Comments on the Draft Vision Statement and Guiding Principles
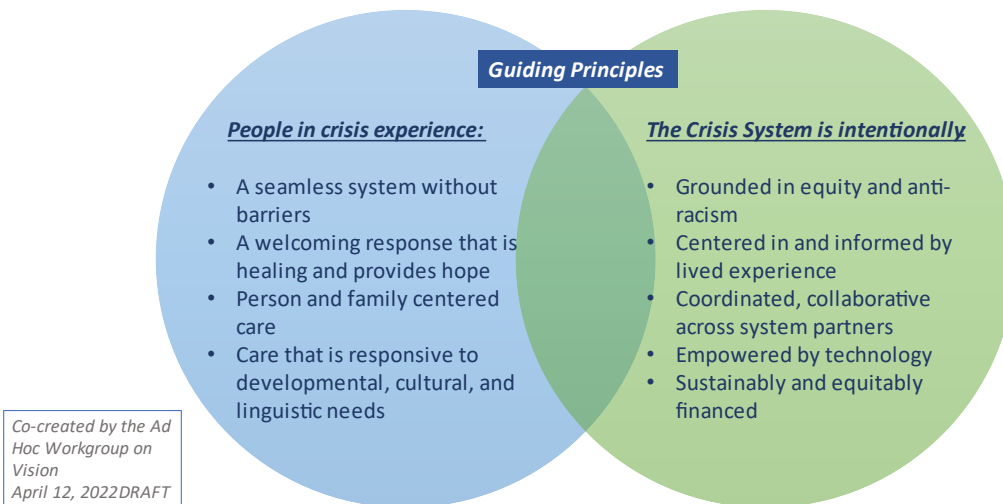
Summary – May 12, 2022

Draft Vision and Guiding Principles for Comment

The HB 1477 Ad Hoc Workgroup on Vision developed the following draft vision and guiding principles statement for consideration by the broader CRIS Committee. This document includes comments on the draft vision and principles received from the CRIS Committee at their May 10th meeting, as well as subcommittees and other groups (Lived Experience Subcommittee, Rural & Agricultural Subcommittee, Tribal Consultation Roundtable, and the Child and Youth Behavioral Health Workgroup).

The Ad Hoc Workgroup on Vision will consider these comments at their May 13th meeting to finalize the draft vision and principles statement for adoption by the Steering Committee.

DRAFT - Washington's Vision and Guiding Principles for Crisis Response and Suicide Prevention

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 anti-racism
- 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, 2022DRAFT

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Summary of Comments – Major Themes

1. **Tribal Comments and Recommendations (April 20th Tribal Roundtable)**
   a. Recommendation to add the following language to the Principles for the crisis system:
      - *Operated in a manner that honors tribal government-to-government processes.*

   b. Ensure addresses the underlying foundation of stigma and lack of trust felt by tribal populations.

   c. Ensure that work related to the Native and Strong line and native work is expressed.

2. **Major Comment Themes**
   Below are major themes of comments received from Subcommittees and the CRIS Committee. The CRIS Committee reinforced themes identified by Subcommittees and noted comments in additional theme areas in blue text.

   a. *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 term recovery*
        - *Hope and recovery sounds amorphous - be more specific about connecting people to the right resources.*
        - *Concern with term "struggling" and how it is received culturally – suggested use of word "need" instead.*
      - 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
      - Question about whether to include the term crisis or behavioral health needs

   b. *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
      - Add concept of safety and keeping people safe
      - Include concept of community
      - Visual makes it seems like the people and the system are separate and there is no intersection/ nothing in common.

CRIS Committee Comments – May 10th CRIS Meeting

a. *Breakout Group 1:*

- The piece that is missing for me is a mention of safety and keeping people safe. I like healing and hope, but keeping people safe is more than this - it is about keeping them alive. And not necessarily safety as defined by the helpers but also by the person seeking help.
- I like the addition of safety - I also wonder about recovery.
- I want to echo the need to reinforce accessibility to LGBTQ populations as well as the already mentioned pops
- Crisis system side principles - I am not sure what the need is, but is there a way to emphasize when people need to call.
- It is a crisis system - so how do we make sure the message is expansive or inclusive of what constitutes a crisis? How do we make sure people know they can call if they need help and not worry that their issue is not a crisis.
- I like the work the ad hoc committee did - Agree we do need to add safety and access for LGBTQ+
- This statement doesn't make it clear that it is about BH and MH crisis…do we need to have that included to make sure people know who and what this is for?
- The vision statement doesn't even mention crisis….what is someone is struggling to provide rent? Would they call?
- Not everyone is going to see their situation as a crisis and it might be….
- We were a bit deliberate not to define or name crisis in this vision - but should we? Or do we want to be the catch all line?
- I think people are going to use this line and define for themselves what constitutes a crisis…I don't think we would be able to define it for them
- No matter what the driver of the crisis is, there is often a BH component to this….
- A concern is to make sure we have the staff to answer the calls and types of concerns that are coming up…so need to keep that in mind if we move towards being a catch all line. Training needs to be tailored and matched appropriately

b. *Breakout Group 2:*

- Yes - Hope and Connection
- Key words or healing hope and recovery
- Struggled with the word "them"
- In ten years hoping that racism equity and housing is still not an issue
- Concept of community include in vision or guiding principles
- Coordination and collaboration across community partners
- Not just SI, could be loved ones, where do you go to get needs met
- Meeting communities with acceptance and empathy
- Pro-active instead of reactive
- Prefer Anyone in *need vs struggling* – struggling doesn't resonate with one of the participants, culturally
- Discussion: "need" could be too broad – could be addressed as to what "need" refers to when marketing 988 comes into play (if you need support with ABC…call)
- Incorporate access and inclusion/belonging – into guiding principles
- Vision edit discussion:
    - "Care that is inclusive and responsive to developmental…"

- o "988 offers a connection to anyone who needs support…"
    - o "responding with acceptance.."
  - include safety
  - care is accessible
  - when in doubt call
  - still need a tag line –
  - is 988 a catch-all for all – is it a no wrong door phone #?
  - how is crisis defined?
  - how are calls triaged? How ensure timely access (operational question)
  - Summary of changes: We all agreed to remove "them" in the vision too and to add inclusion in the last blue bullet on the left. Add community instead of system.

c. *Breakout Group 3:*
  - Not sure what is fully meant by the word connection, suggest using understanding
  - Overall, the vision statement is inviting and provides a door I would consider going through, yet some tweaking of some words might enhance
  - Use of 988 does not fully provide an understanding of all the crisis services
  - The use of the word empathy is too clinical
  - Suggest removing recovery – most do not know what that is unless you are in recovery or know someone in recovery
  - Consider using the word help
  - Geographic location needs to be added somewhere in guiding principles
  - Perhaps the use of the word "no wrong door"
  - How are we going to address all the language needs
  - Use more action-oriented words provides is passive something stronger
  - Rural has issues with broadband, how can we address
  - Not sure what struggling means
  - Regarding all the comments provided, if more than one person says something give more weight to that

d. *Breakout Group 4:*
  - Language sounds clinical/bureaucratic – support for more plain language.
  - Hope and recovery sounds amorphous and need to be more specific about connecting people to the right resources.
  - Doesn't reflect broader crisis system resources – 988 is connecting people to the right care at the right time.
  - Add care that is responsive to gender (culture doesn't capture this)
  - The crisis system should be built around the person in need.
  - Emphasis around the need for simplicity in the system and the ability of easily access the right care.
  - Visual makes it seems like the people and the system are separate and there is no intersection/ nothing in common.
  - 988 will be the connection to the system – in the future, 988 will be the same as the behavioral health system.

Tribal Consultation Roundtable

At the April 20th Tribal Consultation Roundtable, participants were asked whether the draft vision statement and principles work for Tribal communities. If not, what would they like to see changed? What do they like about the vision statement and principles?

April 20th Tribal Consultation Roundtable Meeting Discussion/Feedback:

- <u>Request/Strong Recommendation</u> to add a bullet under guiding principles for the crisis system: *"Operated in a manner that honors tribal government-to-government processes"*
- Needs to address/recognize the underlying foundation of stigma and lack of trust felt by tribal populations.
- Request to ensure that work related to the Native and Strong Lifeline and native work is expressed.

Subcommittee and Additional Comments

Rural & Agricultural Subcommittee

At the April 14th Rural and Agricultural Communities Subcommittee meeting, members were asked whether the draft vision statement and principles work for rural and agricultural communities. If not, what would they like to see changed? What do they like about the vision statement and principles?

April 14th Meeting Discussion/Feedback:

- Overall felt rural interests are reflected in the vision statement, although the language felt "pastel" and needs to be more direct and plain language to speak to a rural and agricultural audience. Many farmers will not respond to words like 'acceptance', 'empathy', 'hope', and 'recovery', especially older ones.
- Appreciated focus on lived experience and family.
- Consider including the concept of anonymity in the vision
- Suggestion to shorten the vision and principles. Nine bullet points of principles plus a vision statement is a lot.
- Many in rural and agricultural communities do not have access to crisis care resources. This community is in crisis mode all the time because they do not have the resources to meet their needs. Connecting them to 988 is great, but then what? How do we support them moving forward?
- How are you going to get the word out about the 988 number? Distinguished vision statement from communications campaign and messaging to reach rural and agricultural communities.
- When a farmworker is in crisis, there is a 15-minute period that is crucial for care. Something related to the need for rapid response could be added.

Additional feedback received following the meeting included:
- I do like the vision and guiding principles, but I am not sure that they are adequate for Rural & Agricultural communities. I would not change any of the guiding principles. But I might consider adding another bullet point to "People in crisis experience", something along the lines of "The same quality of care regardless of geographic location".
- The challenge with "Empowered by technology" from the perspective of Rural & Agricultural communities is that not all Rural & Agricultural communities have adequate access to technology. Some of them still have no internet service, some of them still have no cell phone service, and I am of the impression that there may be a somewhat higher incidence of folks living in those areas without devices, or without sufficient financial resources to afford the cost of service. I would like to see us somehow address that.
- Regarding the Vision and Guiding Principles, I would consider adding something like "and access to timely and appropriate services" to the vision statement.

Lived Experience Subcommittee

At the April 18th Lived Experience Subcommittee, members were asked to provide the following input: Do the vision statement and principles work from the perspective of people with lived experience? If not, what would you like to see changed? What do you like about the vision statement and principles?

April 18th Meeting Discussion/Feedback:

- Vision statement is clear cut and hopeful – suggest 'a connection to anyone who is struggling' is not inclusive of family members, suggested change: "to anyone affected by crisis"
- Phrase 'offering hope and recovery' is overused and doesn't mean much – people want something more actionable/accountable
- Instead of equitably financed suggested change: "sustainably and equitably providing care". Financed is just the money and not the actual delivery of care.
- Instead of enhancing the system that responds to crises, there was encouragement to develop a robust infrastructure focused on prevention.
- Recognize the need to provide individuals with the right level of care.
- The vision is missing trauma informed care which is critical in envisioning new system.
- It would be better to say 'people in crisis will experience' for guiding principles – convey more action/agency.
- '988 offers a connection' is too passive. Suggested "builds" which is more active.
- Offering hope and recovery is a buzzword that people don't connect with or like.
- Include some action component in the statement – offering a path to recovery – something more concrete at the end.
- Support for the Venn diagram but feel it needs something like 'a system structure that is visible, understandable, and immediately usable by those in need'.
- Important to include that people experiencing crisis have options that bypass the emergency room – idea of giving people more choices that are less traumatizing should be included in Venn diagram.
- Caregivers don't necessarily see themselves in this vision. Most parents do not know what to do when leaving inpatient care – they are terrified – caregivers must have support/be supported too.
- Note anti-racism wording - What does it actually mean to be anti-racist? What are the actual actions being taken to be anti-racist? In these committee meetings and going forward?

Additional Comments from the Chat

- "Love how all of this is written but we have a long way to go and I'm speaking about crisis response to adults and how individuals are treated in the emergency room/hospital."
- "The vision is great. I am in a rural area working with people with developmental and physical disabilities and our services really lack for dual diagnosis mental health services. Most people have to travel at least an hour to get the services needed. It would be great if the rural areas can get specialized mental health support for those with a dual diagnosis."
- "I think we also need to keep the DRW report on DCR's and that process and DRW's recommendations"
- "I think "offering hope and recovery" lacks action. I would prefer to see something such as "offering a path forward so the individual's needs will be met.""
- "Agree completely as a caregiver who often interacts with the system for adolescent child!"
- "Love the PATHWAY language - not just immediate crisis response"

- "Agreed. Because "financing" is not always sufficient to meet rural areas' needs, sometimes structural variations are needed as well to meet rural counties' needs"
- "On the left side the last bullet 'Care that is responsive to developmental, cultural, and linguistic needs' It needs to include gender too. Gender diversity matters and is often discriminated against"
- "Yes, I believe we need to think about harm and benefit and increasing benefit."
- "Agree with adding gender and sexual orientation/"LGBTQ identity" to be shorter"
- "988 needs to be implemented within the current BH Ombudsman services"
- "Also given we are a diverse state with Tribes and Rural communities, not to mention gender variance, various immigrant communities, it would be nice to have something that says - Meeting people where they are (in their respective communities)"
- "department of health is important because of crisis calls that lead to many hours in emergency rooms/boarding -in our area their phone is taken away and all possessions and others without mental health needs are not treated this way"
- "I think what I heard of the vision statement sounds really great and fairly comprehensive. However, I am blind so I can't reread the slides. I would love to see something specific to people with disabilities addressed. The goal should be to develop a system that is flexible to meet all of the unique needs of those struggling with a disability as well as trying to navigate what can be a complicated system."
- "First bullet under "The Crisis System is intentionally" could be edited to say: "Grounded in equity, trauma-informed, and anti-discriminatory""
- "We have DRW on the big CRIS and I'm here also from a disability justice angle, but disability competence is definitely still an issue."

Child and Youth Behavioral Health Workgroup (CYBHWG)
Summary of 4/19 CYBHWG Discussion (Shared by Kashi Arora)

- The current draft statement doesn't make it clear that 988 is a crisis response specific to mental and behavioral health. As written, this could be for a 211 type resource so the suggestion from the group was to clarify that this is for crisis response re: mental and behavioral health.
- The current vision statement and guiding principles don't make it clear that the person reaching out to 988 should be able to define what a crisis is for themselves. If that is what we want to communicate, we should consider adding something about that.
- There was a curiosity about ways to talk more about the natural supports in people's lives, their ecosystem, and/or their family.
- In the vision statement and guiding principles, it doesn't state explicitly that the response to the crisis is immediate. There's a connotation or an implicit assumption that it's an immediate response, but that isn't stated and maybe it should be.
- It was noted what Joan pointed out too: that "a seamless system without barriers" is a wonderful goal but it doesn't feel realistic and it's hard to have that as the goal we know we won't meet. The suggestion was to use the language of minimizing barriers.

Follow up comments received via the CYBHWG outreach

- **Sen. Warnick**

- o I appreciate that one of the guiding principles takes into account both person <u>and</u> *family* centered care.
- o Ideally, people in crisis should experience care that is responsive to developmental, cultural, and linguistic needs. The linguistic piece presents a particular challenge in relation to scope. Namely, how broad do we go on requiring linguistic responsivity? This is especially true in the call line's infancy. Would a call center be required to find translation services in dozens of languages? Fifty languages? Where do we draw the line for what the call center can realistically handle especially outside of urban areas?
- o We must ensure that the needs of rural and agricultural communities are met in designing a system that is coordinated and collaborative across system partners. For example, larger urban areas like Seattle, Spokane, or Bellevue may have behavioral health response networks that are more integrated and robust than those in rural counties with smaller populations. Getting a fast, accurate, and timely response to someone in crisis in a densely populated urban area with many nearby responders and resources may be much less challenging than getting to someone quickly in a large rural county with different topography, long distances to overcome, or spotty cell phone signals leading to difficulties pinpointing a caller's location.
- o If we are truly going to make the guiding principles centered in and informed by lived experience, then we must make certain that those with lived experience cover many spectrums not just mental health and substance abuse disorder. For example, suicide rates among farmers and in farm communities are often much higher than average. In agricultural communities, the stresses that lead to suicide are often rooted in the stresses of the farm and its viability or the stresses specific to farm work and farm workers. As such, the term lived experience may have a broader meaning that we must contemplate when responding to agricultural communities.
- o It is also important for us to recognize that the children of farm workers living in the agricultural community may face unique behavioral health challenges. If there are issues on the farm, then the children of the farm workers involved may manifest behavioral health issues even if the adult parents, grandparents, etc. involved do not. Therefore, we would want to ensure in our guiding principles that the unique problems facing children in agricultural communities are both contemplated and addressed.
- o Ensuring that the 988 system is sustainably and equitably financed is important. In recent data presented to the CRIS Committee we saw that Washington is one of only 4 states that implemented its 988 system with a fee. Our system is implemented through a cell phone tax. Although that may apply equally to all cell phone users, it will not have an equitable impact across all socioeconomic levels with citizens who can least afford it burdened the most.

Ad Hoc Workgroup on Vision Members - Additional Comments

- **Jenn Stuber:** Concerned that we don't have a vision statement that says what 988 really does. How about: 988 offers a connection to anyone who is struggling with a mental health or substance use challenge, ready to meet them with acceptance and empathy in the community, offering a place to go that can begin a journey of hope and recovery.

- **Joan Miller:** I really appreciate the opportunity to provide additional comments in writing before a draft vision document is presented to the full CRIS Committee. The WA Council had our

monthly membership meeting today and I was able to get some provider reactions that I'd like to share and reinforce for consideration.

- o First, I do think the vision statement is nicely aspirational and inclusive, and I think the conversations of this workgroup helped it land in a good place.
- o The guiding principles, however, just feel too high-level or vague or so ambitious that they don't really tell us anything at all.
  - For example, one draft guiding principle has gone from "access to care for all including assistance with navigating systems and barriers" to "a seamless system without barriers." It's just not realistic for our work to be guided by such an impossible standard—we're talking about a healthcare system, a crisis system, an emergency response system, a criminal legal system all intersecting (potentially with other systems as well!) so there will be barriers and there will be challenges for people to navigate. We need to be setting realistic expectations for ourselves and for the public.
  - Trauma-informed care should be somewhere on the list. Perhaps, "People in crisis experience <u>trauma-informed</u> care that is responsive to developmental, cultural, and linguistic needs."
  - Stating that the crisis system is intentionally grounded in equity and antiracism are nice words, but they don't really point to any tangible step. It is essential that our guiding document is explicit that an ideal behavioral health crisis response system must help to reduce and avoid the criminalization of behavioral health disorders, especially for historically marginalized and underserved BIPOC populations.
  - "The crisis system is intentionally empowered by technology" but to do what? We're trying to improve access to the right care in the right place at the right time! We need technology to ensure coordination between 911, 988, the various types of crisis response (e.g., mobile teams, coresponder teams, DCRs), and the various types of inpatient providers (for callers who need a bed) and outpatient providers (for callers who need a next-day or follow-up appointment).
- o More generally speaking, I think what is missing from this document is *what are we actually trying to accomplish for people*. How will we know if the system is grounded in equity? How do we know if people are getting better? What goals are these guiding principles driving us toward? I'd strongly urge us to consider adding an additional Goals Section to ground the CRIS Committee's work ahead. Goals that could be measurable in some more tangible way. Here's one suggestion as a starting point:
  - **GOALS:** Washington State's 988 Suicide Prevention and Behavioral Health Crisis Response Hotline must realize this unprecedented opportunity to achieve the following goals:
    - save lives,
    - reduce stigma,
    - avoid criminalization of behavioral health crises, especially for historically marginalized and underserved BIPOC populations;
    - support the team-based clinical approach to care by sustainably financing the system with multiple public and commercial payers contributing their fair share; and
    - improve access to prevention services, crisis services, and ongoing behavioral health treatment and recovery supports.

- **Jolene Kron:** I do agree with Joan that the final summaries were a little too watered down. I would also like to again question the focus on 988 versus a comprehensive crisis system that is more broad than a single call point. Otherwise, I agree with the final statements and principles.

- **Laura Van Tosh:**
    - Items within the People in crisis experience:
        - Bullet one could more easily read, "A barrier-free system"
        - Bullet two could read, "A hopeful and healing response"
        - Bullet three could read, "Personalized care"
        - Bullet four could read, "Care for all ages that addresses their cultural and language needs"
    - Items within the crisis system is intentionally:
        - Bullet one could read, "utilize lived experience expertise"
        - Take out technology
        - Bullet five could read, "Responsibly financed to address needs"

- **Michael Robertson:** I personally think we are moving in the right direction. I see a lot of comments regarding the clarity of the vision statement and how it should and will include VERBIAGE regarding cultural equity and competency. I hope that it will be DEMONSTRATED. There are a lot of professionals in this space who may interact on a clinical level with POC but they have not demonstrated a welcomeness to them as community members and only as "patients" or study subjects. Some of the vision ideas sound completely sanctimonious, sterile and commercialized to SOUND competent. It has insincerity and an aroma of "some of my best friends are......". I think we need to de-sterilize the vision statement and act as if someone is sitting in the waiting room at SEAMAR reading it and not someone sitting in the waiting room at Overlake Hospital. And a closing point. I am sitting in the lens of one of the very few persons of color on this committee so I am hearing it from a perspective of abject poverty, social stigmatization, carceral systems and phony passive language to promote compliance, etc. I say that to say I'm an EXPERT in recognizing the art of patronizing, passive aggressive and white savior motivated language...... and some of these ideas are just that.