





# AGENDA

- Welcome, Agenda review, Intros, Zoom use,
- Remembering Diana, Hello Marie, WA Speaks
- **PRESENTATIONS**
  - *LEGISLATIVE UPDATES*
  - *SOMEONE TO COME CRISIS SERVICES*
- **DISCUSSION/QUESTIONS** *Legislative Updates & Someone to come crisis services*
- Adjourn Formal Meeting --> Open Discussion
- Next meeting:

**MON APRIL 10<sup>TH</sup> 1.00 PM - 3.00 PM**

# Zoom Technology Moment: Committee Members




# Diana Cortez Yañez RIP

## Lived Experience


**\*Speaker \*Consultant \*Trainer \*Educator**

- ❖ “As a multiple attempt suicide survivor, it is my mission to save lives by educating and informing health institutions and families on how to connect, support and transform systems and communication to better aid those in crisis”
- ❖ “Affectionately called “*the heart of suicide prevention*” for her warmth and vulnerability, for bringing a personal touch to her work in saving lives”
- ❖ **Website: [DianaCSpeaks.com](http://DianaCSpeaks.com)**









**Survivor-Informed  
Suicide Prevention**

LIVED EXPERIENCE SPEAKER & EDUCATOR  
guiding healthcare providers, institutions, families,  
and individuals to navigate the complexities of  
life's darkest moments.



**Recent Speaking Engagements:**



# Shenitha “Marie” Fallon

Representing LIVED EXPERIENCE

- ❖ I have a family member who died in a mental institution
- ❖ I have another family member who died of overdose/suicide
- ❖ My oldest LGBTQ+ veteran child attempted suicide in 2020

I’m a **survivor** of this illness



# 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 [npinson@healthmanagement.com](mailto:npinson@healthmanagement.com)



# 2023 LEGISLATIVE SESSION UPDATES

- First day of session was **1/9/23**. The last day of session is scheduled for **4/23/23**.
- This is an “odd year” and are in a long session that will last **105 days**. We are over halfway into session.
- March 8<sup>th</sup> was the last day to pass bills out of the house of origin.
- Bills that passed house of origin will now be heard in the opposite house.

# 988 RELATED BILLS - UPDATES

## HB1134

1. Addresses HB1477 adjustments
2. Establishes new type of community response teams through a grant program funded by 988 tax dollars
3. Allows DOH (Dept. of Health) to use 988 funds to support co-location programs
4. Agricultural community supports included
5. Establishes a training program through the UW school of social work
6. Passed out of the house; referred to Senate Health and Long Term Care



# 988 RELATED BILLS - UPDATES

## SB5120

1. Establishes 23-hour crisis relief facilities
2. 24 hour, 7 days per week
3. Accepts walk ins and drop offs
4. DOH creates rules for licensure
5. Substitute bill passed out of committee on 1/26; Referred to Ways and Means
6. Passed out of the Senate; referred to House Health Care and Wellness
7. Public hearing scheduled 3/15

# 988 RELATED BILLS - UPDATES

## HB1004

1. Bill focuses on installing signs near bridges to deter jumping
2. Includes provisions to allow 988 signage on bridges
3. Passed out of the house
4. Referred to Senate Transportation committee

# 988 RELATED BILLS - UPDATES

## SB5555

1. Establishes the new professions of certified peer specialist & certified peer specialist trainee to be certified by the DOH
2. Specifies training, educational pathways, and requirements for peers to be certified.
3. Directs HCA (Health Care Authority) to develop training and examinations
4. Substitute bill passed out of committee on 1/26; Referred to Ways and Means
5. Passed out of the Senate; referred to House Health Care and Wellness
6. Public hearing scheduled 3/15

# NOTHING ABOUT US WITHOUT US

## HB1541

1. Increases access and representation in policy-making for people with lived experience (LE)
2. Includes LE membership requirements for statutory entities
3. Requires reports on the efficacy of membership requirements
4. Requires creation and distribution of educational materials on best practices to support meaningful engagement
5. Passed out of House; referred to Senate State Gov't and Elections



## Participating in Legislative Process

- **Email your representatives on any issue**
- **Comment on a specific bill to your representatives (Support, Oppose, Neutral)**
- **Get your position on a bill noted: Pro, Con, or Other**
- **Submit written testimony about a bill to a committee**
- **Testify in a committee hearing about a bill**  
**(If time permits and people want, we can try a demo using one bill during discussion)**



# Someone to Come: Current Programs

- **Co-Response Teams (Washington CROA):** a team comprised of first responders (including law enforcement, fire/emergency medical services (EMS), or EMS agencies) and human services professionals (such as behavioral health professionals, social workers, community health workers, or peer support workers). Co-response teams are typically dispatched by 911 or requested by fire or police. The teams provide a way to respond to crisis calls involving safety risk, medical issues, and emergent needs requiring a quick response; the teams also respond to frequent users of the 911 system to address chronic issues not limited to crisis calls. Co-response teams often provide transportation. Source: Washington State Co-Responder Outreach Alliance
- **Mobile Crisis Response Teams (SAMHSA):** Mobile crisis team services offering community-based intervention to individuals in need wherever they are; including at home, work, or anywhere else in the community where the person is experiencing a crisis. For safety and optimal engagement, two person teams should be put in place to support emergency department and justice system diversion. Community-based mobile crisis services use face-to-face professional and peer intervention, deployed in real time to the location of the person in crisis in order to achieve the needed and best outcomes for that individual. Source: Substance Abuse and Mental Health Services Agency (SAMHSA) Best Practices



## Someone to Come: Current Programs

	<b>Co-Response Team</b>	<b>Mobile Crisis Response (MCR)</b>
<b>Managed by</b>	Various local entities across the state	Health Care Authority
<b>Dispatched by</b>	911 (Fire & Police)	Regional crisis lines/988
<b>Requested by</b>	First responder	The person in crisis
<b>Who Responds?</b>	Behavioral Health Professional & First Responder	Behavioral Health Professional & Peer
<b>Response Timeframe</b>	Speed of local first responders	Currently 2 hours for emergent calls Goal within 1 hour



## Someone to Come: Current Programs

	<b>Co-Response Teams</b>	<b>Mobile Crisis Response Teams</b>
<b>Crisis Prevention*</b> Proactive services to people who may or are often in crisis.	Offered by 95% of current programs	No
<b>Transportation</b>	Yes	Some
<b>Crisis Stabilization*</b> Services to help prevent future crisis	Offered by 55% of current programs	Yes
<b>Primary Responsibility</b>	Crisis calls involving safety risk, medical issues, and emergent needs requiring a quick response; outreach to frequent users of the 911 system to address chronic issues	Crisis calls involving behavioral health needs where outreach is requested by the caller





# Someone to Come: More Programs

- **OTHER EXISTING PROGRAMS**
  - *RECOVERY NAVIGATOR TEAMS (SUD)*
  - *YOUTH MOBILE RESPONSE & STABILIZATION SERVICES*
  - *DESIGNATED CRISIS RESPONDERS*
- **IN DEVELOPMENT**
  - *OLDER ADULT MOBILE CRISIS RESPONSE TEAMS*
  - *TRIBAL MOBILE CRISIS RESPONSE TEAMS*
  - *"1477" MOBILE RAPID RESPONSE CRISIS TEAMS*
- **1134 MODIFICATIONS\* SUBJECT TO CHANGE**
  - *"ENDORSED" MOBILE RAPID RESPONSE CRISIS TEAMS (988)*
  - *COMMUNITY BASED CRISIS TEAM*





# How the crisis system is funded

- *HCA receives Medicaid and Block Grant\* dollars from the federal government.*
  - *Funding comes with requirements and reporting*
- *HCA receives state dollars from Operational budget passed by the legislature.*
- *All funding is combined together then contracted to BH-ASOs\* and MCOs\* for behavioral health services.*
  - *HCA adds state and federal requirements into these contracts.*
- *BH-ASOs are responsible for administration of regional crisis services*
  - *MCOs provide contract with BH-ASOs for Medicaid enrollees for RCL\* and MCR services.*
  - *Fully funded commercial insurance will contract with BH-ASOs for MCR.*
  - *Coverage for people without insurance and underinsured.*
- *DOH contracts with 988 centers for their funding using 988 tax.*
- *Co-response is funded locally, through state provisos, and through designated funding from BH-ASOs*
  
- *\*BH-ASO: Behavioral Health - Administrative Service Organization*
- *\*MCO: Managed Care Organization*
- *\*RCL: Regional Crisis Line*
- *\*Block Grant: Federal grant for specific programs awarded to state or local governments*



# WHAT WE COVERED

- Remembering Diana, Hello Marie, WA Speaks
- To share your lived experience story at the CRIS mtg, let us know in chat or e-mail [npinson@healthmanagement.com](mailto:npinson@healthmanagement.com)
- **PRESENTATIONS**
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