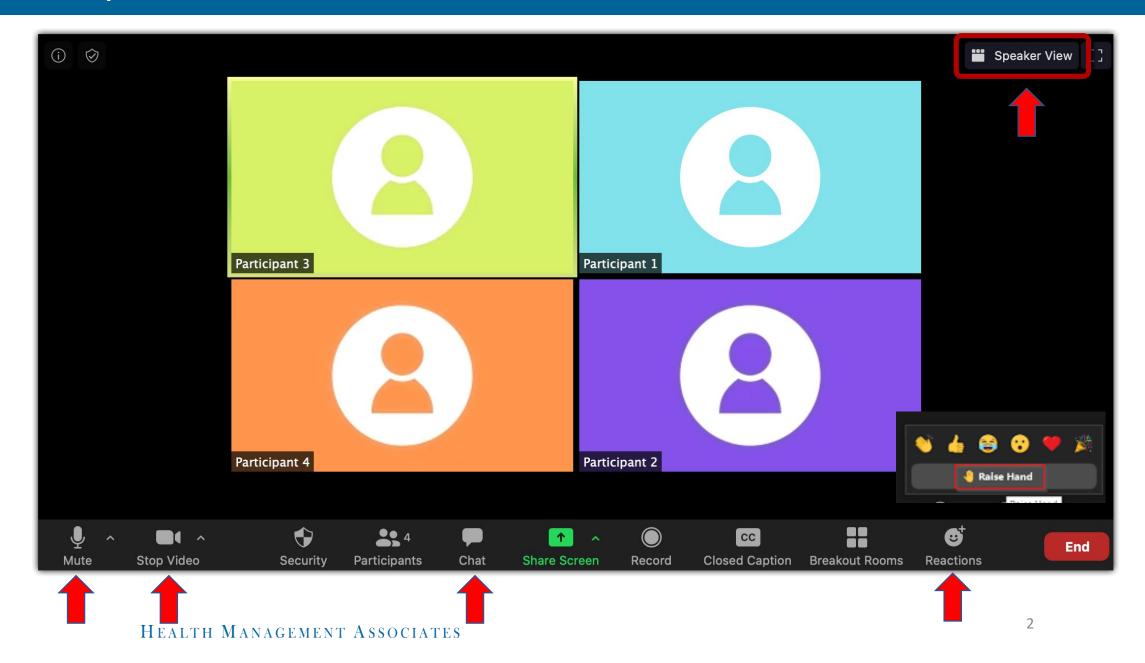
HB 1477 Crisis Response Improvement Strategy Committee

May 10, 2022

HEALTH
MANAGEMENT
ASSOCIATES

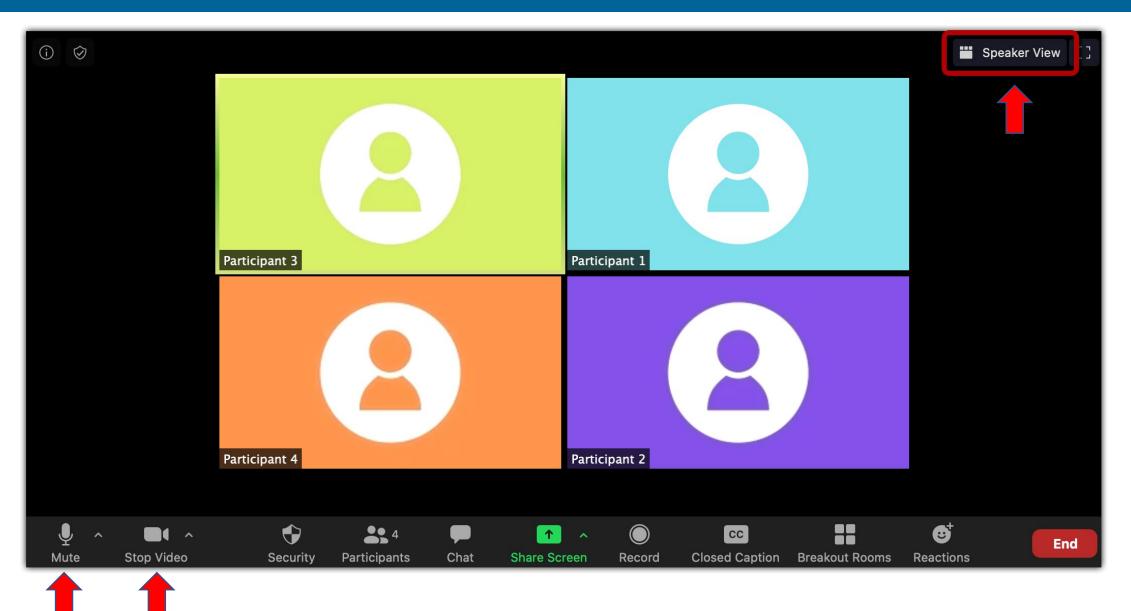


Zoom Etiquette: CRIS Committee Members



Zoom Etiquette: Members of the Public

HEALTH MANAGEMENT ASSOCIATES



CRIS Committee Meeting Objectives

- 1. Continue laying the foundation for collaboration.
- 2. Share updates relevant to CRIS committee.
- 3. Update CRIS on learning trip to Arizona organized by Rep. Orwall and Sen. Dhingra.
- 4. Get CRIS committee input on draft Vision and Principles.
- 5. Confirm action items and next steps.
- 6. Hear public comment.

Meeting Agenda

TIME	TOPIC
2:00 pm	Technology Review
2:05 pm	Welcome, Introductions, Review Meeting Agenda
2:25 pm	Personal Story
2:45 pm	CRIS Updates
3:25 pm	Washington State Crisis Now Immersion Trip to Arizona
3:40 pm	Break
3:45 pm	Developing a vision and principles for the crisis response system
4:35pm	Action Items and Next Steps
4:38 pm	Public Comment Period
5:00 pm	Adjourn

PERSONAL STORY

Objective: Set the context for why we are engaged in this work.

Melanie Estes

CRIS UPDATES

Objective: Share updates relevant to CRIS Committee

- HCA
- DOH
- Call Centers CRIS Representatives
- HMA/BHI Project Team







Department of Health Updates

5/10/2022

Some of the information I am going to share about data may feel overwhelming or remind you of a loss you have experienced. Please take care of yourselves first and feel free to step away if needed.





Washington State Suicide Death Data

Quarter 1, 2018 – Quarter 4, 2021

					Annual	Annual Crude
	Q1	Q2	Q3	Q4	Total	Rate**
2018	304	314	332	304	1254	16.8
2019	312	316	332	303	1263	16.7
2020	326	289	301	295	1211	15.8
Change 2019-						
2020	4%	-9%	-9%	-3%	-4%	
2021*	258	289	335	315	1197	15.4
Change 2020-						
2021*	-21%	0%	11%	7%	-1%	

^{*2021} Data is as of 4/25/2022; it is preliminary and expected to change, interpret with caution.

^{**}Crude rate is the number of deaths by suicide per 100,000.

Washington State Suicide Death Data

- Overall data shows small decrease in suicide deaths since 2018; however not all communities have experienced that change.
 - American Indian and Alaskan Native communities (59%) increase)
 - Black and African American communities (31% increase)
 - Asian and Pacific Islander communities (11% increase)
 - youth/people 19 and under (21% increase)
 - elders/people 65 and older (20% increase)
 - The overall decrease in suicide deaths in 2021, compared to 2020, is largely reflective of decreases in death by suicide among people who identify as white males in Washington state

SAMHSA Notice of Award

- DOH awarded \$2.6 Million (4/30/2022-4/29/2024)
- Purpose of the Grant: to improve state and territory response to 988 contacts by hiring/training workforce, engaging National suicide Prevention Lifeline crisis centers to unify 988 response across the state/territory
- Our approach to this project:
 - Grant Coordinator (DOH)
 - 85% of funding will pass through to the 3 National Suicide Prevention Lifeline crisis centers
 - With this dedicated funding, the 3 National Suicide Prevention Lifeline crisis centers will focus on workforce development:
 - develop/enrich student intern and follow-up programs
 - develop in-house training capacity

HB 1477 Recommendations for Crisis System Services – Overview

- ➤ The CRIS Committee is charged with advising the Steering Committee in developing recommendations for an integrated behavioral health crisis response and suicide prevention system, including, but not limited to:
 - Current Services: Develop an inventory of existing statewide and regional behavioral health crisis response, suicide prevention, and crisis stabilization services and resources.
 - Service Goals: Identify quantifiable goals for the provision of statewide and regional behavioral health crisis services and targeted deployment of resources.
 - Cost Estimates: Cost estimates for each of the components of the integrated behavioral health crisis response and suicide prevention system.
 - Statewide equitable distribution of resources: Develop a plan for the statewide equitable distribution of crisis stabilization services, behavioral health beds, and peer-run respite services.
 - Workforce: Make recommendations related to workforce needs by region.
 - Cross system interactions: examine and define complementary roles and interactions for broad range of entities involved in the crisis system.
 - Equity: Recommendations to promote equity in services for individuals of diverse circumstances of culture, race, ethnicity, gender, socioeconomic status, sexual orientation, and for individuals in tribal, urban, and rural communities.

HB 1477 Recommendations for Crisis System Services – Overview of Key Activities and Timeline

Key Activities and Milestones	May	June	July	Aug	Sep
Analyze Encounter Data to identify Services and Utilization by Region (Baseline)					
Identify Services Gaps/Goals using national benchmarks and population estimates					
Engage Regional Crisis Response WG to inform current local services and gaps					
CRIS July 12 Meeting: review other state best practices and inform service gaps and goals			7/12		
Conduct Provider Cost Study to identify service costs and funding needs to support goals					
Develop Crisis System Process Map to bring together understanding of current system interfaces, gaps, and changes needed					
Engage Subcommittees to inform the system process map					
CRIS Sept 20 Meeting: inform recommendations to promote equity; inform work on cost modeling to form foundation for budget recommendations					9/20

UPDATE:
WASHINGTON
STATE CRISIS NOW
IMMERSION TRIP
TO ARIZONA

Objective: Update CRIS on learning trip to Arizona organized by Representative Orwall and Senator Dhingra.

BREAK



DISCUSSION:
DEVELOPING A
VISION AND
PRINCIPLES FOR
THE CRISIS
SYSTEM

Objective: Gather CRIS Input on Draft Vision and Principles.

Ad Hoc Workgroup on Vision – Charge and Process to Develop Draft Vision

Ad Hoc Workgroup on Vision Charge: Develop a *draft* vision for Washington's behavioral health crisis response and suicide prevention system for consideration by the broader CRIS Committee.



Ad Hoc Workgroup on Vision – Members

- Caitlin Safford MCOs
- 2. Darcy Jaffe Hospitals
- 3. Jan Tokumoto 988 Call Centers
- 4. Jenn Stuber University of Washington Suicide Prevention Center of Excellence
- 5. Jolene Kron BH-ASO (Salish)
- 6. Joan Miller WA Council
- Kashi Arora Youth
- 8. Michael Reading –BH-ASO (King County)
- 9. Michael Robertson Peer organization and person with lived experience

Washington Crisis System SMEs for consultation to the Ad Hoc Workgroup

- 1. Laura Van Tosh advocate and person with lived experience
- 2. Michele Roberts or delegate DOH
- 3. Keri Waterland or delegate HCA
- 4. Amber Leaders Governor's Office
- 5. Representative Orwall State Representative
- 6. Melanie Estes legislative intern to Representative Orwall and person with lived experience

Shared Understanding of a Vision Statement

What is a vision statement?

➤ It is intended to provide aspiration of the future state.

What are characteristics of a vision statement?

- Powerful phrase
- Describes the best outcome desired
- It uses simple language
- It evokes emotion
- ➤ It helps build a common picture in people's minds
- Concrete way for stakeholders to understand meaning and purpose



As we develop a draft vision for Washington, think about which of these characteristics are important considerations

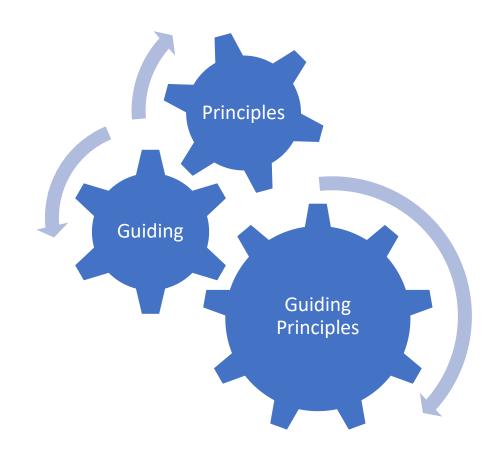
Shared Understanding of a Guiding Principles

What are Guiding Principles?

In general terms, guiding principles outline a set of standards for behavior and help shape the expected culture.

Examples of Common Guiding Principles

- Fostering success
- Celebrating diversity
- Always learning
- Working together
- Prioritizing passion
- Taking responsibility
- > Foster creativity
- Being resourceful



Vision: 988 offers a connection to anyone who is struggling, meeting them with acceptance and empathy, offering hope and recovery.

Guiding Principles

People in crisis experience:

- A seamless system without barriers
- A welcoming response that is healing and provides hope
- Person and family centered care
- Care that is responsive to developmental, cultural, and linguistic needs

The Crisis System is intentionally:

- Grounded in equity and antiracism
- Centered in and informed by lived experience
- Coordinated, collaborative across system partners
- Empowered by technology
- Sustainably and equitably financed

Co-created by the Ad Hoc Workgroup on Vision April 12, 2022 DRAFT

Tribal Comments and Recommendations from the April 20th Roundtable:

- > Recommendation to add the following language to the Principles for the crisis system:
 - Operated in a manner that honors tribal government-to-government processes.
- ➤ Ensure addresses the underlying foundation of stigma and lack of trust felt by tribal populations.
- > Ensure that work related to the Native and Strong line and native work is expressed.

Key Themes from Comments Received on the Draft Vision and Principles

Vision

- Clarify focus on 988 vs. comprehensive crisis system that is broader than a single call point.
- Recognize populations experiencing crises, such as the agricultural community and LGBTQ+, that are not limited to mental health or substance use disorder conditions.
- Too much jargon needs more direct, plain language
- Remove the term "them" in the vision statement
- Use more action-oriented language
- ❖ Add access to timely and appropriate care/rapid response
- Caregivers/family don't see themselves in the vision

Principles

- ❖ Add access to high-quality care regardless of geographic location
- Missing concept of trauma-informed care
- Add care that is responsive to gender, sexual orientation, and people with disabilities
- Varying feedback to shorten/simplify versus add more detail
- Recognize lack of access to technology in rural communities

Imagine it is ten years from now...

Does this description of an ideal future crisis response system resonate with you? Why or why not?

Crisis System Vision and Principles – Breakout Group Instructions

- CRIS members will be grouped into 4 breakout rooms.
 - Request to CRIS members participating in the Ad Hoc Workgroup on Vision to listen to CRIS feedback, address questions, and lead the large group share out.
- Breakout rooms will have 20 minutes to discuss the draft vision and principles.
- CRIS members will return to the Main Room to share highlights.

Public Observers

 Remain in main meeting room for discussion and chat on the same topics and listening of large group report out.

■ Vision and Principles – CRIS Member Breakout Groups

Room 1	Room 2	Room 3	Room 4	
Michael Anderson- Nathe	Laura Collins	Suzanne Rabideau	Nicola Pinson	
Darcy Jaffe	Keri Waterland	Kashi Arora	Michael Reading	
Caitlin Safford	Michael Robertson	Joan Miller	Michele Roberts	
Jan Tokumoto	Tina Orwall	Jennifer Stuber	Adam Wasserman	
Jane Beyer	Cathy Callahan-Clem	Judy Warnick	Tom Dent	
Manka Dhingra	Dariya Farivar	Claudia D'Allegri	Summer Hammons	
Puck Kalve Franta	Linda Grant	Krystina Felix	Kimberly Hendrickson	
Justin Johnson	Michelle McDaniel	Ron Harding	Heather Sanchez	
Dillon Nishimoto	Levi Van Dyke	Mark Snowden	Bipasha Mukherjee	
Jessica Shook	Katherine Seibel	Robert Small	Amber Leaders	

ACTION ITEMS & NEXT STEPS



PUBLIC COMMENTS

	First Name	Last Name	Registration Time
1.	Lori	Jones	5/5/2022 8:28
2.	Jesse	Dunn	5/5/2022 8:38
3.	James	Sizemore	5/5/2022 8:50
4.	Carmen	Pacheco Jones	5/5/2022 9:41
5.	Sharon	McKellery	5/5/2022 11:07
6.	Johnathon	Laine	5/5/2022 13:30
7.	Mary	Stephenson	5/5/2022 13:51
8.	Laura	Van Tosh	5/6/2022 13:20
9.	Pamela	Dalan	5/7/2022 8:13