

HB 1477 Crisis Response Improvement Strategy Committee

March 28, 2024

HEALTH
MANAGEMENT
ASSOCIATES

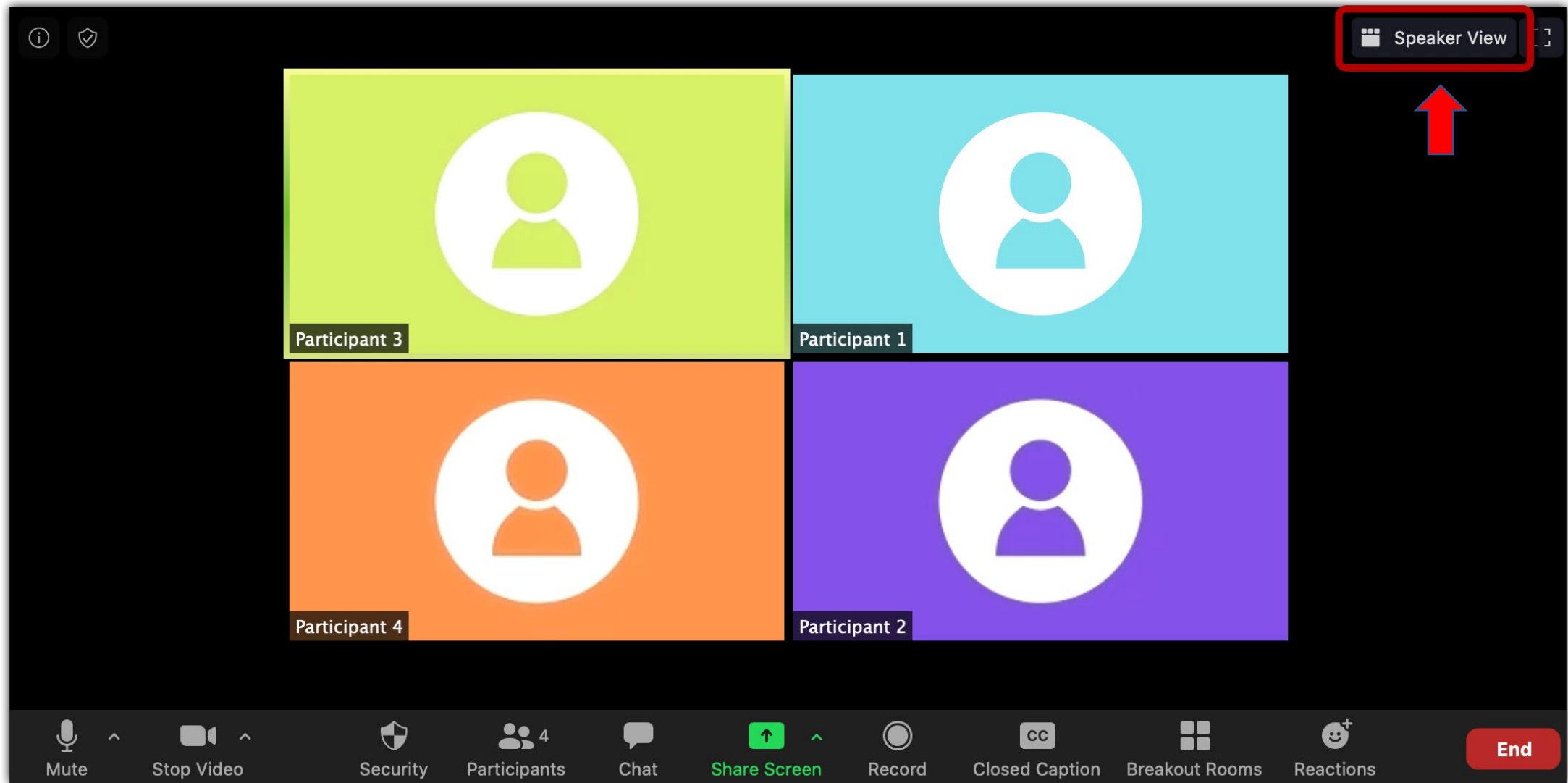
HARBORVIEW
MEDICAL CENTER

UW Medicine  King County

Zoom Etiquette: CRIS Committee Members



Zoom Etiquette: Members of the Public



Tribal/State Partner Behavioral Health Education Campaigns

**FOR OUR
LIVES** Acting now
to end overdose

**We all
make us
all strong.**



**Native
Resource
Hub**

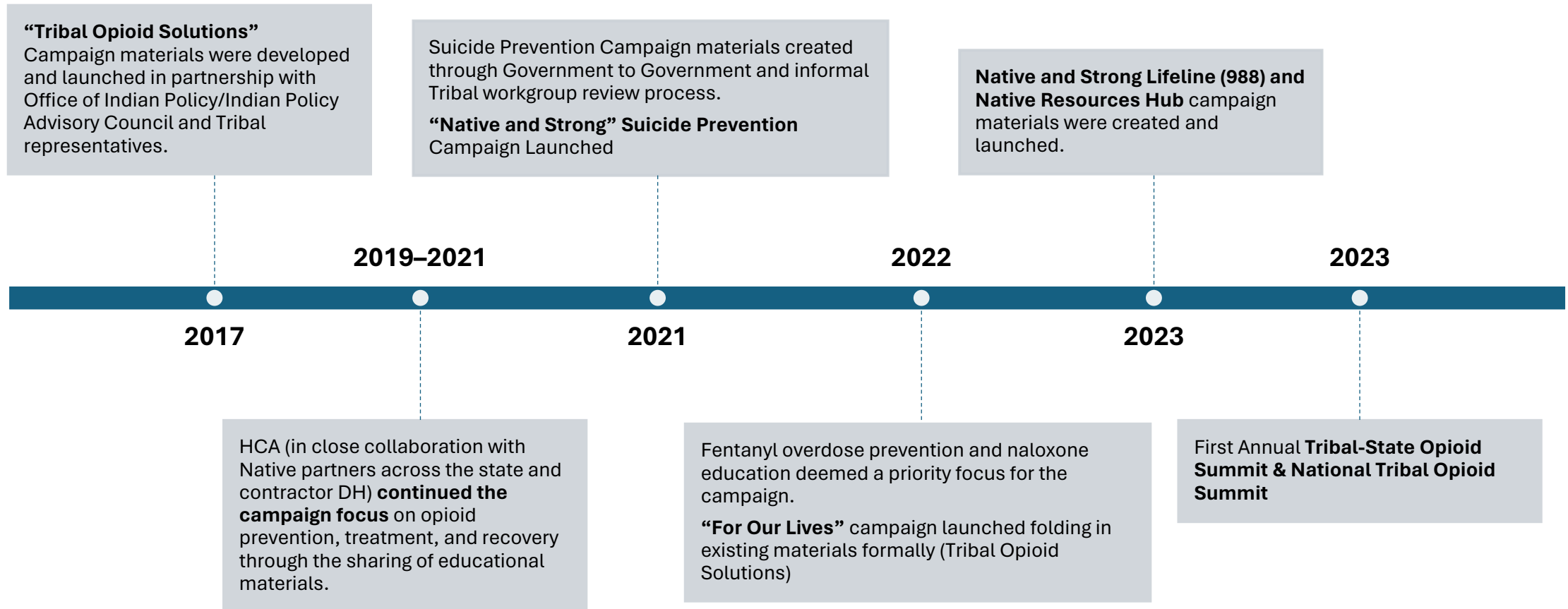


**Native
& Strong
Lifeline**



**988
PRESS 4**

Tribal Behavioral Health Educational Campaign History



Development and Production Process

Partners from Tribes, Native-serving organizations, and workgroups were invited to review of all campaign materials

All campaign assets shaped directly by insights and feedback shared by 30+ Native partners and members of the review group

Presentations on campaign updates at Monthly Tribal Meetings

Presentation on campaign updates and invitation for feedback at monthly AI/AN Opioid Response Workgroup Meetings

Periodic surveys sent to Native partners, and most recently to Tribal Leadership to invite feedback and participation in campaign development

Internal reviews by HCA Office of Tribal Affairs, Communications, DBHR, and most recently DOH Tribal Liaisons

Development and production process

Continued...



Partnership with local Native owned production company, Counting Coup Media, and enrolled Yakama Nation photographer, Jack George.



Participants identified through State, Tribal and production team connections, regional tribal liaisons, partnerships with Native serving organizations across the state.



Campaign materials feature Native individuals with lived personal experience (personally or through a loved one), professional experience with substance use disorder, and tribal leadership.



Materials prioritize representing community members from across the state, in both rural and urban regions, as well as diverse gender identity and ages.

FOR OUR LIVES

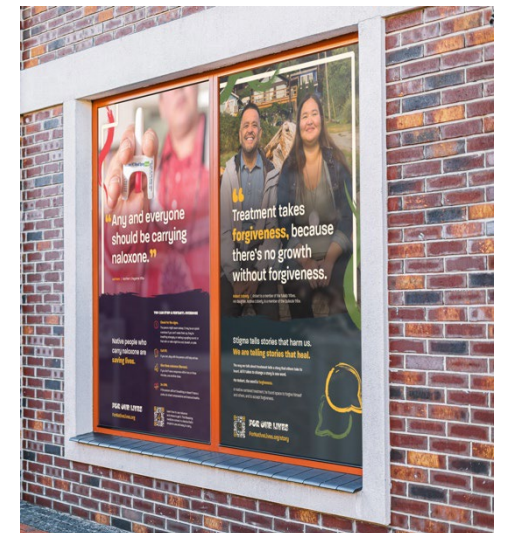
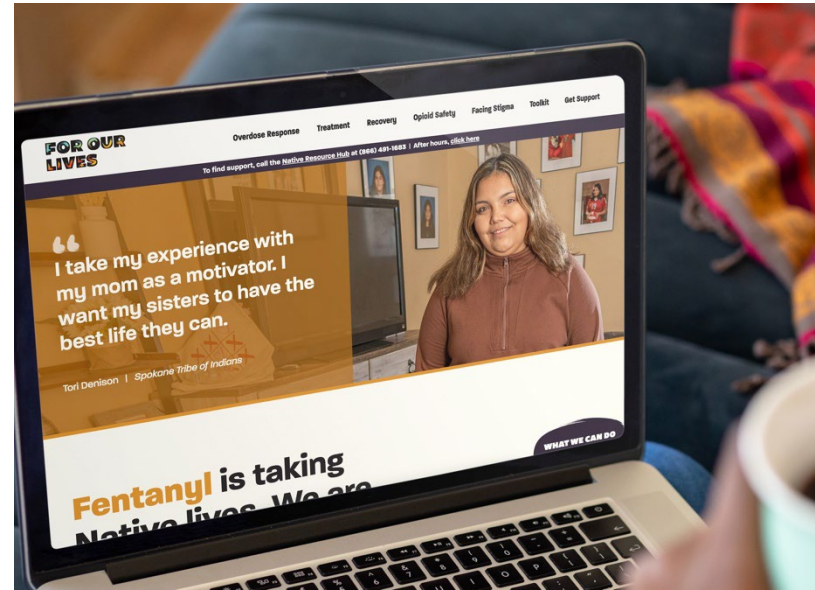
www.ForNativeLives.org

Goals:

- Native-centered education
- Illicit fentanyl information
- Overdose prevention
- Naloxone awareness
- Treatment and recovery
- Destigmatization

Audiences:

Native people (adults), Tribal communities



FOR OUR LIVES

Campaign Outcomes (2023)

- Ads resulted in over **26 million impressions**
- **50,000+ website** visitors in 2023
- Fulfilled **30+ requests** for toolkit materials from Tribes and organizations serving Native people in Washington state
- **99 placements in 11 Tribally owned print publications** directly reaching Native people in Washington state
- Campaign evaluation research revealed that audiences **appreciated the simplicity, authenticity, and thoughtfulness** of campaign materials.
 - The storytelling approach was received as a **relatable, effective way to communicate and connect with Native communities.**

Current activities “For Our Lives”

\$28,000 to each Tribe to localize and implement existing campaign materials – including customizations

Media buy plan expansion

- Local network states, cable networks,
- Examples - daytime shows, NCAA Women’s March Madness, NBA Playoffs, prime, late night (Jimmy Fallon)

Additional funds for technical assistance and customization for:

- Urban Indian Health Programs
- Urban Indian Organizations (RAIO)s
- Tribal Schools
- Native serving organizations

Tribal Leaders Video Shoot

Tribal Leaders Panel (during the Tribal Opioid Summit)



**Native
Resource
Hub**

Call 866-491-1683

OPEN from 8 a.m. to 5 p.m. Monday through Friday.

Services + Support. Community + Connection.

The Native Resource Hub is for all
Native people in Washington state.

Call 866-491-1683

OPEN from 8 a.m. to 5 p.m. Monday through Friday.

Native & Strong Lifeline



If you're experiencing a mental health crisis
or thinking about suicide:

Dial 988 and press 4

from a phone with a Washington state area code.

Confidential support from Native counselors is available 24/7, at no charge.

For other types of support, contact the Native Resource Hub.

VISIT WEBSITE

CALL 866-491-1683



Call 988 and press 4 for the Native and Strong Lifeline, available 24/7.

We all
make us
all strong.





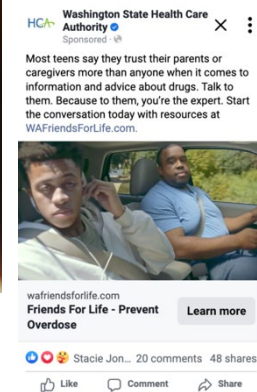
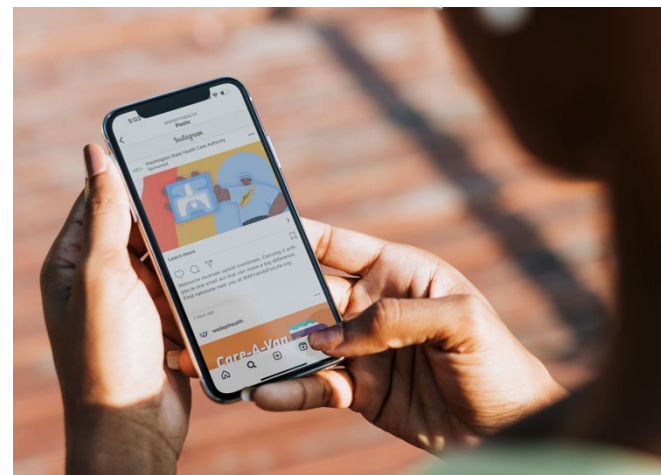
www.WAFriendsForLife.com

Goals:

- Illicit fentanyl education
- Overdose prevention
- Naloxone awareness
- Harm reduction

Audiences:

Teens, young adults, parents/caregivers



STARTS WITH **one**

www.GettheFactsRx.com

Goals:

- Prescription opioid misuse prevention
- Safe storage and disposal of opioids
- Prescriber education
- Pharmacy engagement program

Audiences:

Young adults, parents/caregivers, older adults



Starts with One + WSHA

A partnership with the Washington State Hospital Association (WSHA) to share provider-focused resources with their members.

Goals:

- Provider education and engagement
- Responsible prescribing practices
- Safe and responsible prescription opioid use
- Alternative pain management

Audiences:

Health care providers, patients



1. Ground our work in the personal stories and experiences of people who encounter the crisis response system.
2. Learn about, understand, and discuss the intersection of substance use disorder and mental health crisis.
3. Confirm action items and next steps.
4. Hear public comment.

Meeting Agenda

TIME	TOPIC
11:00 am	Technology Review
11:05 am	Welcome, Introductions, Review Meeting Agenda
11:20 am	Personal Story
11:40 am	System Updates and Q&A
12:05 pm	Presentation and Panel Discussion: Substance use disorder and the intersection with mental health crisis
1:00 pm	Break
1:10 pm	Discussion: Elevating substance use disorder in our work together
1:45 pm	Action Items and Next Steps
1:48 pm	Public Comment Period
2:00 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.

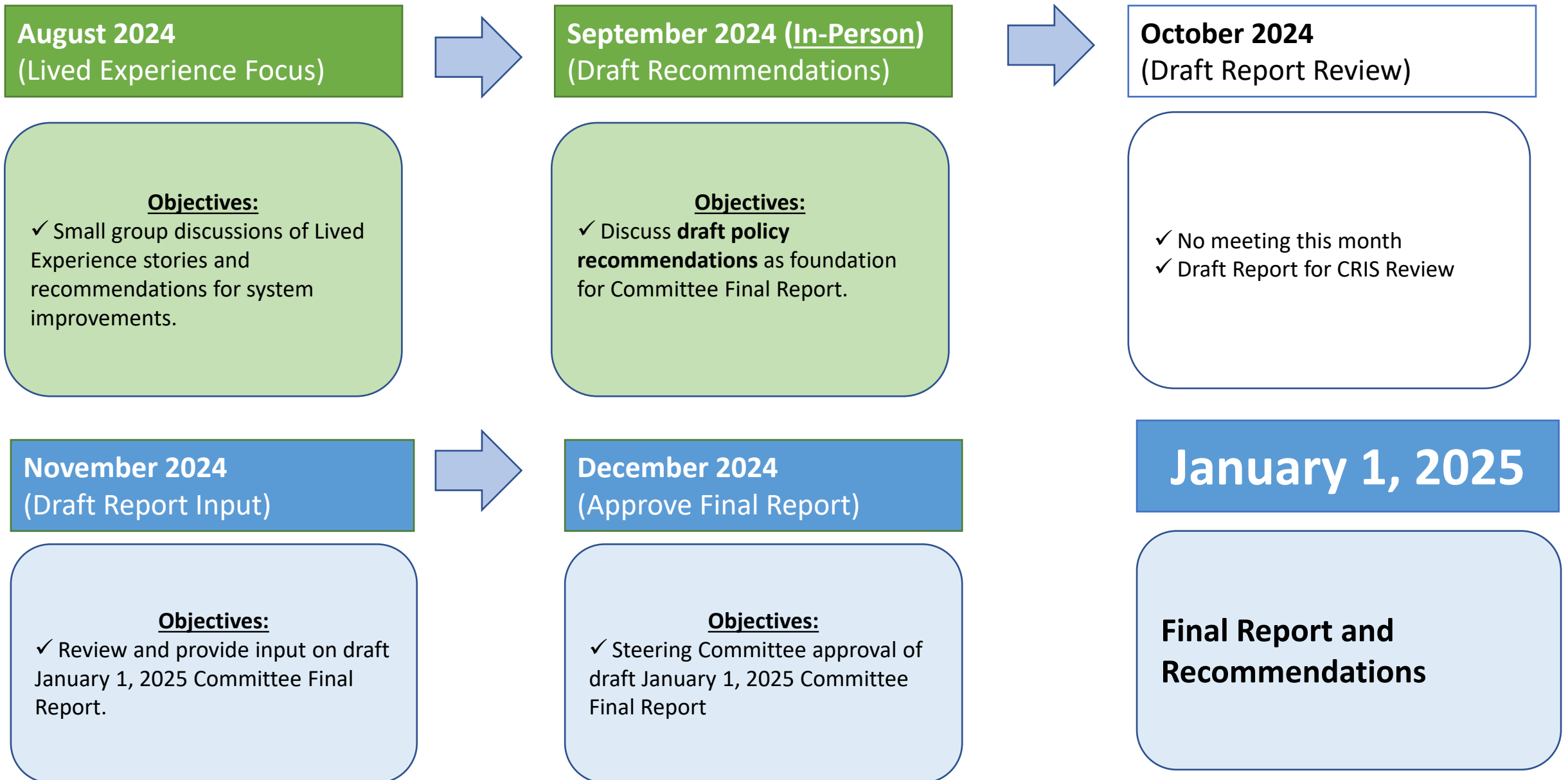
June 2024
(Quality & Oversight)

- Objectives:**
- ✓ Discussion of system performance & oversight (cont'd)

July 2024
(System Infrastructure)

- Objectives:**
- ✓ Cross System Collaboration
 - ✓ Technology Platform
 - ✓ Staffing and Workforce

CRIS Committee Decision Process Map (DRAFT)



Personal Story

Objective:

- *Set the context for why we are engaging in this work.*

Break Free

PRESENTED BY

The Sober Curator



Personal Story – Kate Vitela



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.*

Presentation and Panel Discussion: Substance Use Disorder and the Intersection with Mental Health Crisis

Objectives:

- Learn about, understand, and discuss the intersection of substance use disorders and mental health crisis.



Unique Needs and Implications of Comorbid MH and SUD

Mandy Owens, PhD

Assistant Professor, UW School of Medicine

Clinical Psychologist

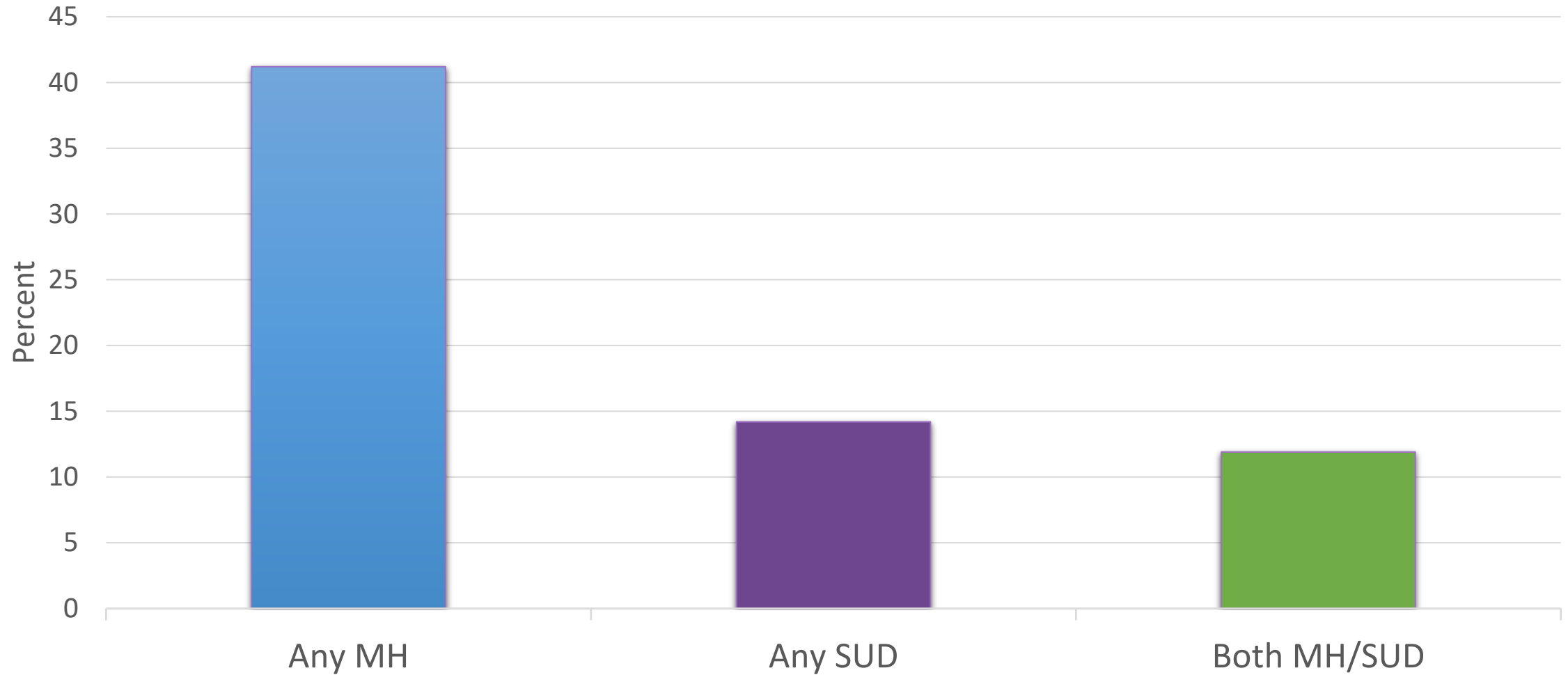
Take-Home Messages

Mental health and substance use disorders are often seen together among those in crisis

Keeping mental health and substance use disorders separate is harmful to individuals and our community

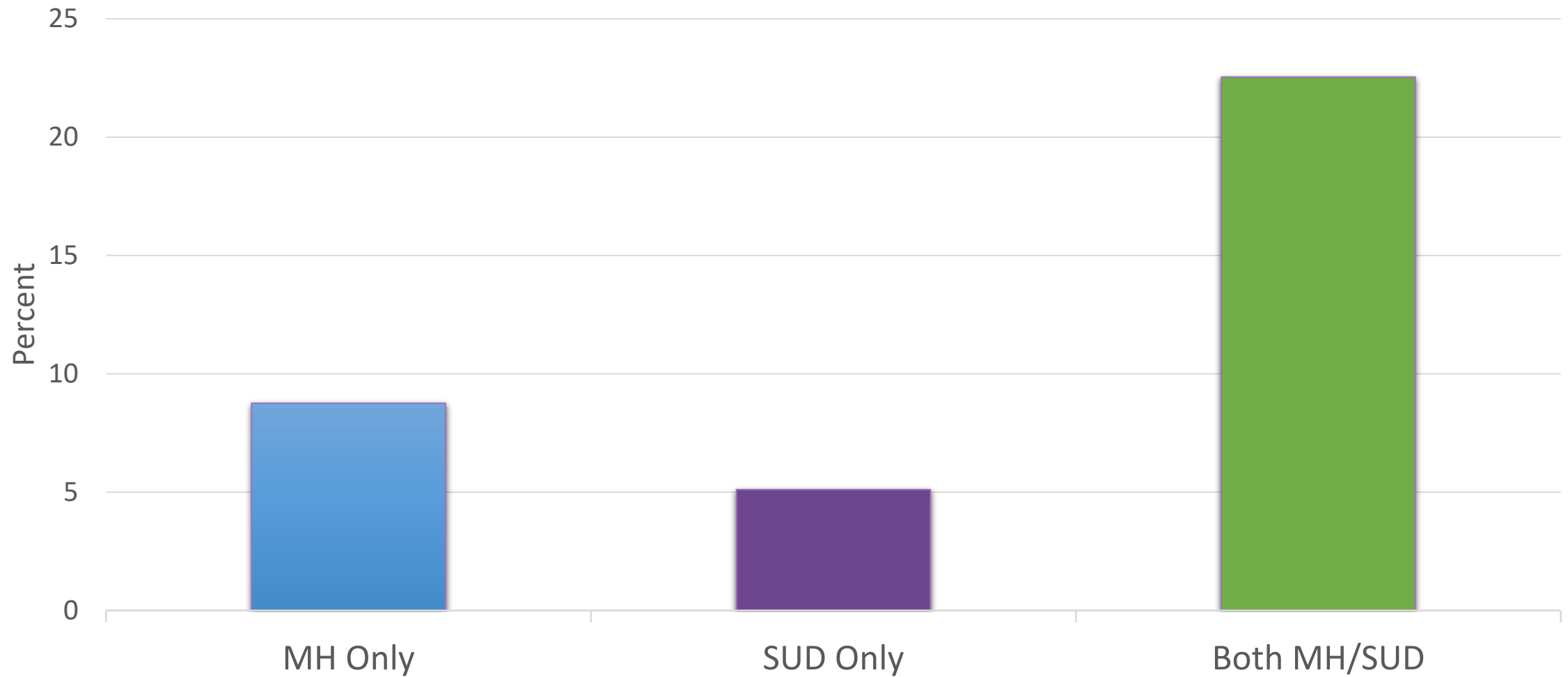
Staff in the behavioral health crisis response system need training/support in both to be effective and *save lives*

MH and SUD in King County Medicaid



(Public Health Seattle-King County, 2023)

MH and SUD among Arrestees



(Magee, Fortenberry, Rosenman, Aalsma, Gharbi, & Wiehe, 2021)

Unique Needs and Implications

Stigma

- There is additional stigma due to substance use that hurts outcomes, including health and service retention.

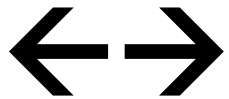
We don't want 'those people' in our waiting rooms.

Primary Care Physician

- More training is needed to reduce SUD stigma is needed among behavioral health response system staff.

Unique Needs and Implications

**Mental
health
symptoms**



**substance
use**

- Substance use can mask and/or mimic mental health symptoms.
- Substance use can both *exacerbate* and *medicate* mental health symptoms.
- Knowledge of array of services for mental health and substance use.

Unique Needs and Implications

- Use of illicit drugs inherently brings more extensive criminal histories, barriers, and stigma.

Legality

- ITA laws differ for mental health only versus SUD.
- First responders need to know these nuances for proper referrals.

Unique Needs and Implications

Lethality

- Increasing rates of drug overdose related to opioid and/or methamphetamine use.
- Provision of naloxone and overdose education.

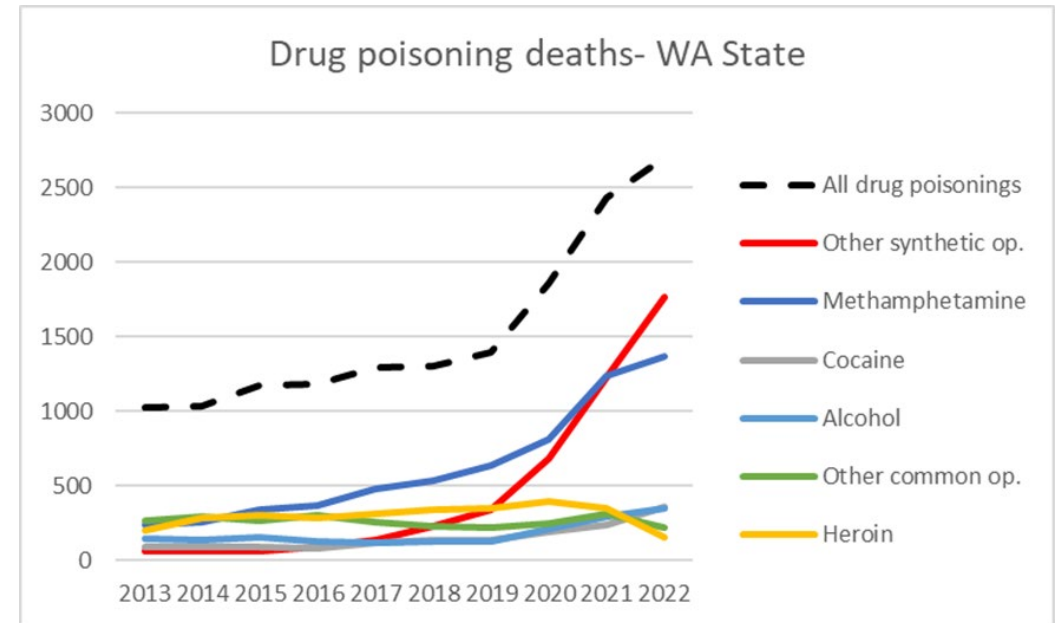
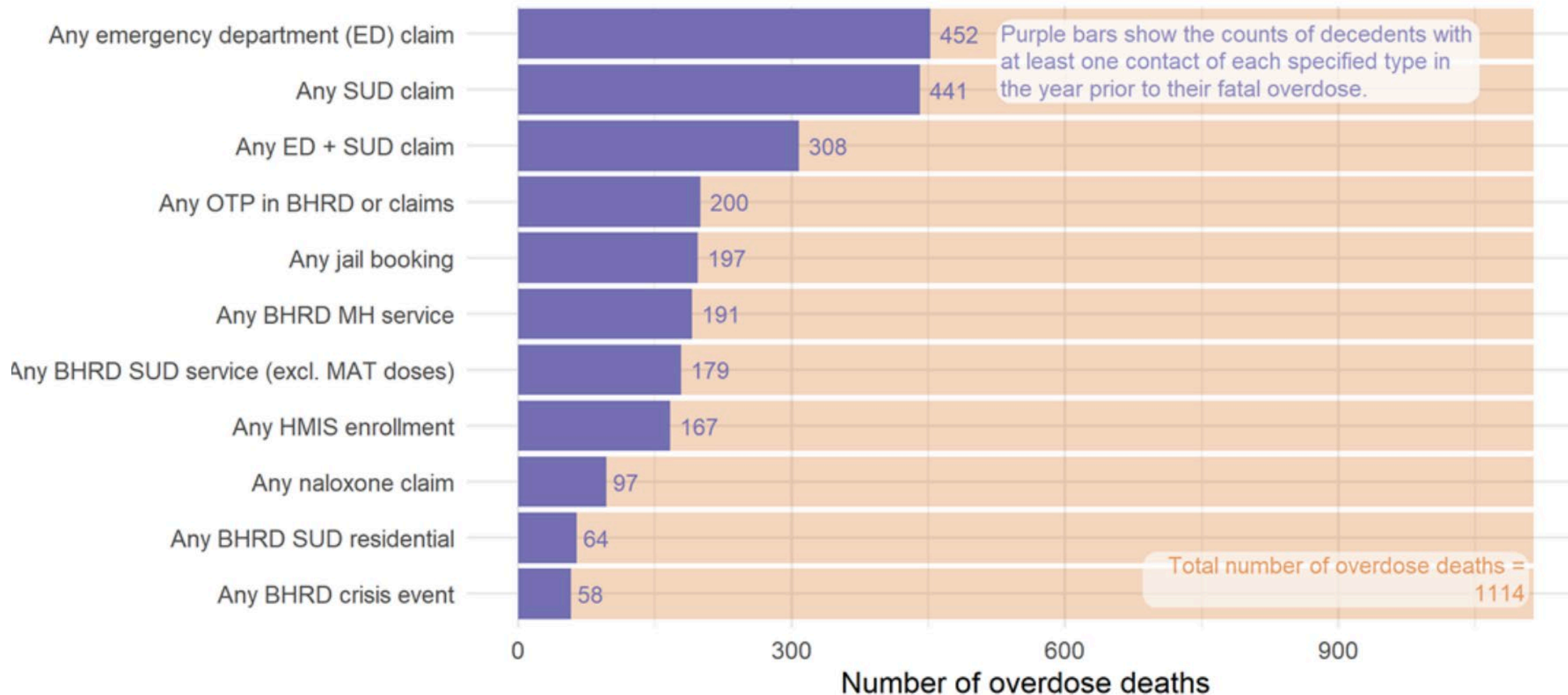


FIGURE 1: PRIOR YEAR SYSTEM ENGAGEMENT TYPES FOR 2019-2021 KING COUNTY OVERDOSE DECEDENTS



Performance Measures

Detection of
SUD needs

Referral to
any SUD
services

Engagement
in SUD
services

BREAK

Discussion: Elevating Substance Use Disorder in our Work Together

Objective:

- *Use the insights gained from the presentation to begin examining where and how we need to center on substance use disorder in our work together.*

Discussion Questions:

1. What was your biggest takeaway from the panel discussion?
2. Reflecting on the guiding principles and proposals for metrics that we developed at our last CRIS meeting, what else should we add to better address SUD?

ACTION ITEMS & NEXT STEPS

PUBLIC COMMENTS

	Name
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	