

# HB 1477 Lived Experience Subcommittee

June 7, 2022

HEALTH  
MANAGEMENT  
ASSOCIATES

HARBORVIEW  
MEDICAL CENTER

UW Medicine  King County

TIME	TOPIC
6:00 pm	Welcome, Introductions, Review Meeting Agenda
6:10-6:25 pm	CRIS committee status updates - Including Vision Statement Update
6:25-6:55 pm	CRIS High Level Workplan, Including Centering Equity in the CRIS Workplan
6:55-7:25 pm	State of the Lived Experience Subcommittee
7:25-7:30 pm	Closing Remarks
7:30-8:00 pm	Open Space
8:00 pm	Adjourn

# Zoom Technology Moment: Committee Members



# SUBCOMMITTEE UPDATES

## Steering Committee

**Role: Make Recommendations to the Governor and Legislature**

## CRIS Committee

**Role: Advise the Steering Committee as it formulates recommendations**

## Subcommittees

**Role: Provide professional expertise and community perspectives on discrete topics**

Tribal 988 Subcommittee	Credentialing and Training Subcommittee	Technology Subcommittee	Cross-System Crisis Response Subcommittee	Confidential Information Subcommittee	Rural & Agricultural Communities	Lived Experience
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\* Five of the seven subcommittees are established by HB 1477. The Steering Committee established two additional subcommittees: Lived Experience, and Rural & Agricultural Communities

- **The Steering Committee** – with input from the CRIS and subcommittees – is charged to make recommendations for an integrated behavioral health crisis response and suicide prevention system with elements described HB 1477.
- **Lived Experience Subcommittee** – To provide diverse lived experience perspectives into the development of the Washington behavioral health crisis response and suicide prevention system.
  - Identify issues for consideration with perspectives of lived experience.
  - Review and provide input to inform development of Committee recommendations
  - Inform state agency implementation planning.

# Washington's Vision and Guiding Principles for Crisis Response and Suicide Prevention\*

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

## People in crisis experience:

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

## The Crisis System is intentionally:

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

- Developing crisis system process map to bring together understanding of current system interfaces, gaps, and changes needed.
  - Will provide a foundational tool to inform crisis system redesign work needed.
  - Held work sessions in March and April with 988 call centers, 911, and Regional Crisis Lines.
  - Upcoming work will focus on processes specific to children and tribal populations.
  
- Addressing full continuum of crisis care:
  - *A place to call:* 988-to-911; 911-to-988; Regional Call Lines to 988
  - *Someone to come:* Mobile crisis rapid response teams
  - *A place to go:* Crisis stabilization services
  - *Pre- and post crisis care:* immediately upstream and downstream of crisis events



## HB 1477 Committee and Subcommittee Meetings - Updates

Date	Committee/ Subcommittee Meetings
4/14	<b>Rural &amp; Agricultural Communities Subcommittee</b> <i>(Input on the draft vision and principles; Begin discussion of opportunities to center equity)</i>
4/18	<b>Lived Experience Subcommittee</b> <i>(Input on the draft vision and principles; Personal stories to inform system-level recs)</i>
4/20	<b>Tribal 988 Roundtable</b> <i>(Input on the draft vision; HB 1477 Technical and Operational Plan)</i>
4/20	<b>Confidential Information Compliance &amp; Coordination Subcommittee</b> <i>(Understand NSPL call center privacy standards, federal privacy laws and crisis system considerations)</i>
4/21	<b>Credentialing and Training Subcommittee</b> <i>(Understand current federal NSPL call center staffing and training standards)</i>
4/25, 5/23	<b>Technology Subcommittee</b> <i>(HB 1477 Technical and Operational Plan – review of functional requirements)</i>
TBD	<b>Cross System Collaboration Subcommittee (1<sup>st</sup> meeting 3/17)</b> <i>(Inform development of cross-system intersections and coordination /system process map)</i>
5/10	<b>CRIS Committee Meeting</b> <i>(provided input on draft vision)</i>
5/19	<b>Steering Committee Meeting</b> <i>(reviewed revised vision, and will approval via email)</i>

# CENTERING EQUITY IN THE CRIS WORKPLAN

### HB 1477

- The CRIS Committee and Subcommittees are charged with advising the Steering Committee in developing recommendations for an integrated behavioral health crisis response and suicide prevention system, including:

*“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.”*

- The CRIS High-Level Workplan provides an organizing framework to ensure the full continuum of crisis response.
  - **Objective 1:** A place to contact – NSPL call centers
  - **Objective 2:** Someone to come – Mobile crisis rapid response teams
  - **Objective 3:** A place to go – Broad range of crisis stabilization services
  - **Objective 4:** Pre- and Post-Crisis Care – Immediately upstream and downstream of crisis events
  - **Objective 5:** Crisis system infrastructure and oversight
  
- The CRIS Committee and all subcommittee are providing input into ways to embed equity into the High-Level Workplan.
  - Discuss input at the June 7<sup>th</sup> Lived Experience Subcommittee meeting.
  - Request for Subcommittee members to submit recommendations via email to Nicola Pinson ([npinson@healthmanagement.com](mailto:npinson@healthmanagement.com)) by June 30<sup>th</sup>

# WRAP UP & NEXT STEPS