HB 1477 Lived Experience Subcommittee

Meeting Summary

Monday, March 21, 2022, 3:00 pm to 5:00 pm

Zoom

TOPIC	DISCUSSION
Welcome, Introductions, Review Meeting Agenda	• HB 1477 Steering Committee member Bipasha Mukherjee welcomed everyone to the meeting and introduced the project team the Lived Experience Subcommittee. Bipasha is the Steering Committee member representing lived experience. ○ CRIS Committee members representing lived experience (Puck Kalve Franta, Michael Robertson, Cathy Callahan-Clem) and Health Management Associates staff (Betsy Jones, Nicola Pinson, Elizabeth Tenney) will be supporting the subcommittee's meetings and its moderation • The Lived Experience Subcommittee was created to bring people with lived experience into a central role in the crisis response system redesign process, recognizing that lived experience perspectives are critical to help the CRIS and Steering Committees develop recommendations for a more robust, stable, and equitable system across the state.
Charge for Lived Experience Subcommittee & Future Meeting Plans	• Jim Vollendroff provided context on the formation of the Lived Experience Subcommittee, and the overall HB 1477 CRIS, Steering Committee and Subcommittee structure. • Under HB 1477, 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. • There are currently seven subcommittees (Tribal 988, Credentialing & Training, Technology, Cross-System Collaboration, Confidential Information, Rural & Agricultural, and Lived Experience). The role of the subcommittees is to provide professional expertise and community perspectives on a variety of topics. • The voices of lived experience are crucial, valuable, and essential to this work. Input from the Lived Experience Subcommittee meetings will help the CRIS and Steering Committees better understand the perspective of those who have experience with the system, positive or negative, and will inform their recommendations to improve the system. • Jim discussed the plan for future meetings to focus on specific crisis system related topics areas. Feedback on the structure is welcome. He also discussed privacy and noted the information shared at these meetings will be de-identified when shared with the CRIS and Steering Committee, unless permission is otherwise given. • If members are interested in sharing their personal stories at the CRIS or Steering Committee meetings, they should contact Nicola Pinson (npinson@healthmanagement.com)

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Shared Understanding of Lived Experience	• The Subcommittee was divided into four breakout rooms for introductions and to discuss perspectives on the definition of lived experience. The Lived Experience Subcommittee is operating under an inclusive definition of lived experience: If you have been in the mental, substance use, or behavioral health system, have received any crisis services, or have any experience with the crisis system at all, and you feel that you have lived experience – then you are someone with lived experience. o Family members and peers are an important part of the lived experience population. Recognition that different groups bring different perspectives. o Recognition that there may be people in crisis who do not identify with a diagnosis of mental health conditions or substance use disorders. o Anyone who has used services in the behavioral health system is a person with lived experience. o If you have been on the receiving side of crisis services, then you are an individual with lived experience. May be a person who did or did not get their needs met. o If there is a person in crisis, gather as much as input as many people as possible who know that person. Important to gather information from the person's counselors; strong emphasis on using peer counselors. o Don't criminalize mental health and substance use disorders. o Importance of taking in the voices of youth directly. Noted perspectives from students and the experience of stigma in schools. o Providers who are part of the behavioral health and crisis system are part of the lived experience – these perspectives are important to have at the table, but are also distinct from individuals and family members with lived experience. Noted that the Lived Experience Subcommittee is for individuals and family members with lived experience and that there are other tables for engaging provider perspectives. Professional may also have personal lived experience that would be appropriate for participation in the Lived Experience Subcommittee. o Ensure that both negative and positive lived experience are shared. o Companions that walk with people in the journey are part of the lived experience. o Supported expansive definition of peer. o Recognition of the unique experience of immigrant populations. Need to consider a person's immediate communities and how they provide support.
Update from CRIS Committee and Subcommittees	• Betsy Jones provided updates from the CRIS Committee and the other subcommittee meetings. She shared the CRIS High-Level Workplan framework, developed based on the national best practices established by the Substance Abuse and Mental Health Services Administration (SAMHSA), that will be used to organize the work ahead to ensure the full continuum of crisis response. State agencies will be responsible for implementation of this work, and the Steering Committee, CRIS and Subcommittees will provide recommendations. The workplan uses the following framework: o A place to contact – crisis call centers o Someone to come – mobile crisis rapid response teams

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	○ A place to go – Broad range of crisis stabilization services ○ Pre- and post-crisis care immediately before and after crisis events ○ Crisis system infrastructure and oversight • Beth Mizushima, Director of the Office of Healthy and Safe Communities within the Washington Department of Health (DOH), provided an update on the launch of the 988 line in July. The DOH has been meeting with the three National Suicide Prevention Lifeline (NSPL) member centers in the state ahead of the launch of the 988 line in July. In July, the ten-digit crisis line number will be routed to 988 by Vibrant, and the 988 calls will go directly to one of the three centers. Other local and county crisis response services will remain available and there will be no changes yet to 911 and NSPL interactions with local and mobile crisis response. The crisis text line will also continue. ○ Will there be access to peer providers? – There are ongoing conversations on expanding access to peer providers and peer programming; this is a conversation that is happening at the CRIS and Steering Committees, as well. *Discussion/Comments:* • Peer services were highlighted as a priority. • "We know crisis often occurs in isolation. That "someplace to go" could help so many. Sometimes when someone is in crisis they need someone to come to them in the community, but there are also times when someone could be in crisis (or near crisis) and just need another human to connect with; someone to hear and listen to them, validate them, and perhaps share some insights or ideas about what could help right them now. What if someone could walk into any mental health agency or clinic and say "Is there a Certified Peer Counselor (CPC) I can speak with?" without having to wait? I know there are currently 1,300+ people on the CPC training waiting list. I think the expansion and advancement of Peer Support Services is key to this effort." • We need more peers in schools as well. My daughters school has no access to resources and she spends most of her week there. • "Agree on peers and expanding that definition to keep in mind rural areas and minority groups of all kinds who turn to their immediate community for support." • "Ambulances and law enforcement can be so intimidating for someone experiencing a mental health crisis so it's awesome that a dedicated team is being formed." • All people living with mental challenges will get the help they need when they want it. The moment, I have found, is brief when my loved one said, "OK I will take help now." We need to respond "now" with help. • Build the workforce out of the communities we serve, rather than trying to train people how to serve "others". • How can 988 help communities build support systems within communities? No "othering" • Re-education programs for first responders. Training to help recognize where they are needed and where a crisis team could maybe intervene instead.

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	• I hope when it comes to the reality of staffing a crisis 988 services, we remember that the person who is at risk to take their life that we have to help their families be helpful too. • Highlighted example in Indiana where crisis line notifies school districts if receives a call from a student in the district. This gives school awareness to provide additional support. This would be helpful as part of crisis line follow up. • Important to address mental health issues in schools. Kids receive counseling in school but don't have that same support at home. Working to create a parent-student liaison position to help provide parents with support and resources.
Interactive Exercise: Inform A Vision Statement For Washington's Behavioral Health Crisis Response And Suicide Prevention System	• Jim Vollendroff provided background on the work that is underway to develop a vision statement for Washington's behavioral health crisis response and suicide prevention system. The Steering Committee formed an Ad Hoc Workgroup Vision with the charge to develop a *draft* vision statement for consideration by the CRIS Committee and approval by the Steering Committee in May. The CRIS and Steering Committee would like to engage input and perspectives from the Lived Experience Subcommittee to inform this vision statement. • *What would the Lived Experience Subcommittee want to say in a vision statement?* The group offered ideas for potential vision statements and provided feedback on what a good statement would look like and what it would include. Many agreed the statement should encompass a holistic, person-centered, trauma-informed, and culturally conscious approach while emphasizing: o Education o Community support o Healing o Equity o Inclusivity o Confidentiality o Peer Counseling o Recovery, support to create a life worth living. [Note to be careful about use of the term "recovery" because links to mental health and substance use disorder conditions; for someone with a LGBTQ crisis, for example, don't need recovery, just need your needs met.] o De-stigmatization o Important to be family focused, including community and natural supports. o Encouraged review of messaging in the SAMHSA 988 website Suggestions for vision statements are listed below: o A crisis call shifts the outcome for a family or individual toward solutions and real-time support for unmet needs. o People in crisis are able to get support without further trauma. o Equitable rapid access to culturally appropriate responders in each county. o Person-centered, trauma-informed, culturally sensitive crisis response that supports consumers, families, and providers, and meets the needed level of care.

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	○ Live support for those in crisis and their supporters that includes access to in-person Certified Peer Counselors for both intervention and ongoing post-crisis care to promote recovery and ongoing wellness. ○ A system that supports easy access of equitable resources, interventions, and recovery for all. ○ Crisis care for Washington state residents will be accessible, trauma-informed, supportive, and culturally conscious, and will acknowledge that crisis care is an involved process that does not end with the termination of a phone call or an initial appointment ○ For a Crisis response system that answers with a desire to first listen respectfully and seeks to understand ALL people who call out for help. That their response is holistic and inclusive as well as gives hope; or at least offers them the possibility that there are others who can hold their hope until they can hold it for themselves. ○ Responding to people as individuals and not disorders based on desired outcome and not protocol. ○ Sustainable pay for care providers, that incentivizes them to stay engaged and reduces burnout. Accountability for providers. ○ "A place where ALL (individual or family) can find help when in crisis and leads to ongoing support" ○ Holistic support for moving from crisis, through to surviving, to thriving. ○ For Peers to be recognized as a pivotal and equal team member to assist a person(s) experiencing a crisis; for a peer to connect on a level that lends a level of nonjudgmental understanding and help. ○ A cry for help elicits real help, doesn't harm, and creates a pathway for ongoing support to meet essential needs. • Recognition of the lack of representation from communities that are most impacted are not represented in the planning process. Need to be intentional about reaching out to engage perspectives from people of color. Will bring back this back to the Lived Experience Subcommittee at a future meeting to further discuss strategies to engage these populations. • Staff will take this input back to the Ad Hoc Work Group on Vision, the group that is focused on creating a draft vision statement for consideration by the CRIS Committee. At the next Lived Experience Subcommittee, staff will plan time for further feedback on a draft vision statement that is being developed by the Ad Hoc Work Group on Vision.
Next Steps & Wrap Up	1. Contact Nicola Pinson (npinson@healthmanagement.com) if you are interested in sharing your personal story at an upcoming committee meeting. 2. The next Lived Experience Subcommittee meeting will occur in April. An email will go out with the April date.

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	3. Plan for future meeting agenda to include discussion of strategies to engage perspectives of people of color and other marginalized populations in the planning process. 4. The Project Team will share the Lived Experience Subcommittee's initial input the vision for Washington's crisis response and suicide prevention system with the Ad Hoc Workgroup on Vision. The Lived Experience Subcommittee will further consider and provide input on Washington's vision during the Subcommittee's April meeting.