Zoom Etiquette: CRIS Committee Members

Health Management Associates

CRIS Committee Meeting 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.

Meeting Agenda

TIME	TOPIC
1:10 pm	Technology Review
1:15 pm	Welcome, Introductions, Review Meeting Agenda
1:25 pm	Personal Story
1:45 pm	System Updates and Q&A
2:00 pm	Presentation: What state agencies have done with the meanings and metrics
2:15 pm	Break
2:25 pm	Discussion: Identify remaining gaps in system performance meanings and metrics
3:45 pm	Action Items and Next Steps
3:48 pm	Public Comment Period
4:00 pm	Adjourn

CRIS Committee Decision Process Map – 2024 (DRAFT)

January 2024

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

February 2024
(Quality & Oversight)

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

March 2024
(Substance Use Disorder)

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

April 2024 (In Person)
(Quality & Oversight)

Objectives:
- ✓ Discussion of system performance & oversight

May 2024
(Steering Committee guidance)

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

June 2024
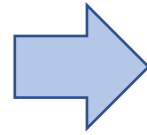(Quality & Oversight)

Objectives:
- ✓ Discussion of system performance & oversight (cont'd)
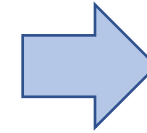
July 2024
(System Infrastructure)

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

CRIS Committee Decision Process Map (DRAFT)

August 2024
(Lived Experience Focus)

Objectives:
- ✓ Small group discussions of Lived Experience stories and recommendations for system improvements.

September 2024 (In-Person)
(Draft Recommendations)

Objectives:
- ✓ Discuss **draft policy recommendations** as foundation for Committee Final Report.

October 2024
(Draft Report Review)

- ✓ No meeting this month
- ✓ Draft Report for CRIS Review

November 2024
(Draft Report Input)

Objectives:
- ✓ Review and provide input on draft January 1, 2025 Committee Final Report.
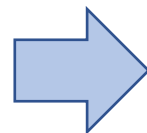
December 2024
(Approve Final Report)

Objectives:
- ✓ Steering Committee approval of draft January 1, 2025 Committee Final Report

January 1, 2025

Final Report and Recommendations

Personal Story

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

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.*

LE STORIES PROJECT TO FIND GAPS & INFORM SYSTEMS IMPROVMENT

- **PHASE 1: BROAD OUTREACH – ALL POPULATIONS (2024)**

- **PHASE 2: DEEP DIVE - Building on Phase 1 findings (2025)**

PHASE 1

- **WHO: Anyone who has contacted the BH Crisis system within last 2 years (988, 211, RCLs, 911, EDs, etc.)**

- **HOW: Project Team focusing on**
  - **How to gather stories (writing, audio, video, via case workers at agencies, other ways).**
  - **Story Prompts and Demographic asks.**
  - **Compensation for LE participants' time and emotional labor.**
  - **Outreach to communities who we might not otherwise hear from.**

LE STORIES PROJECT TO FIND GAPS & INFORM SYSTEMS IMPROVMENT

- **OUR ASK FOR PHASE 1**
  - Share knowledge/expertise on best ways to do this project
  - Share the word in every space you know to be able to gather a wide array of inputs, especially from folks on the margins.
  - Financial support if response is big and budget via HMA runs out.

- **OUR ASK FOR PHASE 2**
  - Complexities exist in the details. Critical to dive deep into some stories especially marginalized communities.
  - Changes coming up in CRIS with HCA taking over from BHI. Request this project continue being fully supported (budget, staff, etc.) in 2025 as well.

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

Objectives:
- Demonstrate to the CRIS that state agencies are listening and taking action on the proposals for meanings and metrics that emerged from the February 2024 CRIS meeting.
- Provide the CRIS with the context they need to identify remaining gaps in these proposals.

Guiding from Measurement to Metric

DOH and HCA reviewed the Guiding Principles provided by the CRIS and found general alignment on what the 988 system should track.

Principle Grouping

In our review we found two groups of Guiding Principles:

- **To ensure the safety of those seeking help**

- **To ensure efficiency and efficacy of the system** supporting those seeking help.

- Reporting should roll up to these two categories.

Our Alignment

- CRIS provided **62** statements of meaning and **39** corresponding measurements.

- As of today, out of the **39** measurements:
- **14** have no current or planned tracking method
- **7** have significant technology dependencies.

Our Path Forward

- 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.

Our Foundational Aim

SOMEONE **SAFE** TO CALL

SOMEONE **SAFE** TO RESPOND

SOMEWHERE **SAFE** TO GO

Guiding Principles and Measurement

Last month the CRIS Committee provided HCA and DOH with a set of Guiding Principles to best **ensure the safety of those seeking help** from 988 and **the efficiency and efficacy of the system** supporting crisis counselors. We evaluated the measures from each category and developed an outline for when measurements could implement.

People in crisis experience...

1. Timely access to high-quality, coordinated care without barriers.
2. A welcoming response that is healing and trauma-informed, provides hope, and ensures people are safe.
3. Person- and family-centered care.
4. Care that is responsive to age, culture, gender, sexual orientation, disabilities, geographic location, language, and other needs.

The crisis response system is...

1. Grounded in equity and anti-racism.
2. Centered on and informed by lived experience.
3. Coordinated and collaborative across systems and community partners.
4. Operated in a manner that honors Tribal government-to-government processes.
5. Empowered by technology that is accessible to all.
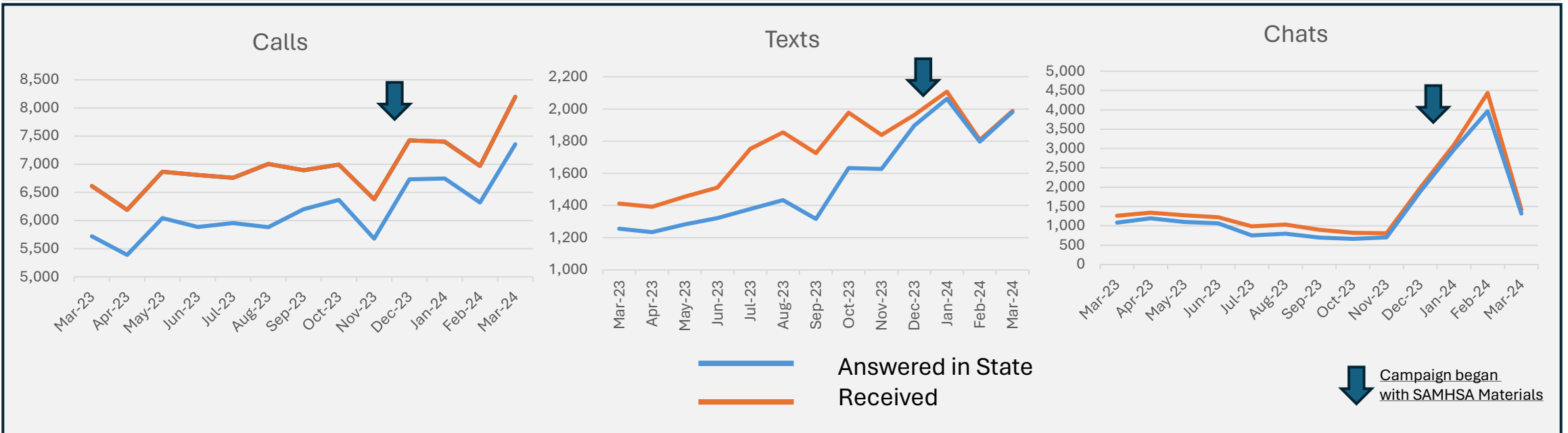6. Is financed sustainably and equitably.

Within these two categories there are countless opportunities for measurements and metrics to build. However, we can't take all these steps today.

Example of Current Measurement Use

988 SUICIDE & CRISIS LIFELINE

Measurements and metrics are not the goal of data strategy. Rather, metrics help us understand and contextualize performance. The 988 team measures the environment, builds metrics, and set goals to enable continuous improvement.

Example

5 For this example, we've used the guiding principle " **Empowered by technology that is accessible to all**." Our measurement is call, text, and chat volumes, and our goal is that 90% of calls, texts, and chats are answered in-state. Using volume, awareness, and our goal, we can begin to build metrics to understand how we are performing against our goals and plan for future resource requirements.

Calls — Texts — Chats charts showing "Answered in State" and "Received" lines from Mar-23 to Mar-24.

Legend: Answered in State, Received

Campaign began with SAMHSA Materials

Washington State Department of HEALTH

Washington State Health Care Authority

Example of Current Measurement Use

Measurements and metrics are not the goal of data strategy. Rather, metrics help us understand and contextualize performance. The 988 team measures the environment, builds metrics, and set goals to enable continuous improvement.

Example

2 For this example, we've used the guiding principle of **"Centered on and informed by lived experience."** HCA, along with our partner Enroute, created and implemented developmentally appropriate training for our mobile crisis teams. This training includes modules on trauma-informed care, harm reduction, and de-escalation to align with our SAMHSA core competencies for crisis response.

Training Audience

Mobile crisis teams under contract with the Behavioral Health-ASOs.

The training focused on Crisis Intervention.

Completed Trainings

- **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

Why it Matters

- 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.

Washington State Department of HEALTH

Washington State Health Care Authority

Open Discussion and Questions

Break

Discussion: Identify remaining gaps in proposals for meanings and metrics

Objective:
➢ *Identify remaining gaps in our proposals for 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.*

Prompts:

1. 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?
2. What additional considerations would you highlight to address the needs of rural communities that have not been covered today?
3. Based on the presentation at the March CRIS meeting, what additional meanings and metrics should be added to adequately address substance use disorder or co-occurring mental health crisis and substance use disorder?
4. What other gaps remain in the meaning and metrics documents that still need to be addressed?

Action Items & Next Steps

PUBLIC COMMENTS

Public Comment

	Name
1.	Cierra Lucas
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