



Zoom Technology Moment: Committee Members





AGENDA

- **Welcome, Intros, Agenda review**
- **Presentations and Discussions:**
 - ***Poll: 2024 Lived Experience Subcommittee Calendar***
 - ***Draft 2023 Committee Recommendations & Lived Experience Perspectives***
 - ***Lived Experience Subcommittee Work Ahead in 2024***
- **Open Discussion: Continue mtg topic + anything else**
- **Next meeting:**
 - ***MON December 11TH 12.00 PM - 2.00 PM***
(Note - this is a change from the usual meeting time)

Washington Speaks

ARE YOU INTERESTED IN?

- ❖ Sharing your story with the CRIS or CRIS Steering Committee?
- ❖ Receiving support and feedback from others with lived experience in preparing to share your story?
- ❖ Supporting others in preparing to share their story?

To join our CRIS Lived Experience group training let us know in chat or e-mail bthompson@healthmanagement.com






Availability Poll





WA 988 JOURNEY THUS FAR

- **JULY 2022: THREE 988 CALL CENTERS WENT LIVE**
 - **NOVEMBER 2022: NATIVE & STRONG LIFELINE LAUNCHED**
 - **2021-2023: MULTIPLE BILLS PASSED AND AT DIFFERENT STAGES OF IMPLEMENTATION**
 - **2021-2022: 2 PROGRESS REPORTS ISSUED TO GOV'S OFFICE & LEGISLATURE**
 - **2023 PROGRESS REPORT CURRENTLY BEING PREPARED WITH LE SC INPUT STRONGLY CENTERED**
 - **2022-2023: 18 LE SC MEETINGS WITH DOH, HCA, GOV'S OFFICE & LEGISLATORS LISTENING TO OUR VOICES**
- 



STATUS OF BILLS PASSED 2023

- **HB 1134 - Extending the CRIS Through 2024**

The CRIS, Steering, and various subcommittees will continue work through 2024, rather than ending this December as the original bill specified. We will be scheduling lived experience subcommittee meetings through the end of next year to support the ongoing work of the CRIS.

- **SB 5120 - 23 Hour Crisis Centers**


The Department of Health has completed their series of rulemaking workshops.

- **HB 1004 - Installing Signs Near Bridges**

A law (RCW 77.12.235) was implemented which includes the option to include 988 information on signs placed by bridges.

- **SB 5555 - Certified Peer Specialist**

Changes to Peer training and licensure will go into effect on July 1, 2024. The Health Care Authority is tasked with developing the extended training and updated exams required by the updated laws.



**DRAFT 2023
COMMITTEE
RECOMMENDATIONS
& LIVED
EXPERIENCE
PERSPECTIVES**

- Overview of Process to Develop Draft Committee Recommendations
- Review and Discussion of Draft Recommendations

Overview of Process to Develop Draft Committee Recommendations for the January 1, 2024 Committee Progress Report

- **Synthesis Documents:** Developed comprehensive synthesis of crisis system gaps, progress and opportunities based on CRIS and Subcommittee (including Lived Experience) engagement.
 - Someone to Call
 - Someone to Come
 - A Safe Place to Be

- **Initial List of Draft Recommendations:** Engaged exercise with CRIS Committee members to discuss and identify priority recommendations (September 19th CRIS meeting)
 - Reviewed initial list of recommendations pulled from the ‘synthesis documents’

- **Draft Recommendations for the January 1, 2024 Progress Report:** Reviewed and provided feedback on list of 18 recommendations that had been further consolidated from the initial list (November 7th CRIS meeting)

Washington Behavioral Health Crisis Response System – January 1, 2024 Progress Report Timeline

September

October

November

December

*Development of
Synthesis
Documents*

*Development of Draft Committee
Recommendations & Progress Report*

*CRIS and Steering Committee
Review & Feedback on Draft
Committee Recommendations &
Progress Report*

**January 1,
2024:**
Committee
Progress
Report
Submitted

**September 19th
CRIS Meeting**

Synthesis documents provided to inform CRIS Committee discussions and prioritization of recommendations to improve the system

**November 7th
CRIS Meeting**

CRIS Member Review and Input on Draft Committee Recommendations

**December 18th
Steering
Committee
Meeting**

Approve January 1, 2024 Committee Recommendations & Progress Report

Draft Committee Recommendations organized within eight domains:

1. Vision for Washington’s crisis response and suicide prevention system
2. Equity
3. Services
4. Quality and Oversight
5. Cross System Collaboration
6. Staffing & Workforce
7. Technology
8. Funding & Cost Estimates



I. Vision

In 2022, the Committee engaged in work to develop a vision for Washington’s Behavioral Health Crisis Response and Suicide Prevention System. This vision and guiding principles form the foundation of the ongoing work to develop recommendations.

Vision: 988, Washington's Crisis Response: building understanding, hope, and a path forward for those in need, where and when they need it.

Guiding Principles

People in Crisis Experience:

1. Timely access to high-quality, coordinated care without barriers
2. A welcoming response that is healing, 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, people with disabilities, geographic location, language, and other needs

The Crisis System is Intentionally:

5. Grounded in equity and anti-racism
6. Centered in and informed by lived experience
7. Coordinated and collaborative across system and community partners
8. Operated in a manner that honors tribal government-to-government processes
9. Empowered by technology that is accessible by all
10. Financed sustainably and equitably

II. Promoting Equity

1. Engage consumer voice in informing system design and changes needed.
2. Develop a Caller Bill of Rights that:
 - a. Provides information to communities about what they can expect when they contact 988, and
 - b. Holds the system accountable to providing services that help individuals in crisis.
3. Set up a hub where information can be entered and accessed by individuals and families in crisis and all members of their care team.
4. Strengthen support for consumers to navigate the system and simplify access to services.
5. Use community outreach and public education to address stigma around behavioral health needs and raise awareness around 988.
6. Build upon Tribal Behavioral Health Crisis System improvements and ensure Tribal partners are recognized and connected in the state and local crisis response systems.
7. Conduct research to understand why the crisis response system is not working for some groups.
8. Establish a 988 Diversity, Equity, and Inclusion Director.

III. Services

9. Make sure there are crisis response services available in all regions so people have access to care wherever and whenever needed.

- Recommendations are outlined for services across the crisis continuum: A Place to Call, Someone to Come, A Safe Place to Be.

10. Strengthen overarching system capacity around behavioral health and suicide prevention services.

- Prevention services & investments in basic social services.
- Telehealth services to be strengthened.



IV. System Quality and Oversight

11. Set standards, system performance targets, and metrics and hold the behavioral health system accountable to ensure outcomes that result in meaningful access to services.



V. Cross System Collaboration

- 12.** Make recommendations to support collaboration between behavioral health crisis response services and first responders (fire, emergency medical services, and law enforcement).
- 13.** Develop regional collaborations that bring together system partners to create regional plans and protocols for crises.
- 14.** Address youth-focused crisis system coordination as a critical focus area to make sure youth in crisis get care.
- 15.** Develop cross-system coordination protocols between Tribal and state and local systems (including 911, 988, the Native and Strong Lifeline, the Native Resource Hub, local Tribal crisis lines, Indian Health Care Providers, and Tribal Public Safety and Tribal First Responders).

VI. Staffing & Workforce

- 16.** Expand a diverse workforce that shares language, culture, and experience with the people it serves.
- 17.** Engage behavioral health providers and first responder partners in trauma-informed and youth-informed trainings to minimize potential harm and build trust across communities.



VII. Technology

- ✓ Committee work in 2023 has focused on informing the Request for Information (RFI) and Request for Proposals (RFPs) process led by HCA and DOH to establish Washington's call center and integrated client referral technology platform.
- ✓ In addition, DOH and HCA are engaging input from diverse groups, including the Lived Experience and Tribal Subcommittees, to inform the 988 technology user experience and create a human-centered design for the technology platform.



VIII. Funding

18. Provide additional funding to behavioral health crisis systems across regions, and plan for evaluating adequate distribution of resources:

- a. Pursue consistent funding for mobile crisis response, rather than braided local funding, to expand workforce and improve response times.
- b. Provide additional funding to behavioral health crisis response systems in rural communities.
- c. Consider enabling "payer blind" crisis services (i.e., services not just for Medicaid clients or commercially insured clients).
- d. Ensure crisis service funding to the Medicaid Fee-for-Service (FFS) system, as many Tribal members are enrolled in Medicaid FFS rather than managed care.

Washington Behavioral Health Crisis Response System – January 1, 2024 Progress Report Timeline

September

October

November

December

*Development of
Synthesis
Documents*

*Development of Draft Committee
Recommendations & Progress Report*

*CRIS and Steering Committee
Review & Feedback on Draft
Committee Recommendations &
Progress Report*

**January 1,
2024:**
Committee
Progress
Report
Submitted

**September 19th
CRIS Meeting**

Synthesis documents provided to inform CRIS Committee discussions and prioritization of recommendations to improve the system

**November 7th
CRIS Meeting**

CRIS Member Review and Input on Draft Committee Recommendations

**December 18th
Steering
Committee
Meeting**

Approve January 1, 2024 Committee Recommendations & Progress Report



LIVED EXPERIENCE
SUBCOMMITTEE
WORK AHEAD

**CALLER
HOPES &
EXPECTATIONS/
CALLER
BILL OF RIGHTS**





QUESTIONS
&
— DISCUSSION





Choirs use staggered breathing when it is impossible for each individual singer to get through the sustained note or phrase without running out of breath. Singers in the same part take short breaths at different times to create the illusion that the overall sound created by the choir is one single unbroken line.

How we stay hopeful





#We can apply Ragnar, Relay for Life, Staggered breath singing ideas to the work we do!

We Work - we Rest

We Take Turns!

We do it Together!



WHAT WE COVERED

- To share your lived experience story at the CRIS mtg, let us know in chat or e-mail bthompson@healthmanagement.com
- **Presentations & Discussion:**
 - *Poll: 2024 Lived Experience Subcommittee Calendar*
 - *Draft 2023 Committee Recommendations & Lived Experience Perspectives*
 - *Lived Experience Subcommittee Work Ahead in 2024*
- **Open Discussion: Continue mtg topic + anything else**
- **Next meeting: MON December 11TH 12.00 PM - 2.00 PM**