Nepomuceno, National Alliance on Mental Illness (NAMI) Washington
Bipasha Mukherjee, Crisis Line Volunteer
Darcy Jaffe, Washington State Hospital Association
Dillon Nishimoto, Asian Counseling and Referral Service
Jan Tokumoto, Frontier Behavioral Health
Joan Miller, Washington Council for Behavioral Health
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
Mark Snowden, Harborview Medical Center
Michael Reading, Behavioral Health and Recovery Division, King County
Michelle McDaniel, Crisis Connections
Puck Kalve Franta, Access & Inclusion Consultant
Representative Tina Orwall, Washington State House
Robert Small, Premera Blue Cross
Teesha Kirschbaum, Washington State Health Care Authority (HCA)

COMMITTEE MEMBERS ABSENT

Adam Wasserman, State 911 Coordinator
Claudia D'Allegri, Sea Mar Community Health Centers
Connie Chapman, Washington Department of Veterans Affairs
Fennec Oak, Fennec Oak Counseling
Jane Beyer, Washington State Office of the Insurance Commissioner
Justin Johnson, Spokane County Regional Behavioral Health Division
Michele Roberts, Washington State Department of Health (DOH)
Representative Tom Dent, Washington State House

Ron Harding, City of Poulsbo
Senator Judy Warnick, Washington State Senate
Senator Manka Dhingra, Washington State Senate

AMERICAN SIGN LANGUAGE (ASL) INTERPRETERS
Caryl Williams Love
Amber Bahler

COMMITTEE STAFF
Betsy Jones, Health Management Associates
Nicola Pinson, Health Management Associates
Brittany Thompson, Health Management Associates
Kristine Malana, Health Management Associates
Devon Schechinger, Health Management Associates
Jamie Strausz-Clark, Third Sector Intelligence (3Si)
Michael Anderson-Nathe (Anderson-Nathe Consulting)

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 meeting technology and expectations for committee members and public observers.

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 six 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 the specific needs of and programs for youth and transitional-age youth experiencing a behavioral health crisis, as well as recommendations from experts on what system expansions and improvements would best serve youth.
4. Reflect and provide feedback on these proposed recommendations.
5. Confirm action items and next steps.
6. Hear public comment. (Note: 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.)

Jamie reviewed the decision process, including the work on system performance metrics and gaps, a deeper dive on substance use disorder and the relationship to the crisis response system, and discussion around rural and agricultural behavioral health crisis response. Today's discussion revolved around the youth crisis response system. Next month will look at the tribal crisis response system and other aspects of system infrastructure.

August will have smaller group discussions of the lived experience stories coming out of the lived experience story project, which will inform the next in-person CRIS meeting in September focused on discussing draft policy recommendations as a foundation for the final report to be submitted January 1, 2025.

PERSONAL STORY

CRIS Committee member Kristen Wells introduced Leah Muasau to share her personal story and experience with Washington's crisis response system. Leah is an enrolled member of the La Jolla Band of Luiseño Indians and of Hispanic descent. She is a mother, grandmother, teacher, and advocate for four children and 11 grandchildren. Leah has worked for the Department of Social and Health Services for 18 years, including her current role as a tribal contracts manager and stand in for senior director of Indian policy at the Office of Indian Policy. She shared her son's struggle with addiction to highlight the barriers they encountered within the crisis response system. She emphasized the challenges she faced in finding a detox bed for her son and trauma of receiving care in an unlicensed facility that cut her son's hair, which is an act with significant cultural meaning in native communities that created further trauma to their work to seek appropriate care. After several setbacks, her son successfully completed a 12-week program, is currently employed part-time, and studying a trade. Leah emphasized the importance of ensuring that those who are struggling with addiction are referred to licensed places of service, as well as the need for cultural competency and empathy in supporting individuals facing similar challenges. Leah also advocated for better systems and expressed her gratitude for the support her son received during his recovery journey. She stressed the power of personal stories in raising awareness and providing hope. CRIS Committee member Bipasha Mukherjee thanked Leah for sharing with the group, highlighting the emotional work of sharing and the importance of calling for systems to listen to stories to improve.

DISCUSSION: Legislative Session and State Agency Updates

Kristen, Valley Cities Behavioral Health Care, and Bipasha, Crisis Line Volunteer, provided an update on the Lived Experience Subcommittee project to gather lived experiences stories to inform system improvements for Washington's behavioral health crisis response system. The project, which aims to gather stories from marginalized groups, had already received 22 submissions since its launch in June. The goal is to identify system gaps from the perspectives of people with lived experience and those that care for them when they reach out to the behavioral health crisis system. CRIS committee members are encouraged to share the flyer for the Lived Experience Stories Project with their communities to encourage submissions.

Chantel Wang, DOH, provided an update on the 988 Awareness Campaign, launched in May 2024. The purpose is to provide resources to people in crisis in the state of Washington, with a goal of building awareness and driving action to prevent suicide. The campaign will run for 12 weeks through the week of July 29, 2024, on the following media channels: Video via Digital (streaming) TV and traditional TV; Digital audio (e.g. Spotify, Pandora); Digital display banners; Radio (e.g., Broadcast radio and traffic/weather sponsorships); Social media (e.g., Facebook and Instagram); and Community-owned media (digital, radio, print, TV). Priority audiences for Year 1 of the campaign include veterans (HB 1134), American Indian/Alaska Native (HB 1134 – Native and Strong effort with SAMHSA funds), Hispanic/Latino (HB 1134), agricultural community (HB 1134), care

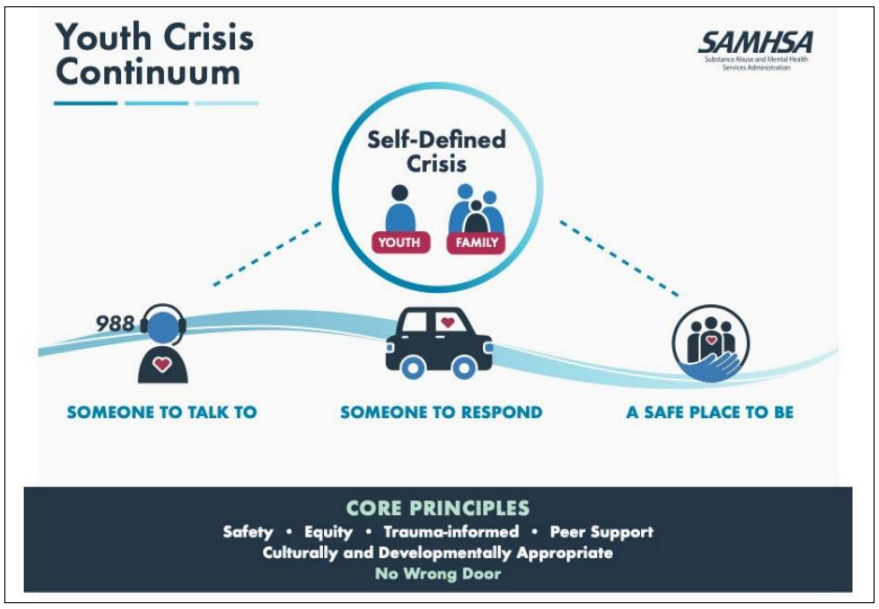
networks/support systems, males 24-65, other BIPOC communities, and people who use substances. The underlying theme to the campaign is the aspect of human connectiveness. The main messaging addresses key barriers to contacting 988 and uses the following motivators to overcome these barriers: free and confidential, crisis counselors, information regarding who can call 988 and for what purposes (for a friend/family member/loved one), and chat/text options.

DOH is currently waiting for contracts to process the contract amendment for year 2 funding, and to start some of the process again. This can include further research, more baseline surveys/listening sessions, etc. to reach the following Year 2 audiences: Youth/Adolescents (school strategies ages 10-18, media ages: 13-18), young adults (ages 18-24) (HB 1134), LGBTQIA+ (HB 1134), care networks/support systems, older adults 65+, and communities of color.

The campaign websites are WA988.org (English) and WA988.org/es (Spanish). Included on the website is a Partner Toolkit with downloadable resources and promotion materials including videos, social media graphics, a safety plan tip sheet and template, and printable materials such as coasters, window clings and wallet cards. Individuals with questions may reach out to Chantel at Chantel.Wang@doh.wa.gov.

PRESENTATION AND PANEL DISCUSSION: Crisis Care Continuum for Youth

CRIS Committee member **Kashi Arora** (Program Director for the Behavioral Health Service Line at Seattle Children's) served as moderator and opened the presentation and panel discussion of youth crisis needs. Kashi provided an overview of the youth crisis service continuum, which includes someone to talk to, someone to respond, and a safe place to be for youth. Kashi underscored limited options for crisis response for youth, particularly in crisis service continuum of safe places to be. In addition, there is need for connections between all three elements of the system as well.



Presenters

Presenters from 988 contact centers and HCA provided as overview of current crisis response services and protocols for youth.

Courtney Colwell, MSW, MHP (Director of 988 Services at Volunteers of America Western Washington) and **Diane Mayes,** MA, LMHC, MHP, CWPC (Clinical Director of 988 Crisis Services at Crisis Connections) shared protocols for responding to calls from youth or third parties calling about youth. Crisis Connections and VOA have expanded their outreach and ability to connect with contacts across the state, starting first with phone services in July 2022, now adding chat/text services statewide and Mental Health Diversion Initiative pilots in which 988 counselors are embedded in three different 911 centers across the state. This has led to an increase in contacts across the spectrum, particularly with youth contacts, as historically 50% of clients accessing chat and text services tend to be under the age of 18. VOA has been working improving barriers to data collection for chat and text as well. 988 Youth Response Protocols include the following:

- Training for call teams and crisis teams includes youth content
    - Lifeline tip sheets from Vibrant
    - Webinars for self-pace learning and informational updates
    - Resources and Guidelines for LGBTQ+ Youth
        - Inclusive language tip sheets
        - Youth Page: https://988lifeline.org/help-yourself/youth/
    - State and local resources used within crisis centers
- All contacts received by youth under 18 require clinical observation
- All contacts are assessed for safety
- Build rapport
- Attempt to gain demographic information, history, other pertinent details

Diane shared that in King County, Crisis Connections offers opportunities to connect youth contacts to Children's Crisis Outreach Responses System (CCORS/CCORS-YA), which is run through the YMCA and connects youth directly to care. Crisis Connections also has a Youth Mobile Crisis Team Dispatch which coordinates with Regional Crisis Lines (RCLs). It also offers follow-up care for youth contacts the same as adult contacts, where they are offered the opportunity to receive a follow-up call or outreach from follow-up specialists. Courtney highlighted VOA's ability to warm transfer and stay with the client as long as possible through the process should they need services outside of its immediate service region.

(For those interested in learning more about 988 & youth contacts, email Diane Mayes dmayes@crisisconnections.org, Courtney Colwell ccolwell@voaww.org, and Sara Schumacher sschumacher@fbwa.org)

Sherry Wylie (HCA) provided a brief refresher on the Youth Mobile Response & Stabilization Services (MRSS) model for youth callers. MRSS has two phases, first offering outreach to all open referrals through an initial response, and second through stabilization in-home services. Youth stabilized in the home and community prevent return to crises. The goals of MRSS are the following:

1. Support and maintain youth in current living environment.
2. Engage youth and families by providing access to care.

3. Promote safe behavior in home, school and community.
4. Reduce use of ED's, Inpatient units and detention centers.
5. Assist families in linking with community and clinical services.

Washington state went from four youth teams covering five counties in 2022 to 14 youth teams covering 18 counties and with plans for continued expansion. These youth MRSS teams reduce reliance on the adult crisis system, the involuntary treatment system, and 911.

Panelists

Panelists included Starleen Maharaj-Lewis (Systems and Family Tri-chair at North Sound Family Youth System Partner Round Table/FYSPRT), Dianne Boyd (Licensed Mental Health Counselor and Child Mental Health Specialist at YMCA Social Impact Center), Sue Rash (Clinical Supervisor with the CCORS program at YMCA Social Impact Center), and Dr. Alysha Thompson (Clinical Director and attending psychologist at Seattle Children's Hospital). Panelist bios can be found at the end of the meeting summary.

Panel Discussion

- *What are the unique needs of youth and transitional age youth who are experiencing a behavioral health crisis, specifically after 988 implementation?*
    - Sue noted the age of consent issue can cause challenges. For example, since the COVID-19 pandemic, children around 11 or 12 are coming in with significant suicidal ideation and other behaviors that had previously been attributed to older children.
    - Dianne shared key issues they are seeing:
        - Earlier onsets of psychosis from kids, as well as ramifications from the COVID-19 pandemic including anxieties and school issues.
        - Young adults with unstable housing or at risk of losing housing because of behavioral health issues. They often struggle with substance use and finding appropriate housing resources.
        - Programs have seen a lot of staff turnover which creates a lack of trust with other providers.
        - Families also often do not have respite options when they need a break.
    - Starleen shared her recent experience with accessing crisis services for her child, illustrating the difficulties faced by families trying to access help during times of crisis.
    - Alysha emphasized the need for a broader definition of "crisis" beyond suicidal ideation, given the diverse manifestations of crisis among youth. She also expressed concerns about the current system's inability to provide adequate support for youth experiencing aggressive or other dangerous behaviors.
- *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 youth experiencing a crisis?*
    - Alysha highlighted the need for immediate connection to the right resources via 988.
    - Starleen recommended simplified language and scripts to navigate the system.
    - Sue suggested the increased use of parent partners and peers in crisis response.
    - Dianne highlighted the importance of thorough vetting of crisis situations to ensure staff safety.

- *As the state continues to work on improving the crisis response system, what is one key takeaway about youth and transitional age youth you'd like the CRIS to know?*
    - Dianne suggested looking at other gaps in the system that are needed for supporting families, e.g., building up a respite system.
    - Sue highlighted the lack of depth among youth services.
    - Starleen noted the challenges related to accessing services, which promotes distrust with the crisis system for youth.
    - Alysha emphasized that youth are part of systems, and we need to support caregivers. She added the crisis continuum needs to include follow-up and prevention efforts. Alysha also highlighted the issue of youth needing to fail out of systems to access higher levels of care, which needs to be addressed.
- *What kinds of supports exist for the siblings of youth in crises?*
    - Sue noted their crisis teams with CCORS work with the whole family as much as possible.
- *What does a safe place to be look like for youth? What services would be available?*
    - Dianne shared that working with the young person and their family at their home is ideal. Natural supports such as grandparents, uncles, a trusted friend, etc. can also spend time with the youth. This is to keep them in the community with friends and family as a first option.
    - Sue suggested there should be staff at crisis centers that are child mental health specialists or youth peers that are trained to work with youth in spaces that are comfortable and feel safe.
    - Starlene reframed safe places as a space to deregulate, which requires situational awareness to identify.
    - Alysha added more accessible respite options are needed. She emphasized ensuring there are options for youth beyond family and other natural supports.
    - Puck, Lived Experience Subcommittee member, emphasized the importance of individualized supports. They recommended focusing on getting people stabilized first before having conversations with them about what their care might look like to be successful. Puck suggested asking youth what's going well.
- *How do we ensure those places are actually safe and culturally responsive? How can we make this space particularly more comfortable and accessible for youth?*
    - Starlene emphasized the importance of engaging with youth where they are and identifying appropriate avenues for communication. This includes allowing them to express themselves in various ways, such as through art and group sessions.
    - Alysha suggested making it easy for youth to contribute from where they are, both psychologically and physically.
        - Kashi added timing is also important to avoid conflicts related to school, etc.

Jamie thanked Kashi for moderating and the panelists for their preparation and discussion.

DISCUSSION: Elevating Substance Use Disorder in our Work Together

Jamie facilitated a discussion in which CRIS members were asked the following questions:

- What are your reflections on what you heard today? What – if anything – surprised you?
- Based on what you heard today, what is a gap that we need to address as a committee to create a crisis response system that better serves youth?

CRIS Committee Member Discussion:

- Bipasha suggested that 988 can act as a gatekeeper to the next level access within the system when certain crises don't seem to "qualify" for care. She noted there is a scarcity mentality in the system right now, where potentially MRSS offerings are not what is being screened for. Bipasha added there is a deep need for education between real crises and what is being screened.
- Kristen highlighted the need for a more connected and comprehensive crisis line system. She added there is no easy way for people taking calls to know where to refer to.
- Aleesia Morales, Tacoma Fire Department, highlighted the need to better integrate the 911 and 988 systems to better serve people experiencing behavioral health issues.
    - Bipasha agreed that people with behavioral health issues should get help regardless of whether they call 911 or 988.
- Leah raised concerns about the need for cultural competency training as well as ensuring that people are not referred to unlicensed facilities.
- Dr. Snowden, Harborview Medical Center, emphasized the gap between how the system is supposed to work and the experience of people in the system. The recent emphasis about monitoring and oversight will likely make a difference. It's not currently clear what actually happens in these systems to respond from a quality improvement standpoint. He recommended developing that oversight system and a way to instill quality improvement rather than just counting on building the system out and assuming it will work the way we want it to work.
- Kashi highlighted the need to improve data collection processes.
- Puck suggested that the system needs to be responsive; it should be able to accept feedback and adapt based on that feedback. This will require hearing from people who have poor experiences within the system that may not have an advocate supporting them.
- Bipasha asked whether it is possible to track why a call wasn't connect to MRSS rather than just when it was.

UPDATE: CRIS Extension and Transition Plan

Representative Tina Orwall and Teesha Kirschbaum, HCA, provided an update on next steps for the CRIS at the end of 2024 when facilitation transitions to HCA. As discussed previously, the CRIS and Steering committees have been extended by the legislature through December 2026.

Over the past several years, this Committee has done incredible work to develop recommendations for system change. The final committee recommendations and report remain due at the end of this year, and this will conclude the Committee's charge to develop recommendations as originally outlined by HB 1477.

HCA is working through the details of the committee plans as facilitation shifts to HCA. HCA and DOH will also share more in the future about spaces that CRIS subcommittee participants can continue to stay engaged in the crisis and behavioral health work.

ACTION ITEMS AND NEXT STEPS

Next steps and action items for the meeting:

- CRIS committee members to share the flyer for the Lived Experience Stories project with their communities, especially to reach individuals who have been engaged in the current CRIS opportunities to share their story.
- CRIS committee members to continue thinking about and processing the unique needs of youth and transitional age youth in crisis to inform future further discussion of ways to address these needs.

PUBLIC COMMENT PERIOD

Jamie reviewed the public comment process and opened the public comment period: one member of the public commented. 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

Panelist Bios: Behavioral Health Crisis Response for Youth

CRIS Meeting – June 18, 2024

Panelists:

Dianne Boyd, Children's Crisis Outreach Response System (CCORS)

Dianne is a Licensed Mental Health Counselor and Child Mental Health Specialist with 38 years of experience. Prior to working for the YMCA Social Impact Center, Dianne worked at Ruth Dykeman Children's Center for 26 years in the adolescent girls Residential Treatment program and later overseeing the outpatient behavioral health services. Dianne began working for the Y Social Impact Center in 2010. As the Clinical Director, she oversees the various crisis services that include: the Children's Crisis Outreach Response System (CCORS) program, Crisis Outreach Response for Young Adults (CORS YA), Crisis Response for Developmental Disabilities (CORS DD), Youth Connection Services (YCS) and Timely Response to Adverse Childhood Experiences (TRACE).

Starleen Maharaj-Lewis Championing Family Engagement in Transformative Care

Starleen Maharaj-Lewis is a dedicated leader with over 10 years of experience in transformative care integration and capacity building and has emerged as a visionary force in the realm of public health and family and community engagement. As a dual USA/Canada citizen and parent to a neurodiverse young person, Starleen brings a unique perspective to her work, applying a trauma-informed lens and targeted universalism to drive meaningful change in belonging.

Highlights:

Starleen's journey as a thoughtful leader has been marked by a commitment to transformative care integration and capacity building among youth and caregivers, building upon the seven vital conditions for health and well-being. Strategic planning efforts focus on the intersections of wellbeing to operationalize sustainable improvements that support lived experiences and subject matter expertise of parents/caregivers.

Starleen is instrumental in syndemic planning and alignment. Her commitment to diversity, equity, and inclusion is evident with the implementation of impactful DEI policies in adolescent health, emphasizing statewide innovation. She developed a multi-level innovation framework, showcased at national conferences, highlighting her leadership in fostering collaboration between tribal and non-tribal agencies.

As the Systems and Family Tri-chair at North Sound FYSPRT, Starleen dedicates herself to high-level policy making and strategic planning with a pro-equity lens. This amplifies the needs of underserved families and ensures effective performance management for stakeholders, the community, and government policy.

Beyond her professional commitments, Starleen supports the prosocial development of at-risk youth as a parent first by building extrinsic support when intrinsic motivations are absent, improving through personal best practices and lessons learned and fostering peer-to-peer connections. Her transformative leadership in public health, particularly in family and youth engagement, reflects a commitment to inclusivity, equity, and well-being, guiding her vision for a healthier future.

Sue Rash, Children's Crisis Outreach Response System

Sue Rash, MS LMHC- Clinical Supervisor with the Children's Crisis Outreach Response System (CCORS) program at the Y Social Impact Center. Sue has been working in behavioral health in King County since 1995 and has been with CCORS since 2007.

Dr. Alysha Thompson, Seattle Children's Hospital

Alysha Thompson, PhD is the Clinical Director and attending psychologist on the Psychiatry and Behavioral Medicine Unit at Seattle Children's Hospital and Associate Professor in the Department of Psychiatry and Behavioral Sciences at University of Washington. Prior to joining the staff and faculty at Seattle Children's/UW, she was a staff psychologist on the Adolescent Inpatient Unit at Bradley Hospital and Clinical Assistant Professor in the Department of Psychiatry and Human Behavior at Brown University. She is an active participant in training future psychiatrists and psychologists and currently serves as Chair of the Acute, Intensive, and Residential Services Special Interest Group of Division 53 of the American Psychological Association, a national group of psychologists. Dr. Thompson has authored multiple publications regarding inpatient psychiatric treatment for youth and has forged collaborations with psychiatrists and psychologists working in inpatient psychiatry and acute care around the country. In addition, she is actively engaged in advocacy efforts regarding improvement the mental health care system for youth. She is passionate about providing quality services to youth experiencing severe mental health crises and has specific areas of expertise in working with youth with trauma histories and suicidality.

Dr. Thompson completed her graduate education at Suffolk University in Boston in clinical psychology with an emphasis in child and adolescent clinical psychology. She completed residency in pediatric psychology at Rush University Medical Center in Chicago and went on to complete a fellowship in clinical psychology with an emphasis in trauma in children and adolescents at the Trauma Center at Justice Resource Institute.