

HB 1477 Crisis Response Improvement Strategy Committee

June 18, 2024

HEALTH
MANAGEMENT
ASSOCIATES

HARBORVIEW
MEDICAL CENTER

UW Medicine  King County

Zoom Etiquette: CRIS Committee Members



Zoom Etiquette: Members of the Public



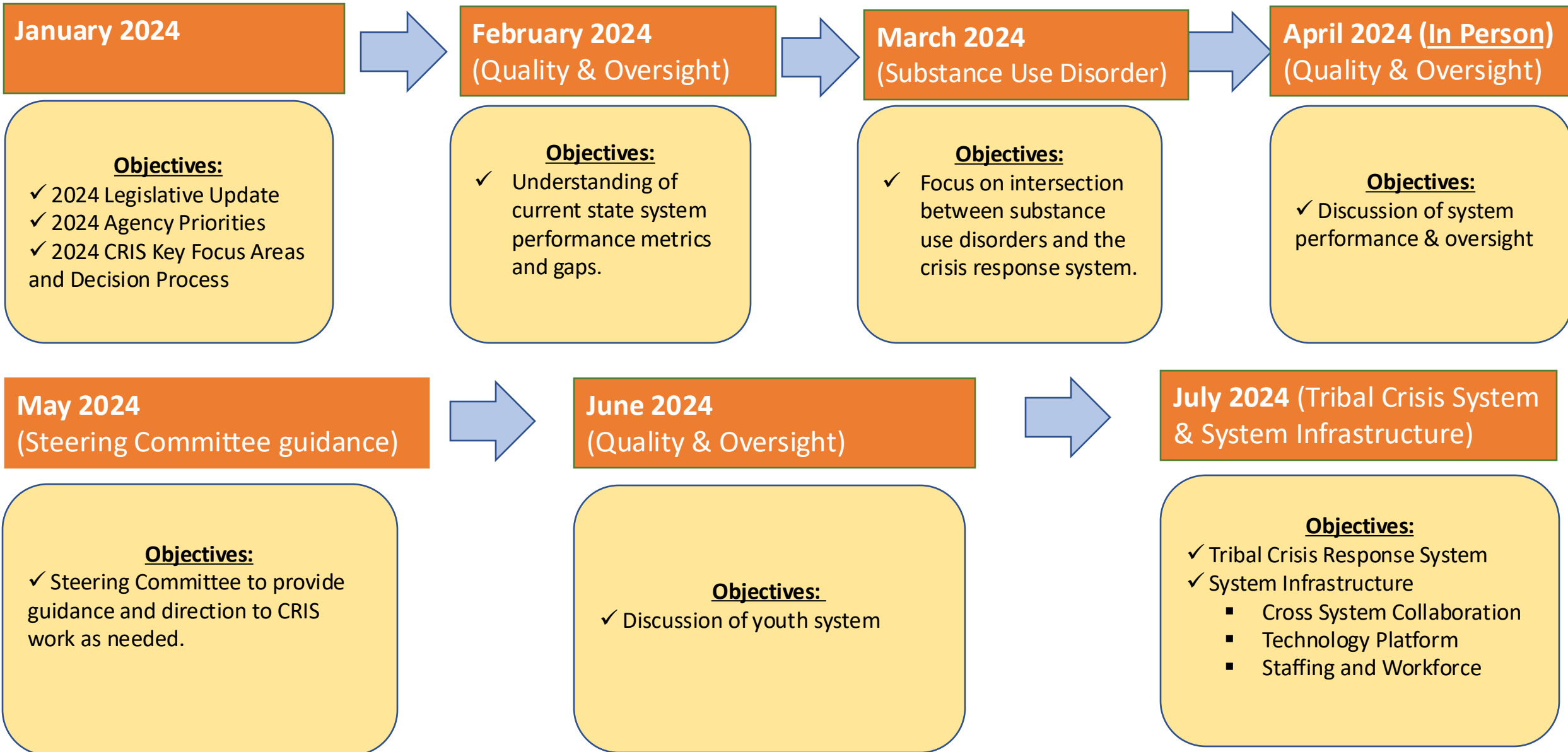
CRIS Committee Meeting Objectives

1. Ground our work in the personal stories and experiences of people who encounter the crisis response system.
2. Hear updates from state agencies and subcommittees relevant to the CRIS.
3. Learn about the specific needs of and programs for youth and transitional-age youth experiencing a behavioral health crisis, as well as recommendations from experts on what system expansions and improvements would best serve youth.
4. Reflect and provide feedback on these proposed recommendations.
5. Confirm action items and next steps.
6. Hear public comment. Hear public comment.

Meeting Agenda

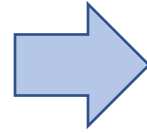
TIME	TOPIC
1:00 pm	Technology Review
1:03 pm	Welcome, Introductions, Review Meeting Agenda
1:10 pm	Personal Story
1:30 pm	System Updates and Q&A
1:45 pm	Crisis Care Continuum for Youth Overview
2:10 pm	Youth Panel Discussion
3:15 pm	Break
3:20 pm	Discussion: Recommendations for crisis response to youth and transitional-aged youth
3:40 pm	CRIS Extension and Transition Plan Update
3:45 pm	Action Items and Next Steps
3:48 pm	Public Comment Period
4:00 pm	Adjourn

CRIS Committee Decision Process Map – 2024 (DRAFT)

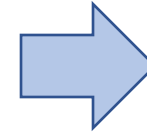


CRIS Committee Decision Process Map (DRAFT)

August 2024
(Lived Experience Focus)



September 2024 (In-Person)
(Draft Recommendations)



October 2024
(Draft Report Review)

Objectives:

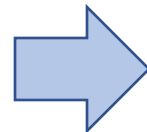
- ✓ Small group discussions of Lived Experience stories and recommendations for system improvements.

Objectives:

- ✓ Discuss **draft policy recommendations** as foundation for Committee Final Report.

- ✓ No meeting this month
- ✓ Draft Report for CRIS Review

November 2024
(Draft Report Input)



December 2024
(Approve Final Report)

Objectives:

- ✓ Review and provide input on draft January 1, 2025 Committee Final Report.

Objectives:

- ✓ Steering Committee approval of draft January 1, 2025 Committee Final Report

January 1, 2025

Final Report and Recommendations

Personal Story

Objective:

- *Set the context for why we are engaging in this work.*

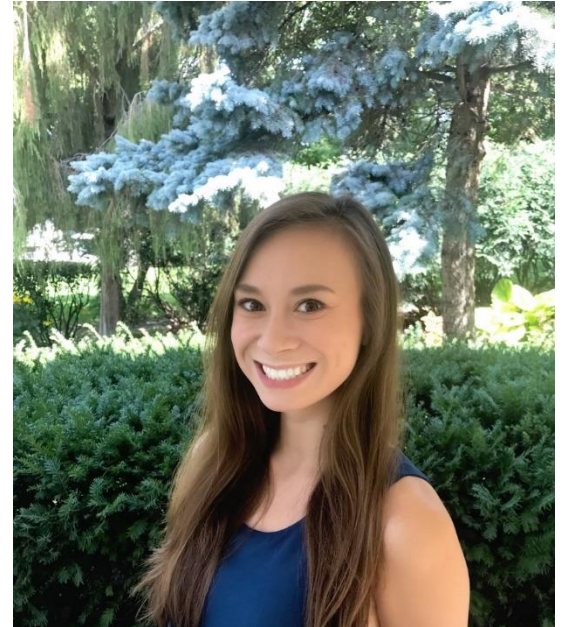
System Updates and Q&A

Objectives:

- *Ensure transparency and demonstrate progress.*
- *Connect agency work to CRIS recommendations.*
- *Inform CRIS committee of what is happening so they can build on what is already progressing in 2024.*

DOH 988 Awareness Campaign Update: Introduction

- Chantel Wang (she, her, hers), 988 health educator for the WA Department of Health
- I work on a team of health educators who work in social marketing.
 - We help increase education on public health concerns in the form of social marketing campaigns.
 - Social marketing campaigns are used in public health using marketing techniques to create a positive change in the community by focusing on promoting specific audience behaviors.

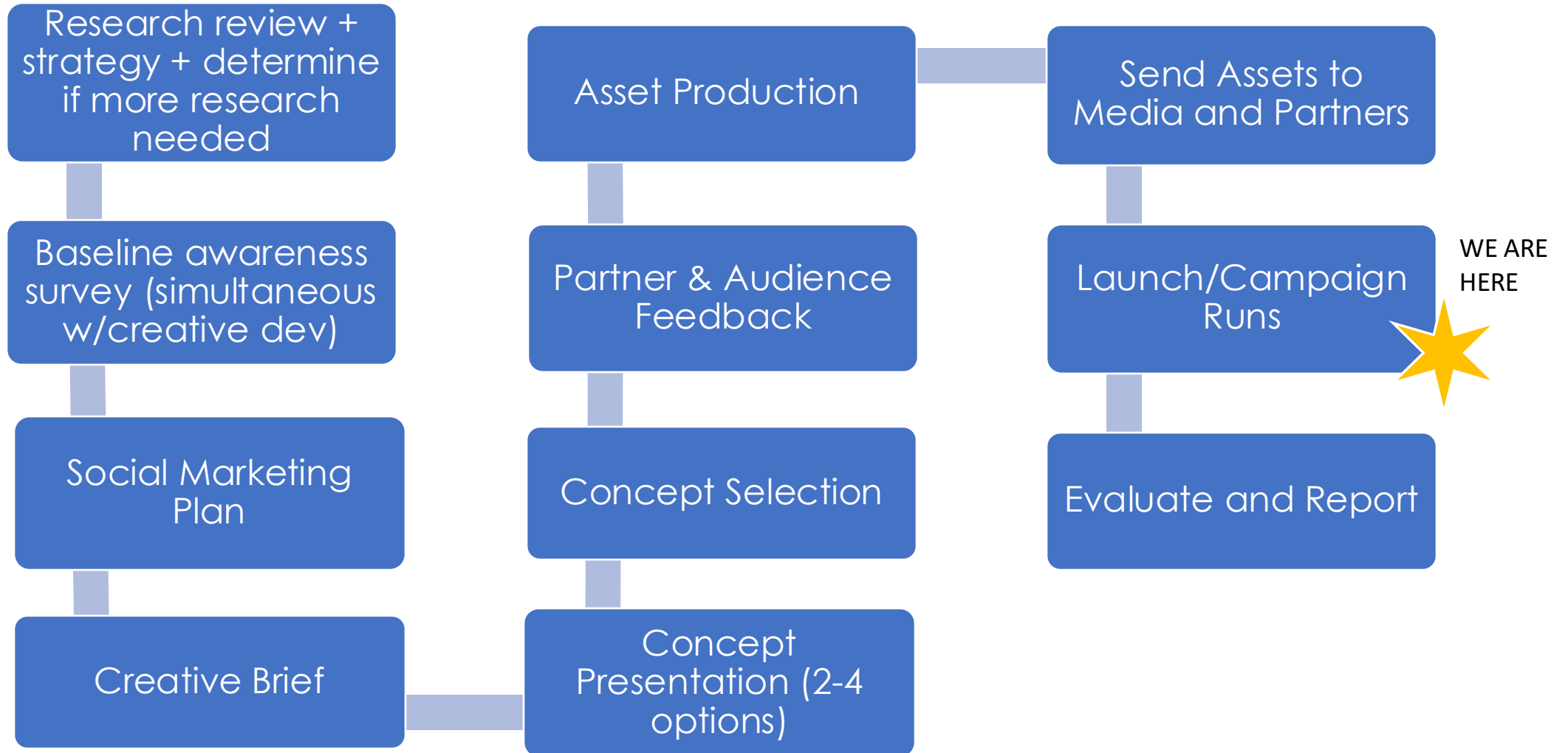


DOH 988 Awareness Campaign

DOH just launched a state-wide social marketing campaign for 988 awareness in May 2024.

- **Purpose:** Provide resources to people in crisis in the state of Washington
- **Goal:** Build awareness and drive action to prevent suicide
- **Objectives:**
 - Primary: Increase awareness, understanding and usage of the 988 Suicide & Crisis Lifeline in Washington (more than suicide prevention)
 - Reduce disparities within priority populations

Campaign Development Process



Priority Audiences

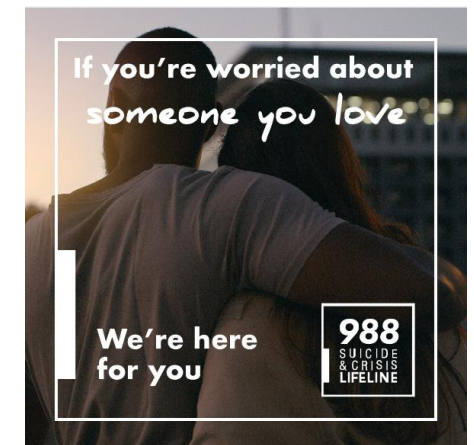
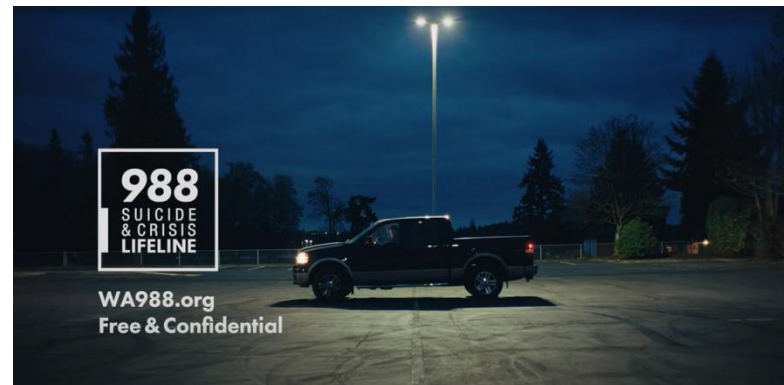
Year 1 audiences:

- Veterans (HB 1134)
- American Indian/Alaska Native (HB 1134 – Native and Strong effort with SAMHSA funds)
- Hispanic/Latino (HB 1134)
- Agricultural community (HB 1134)
- Care networks/support systems
- Males 24-65 (overlay)
- Other BIPOC communities (overlay)
- People who use substances

- HB1134 = Called out within this bill's proviso language
- Other populations listed have not been called out within legislature however WA specific data shows they are at high risk and should be addressed

WA988.org

- Our underlying theme to this campaign is the aspect of human connectiveness
- Our main messaging addresses key barriers that people who live in WA have told us have made them concerned about contacting 988 and uses strong motivators to overcome these barriers:
 - Free & Confidential
 - Crisis counselors
 - Information regarding who can call 988 and for what purposes (for a friend/family member/loved one)
 - Chat/text optiond



Campaign assets

- The campaign will run for 12 weeks through the week of July 29, 2024 on the following media channels:

- Video: Digital (streaming) TV and traditional TV
- Digital audio (e.g. Spotify, Pandora)
- Digital display banners
- Radio: Broadcast radio and traffic/weather sponsorships
- Social media: Facebook and Instagram
- Community-owned media (digital, radio, print, TV)

The campaign websites are WA988.org (English) and WA988.org/es (Spanish).

Included on the website is a [Partner Toolkit](#) with downloadable resources and promotion materials like videos, social media graphics, a safety plan tip sheet and template, and printable materials such as coasters, window clings and wallet cards.



What's in store for Year 2?

Currently awaiting for contracts to process our contract amendment for year 2 funding, and to start some of the process again! This can include further research, more baseline surveys/listening sessions, etc to ensure we resonate with the below audiences.

Year 2 audiences:

- Youth/Adolescents (school strategies ages 10-18, media ages: 13-18)
- Young Adults (ages 18-24) (HB 1134)
- LGBTQIA+ (HB 1134)
- Care networks/support systems
- Older adults 65+
- Communities of color overlay

Questions?

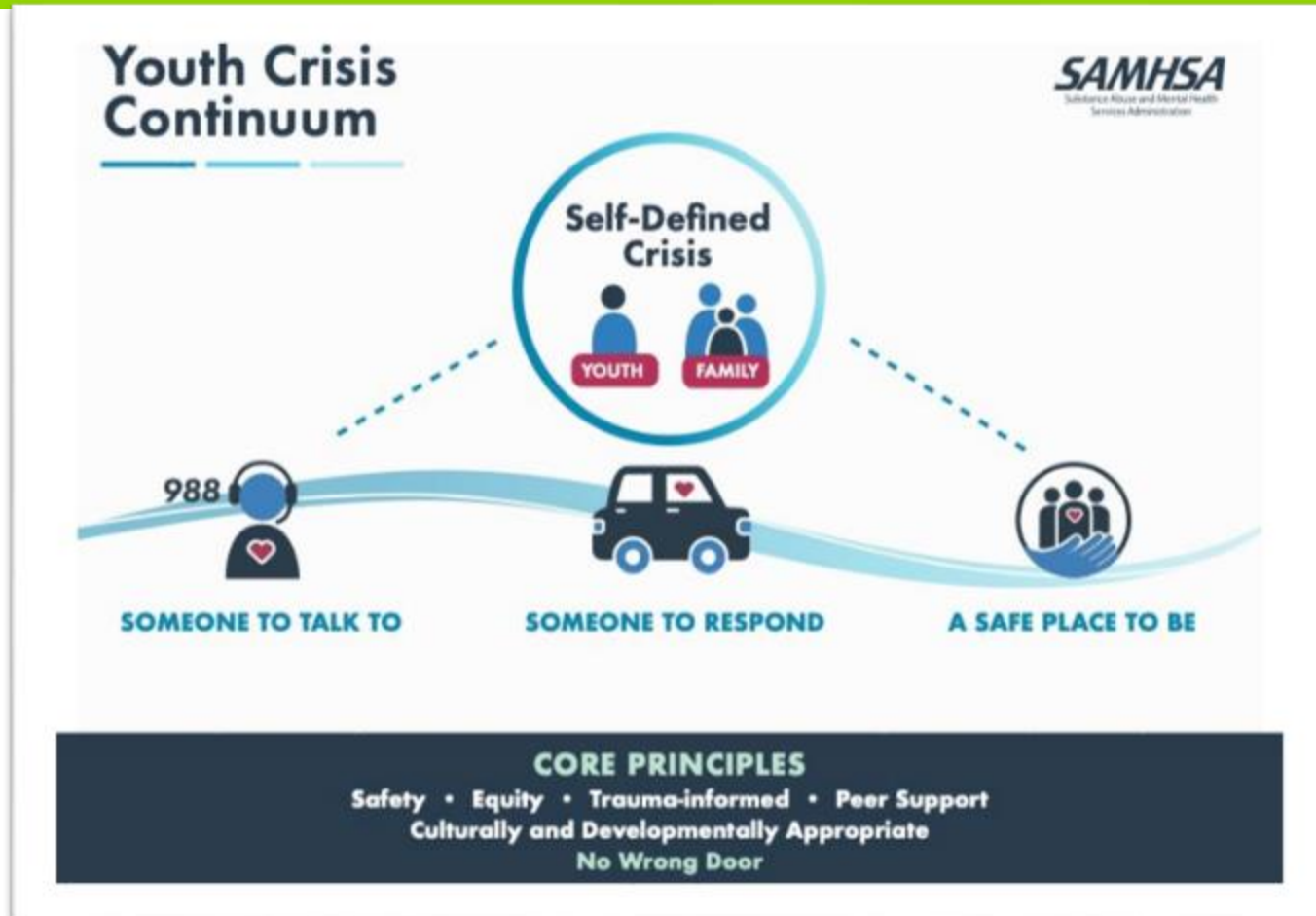
I myself do not always process things immediately, if you reflect on this presentation at a later time and find you have questions please feel free to reach out to me at Chantel.Wang@doh.wa.gov

Overview: Crisis Care Continuum for Youth

Objective:

- Ground the CRIS committee in systems and protocols in place to support youth in crisis

Youth Crisis Continuum



988 & Youth Contacts

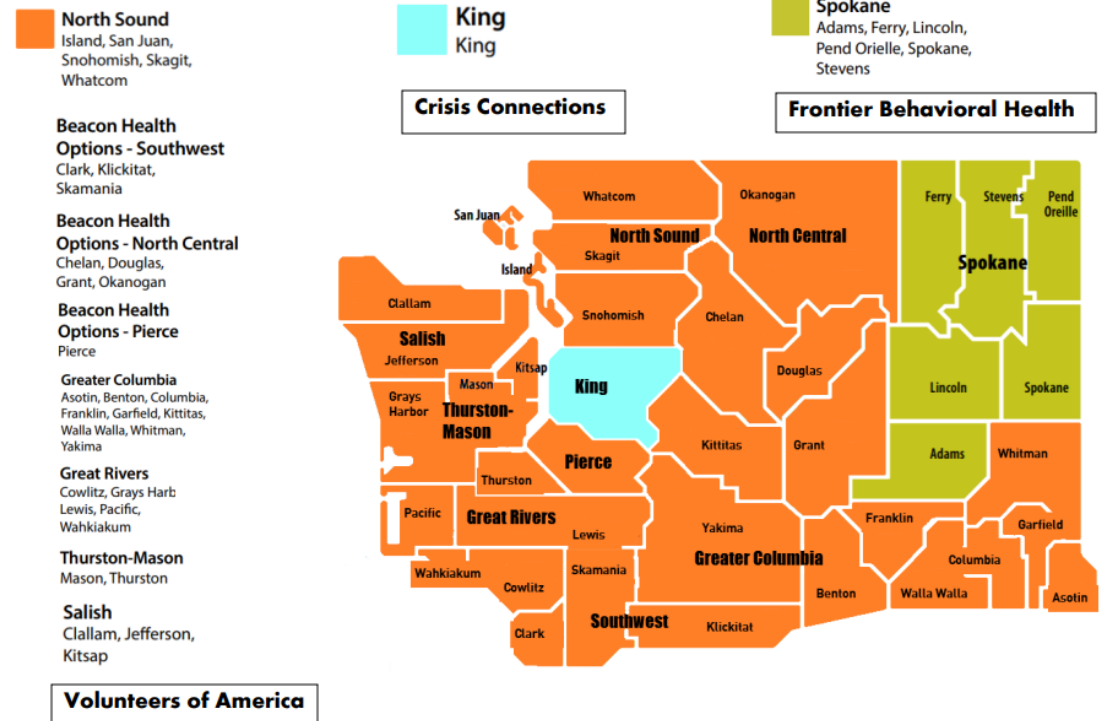
- **Diane Mayes, MA, LMHC, MHP, CWPC**
Clinical Director of 988 Crisis Services
Crisis Connections
- **Sara Schumacher MA, LMHC, CMHS**
Director RCL/988
Frontier Behavioral Health
- **Courtney Colwell, MSW, MHP**
Director of 988 Services
Volunteers of America Western Washington



- **Ways to contact 988:**

- Phone
 - Area code
 - In state back-up
- Chat/text
 - Statewide
- 988/911 Diversion
 - King
 - Pierce
 - Spokane

988 Provider Map

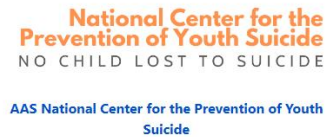


988 Youth Response

Lifeline Resources:

Considerations in Reporting Child Abuse Tip Sheet: This document provides guidance around reporting on child abuse and neglect.
Guidance for working with Youth: A document providing some things to consider around responding to youth who contact the Lifeline.
LGBTQ Youth Guidelines: Guidance on effectively helping LGBTQ callers and chat visitors

Popular Organizations for Youth



- Training includes youth content
 - Lifeline tip sheets
 - Webinars
 - LGBTQ+ Youth Guidelines
 - Inclusive language
 - <https://988lifeline.org/help-yourself/youth/>
 - State/Local resources
- All contacts received by youth under 18 require clinical observation
- Assessed for safety
- Build rapport
- Attempt to gain demographic information, history, other pertinent details

Someone to Respond

- **Children’s Crisis Outreach Response System (CCORS/CCORS-YA)**
 - King County
- **Youth Mobile Crisis Team Dispatch**
 - Coordinate with Regional Crisis Lines



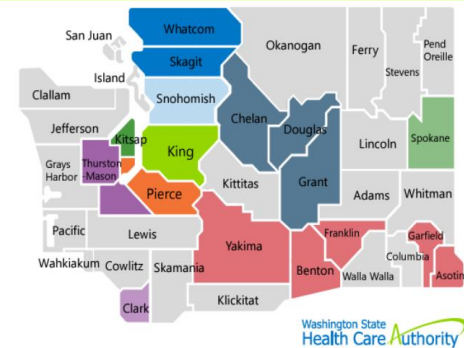
IMMEDIATE CRISIS SUPPORT FOR YOUR CHILD & FAMILY

Children’s Crisis Outreach Response System (CCORS)
YMCA OF GREATER SEATTLE



Mobile Response and Stabilization Services – Youth Teams

- Greater Columbia**
 - Comprehensive Healthcare – Benton/Franklin (NEW)
 - Quality Behavioral Health – Garfield/Asotin (NEW)
 - Comprehensive Healthcare – Yakima (NEW)
- King**
 - Children’s Crisis Outreach Response System (CCORS)
- North Central**
 - Benetec – Grant (NEW)
 - Catholic Charities – Douglas (NEW)
 - Catholic Charities – Chelan (NEW)
- North Sound**
 - Compass Health – Whatcom (NEW)
 - Compass Health – Skagit (NEW)
 - Compass Health – Snohomish (Pending)
- Pierce**
 - Catholic Community Services – Tacoma
 - Seneca Family of Agencies – Tacoma (Pending)
- Salish**
 - Kitsap Mental Health – Bremerton (NEW)
- Spokane**
 - Frontier Behavioral Health – Spokane (NEW)
- Southwest**
 - Catholic Community Services – Clark
- Great Rivers – (Funded, pending start-up)**
 - Catholic Community Services – Thurston
 - Catholic Community Services – Mason





**Someone
to Talk To**


**Someone
to
Respond**

**Someplace
to Go**



You or a loved one can call 988...

- | | |
|-----------------------------|-----------------------------|
| suicidal thoughts or crisis | mental and physical illness |
| emotional distress | loneliness |
| substance use | depression |
| economic worries | getting over abuse |
| relationships | sexual identity |

there's no problem too big or too small 

Be the lifeline.



Questions??

Contact ~

- Diane Mayes: dmayes@crisisconnections.org
- Sara Schumacher: sschumacher@fbwa.org
- Courtney Colwell: ccolwell@voaww.org



Youth Mobile Response & Stabilization Services (MRSS)

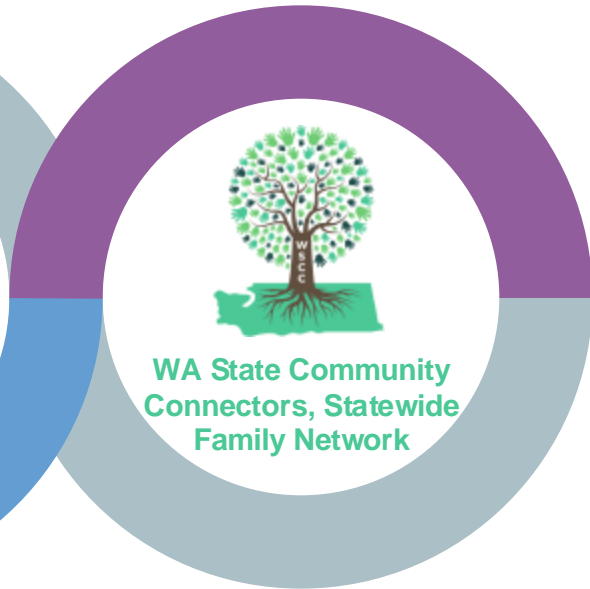
Sherry Wylie, Youth Mobile Crisis Team Administrator

MRSS Youth, Family and System partnership

- Cece Byrd, LGBTQIA2S+ Liaison
- Jazmaine Wong, Tribal Liaison
- Shiyah Grant



A Common Voice
C.O.P.E. Project



- Janice Schutz, Executive Director
- Richelle Madigan, Grant Project Manager

-
- Sherry Lyons, Executive Director
 - Jasmine Martinez, Assistant Director
 - Andee Martinez, Grant Project Manager

What is a "Crisis" when a Caregiver Calls?

- "My child was just suspended from school."
- "My child is having outbursts and destroying things in my home."
- "The therapist said my teen is suicidal and needs to be inpatient."
- "I keep having to get my child from daycare for hitting."
- "I don't know what's wrong, but my kid is moody and isolating."
- "I can't get my kid to wake up and go to school."
- "My child grabbed a pizza cutter and tried to cut their arm."
- "When my kids return from their dad, they won't listen to me."

Behavioral Health Administrative Services Organizations and Regional Crisis Lines

North Sound: 1-800-584-3578

King: 1-866-427-4747

Pierce: 1-800-576-7764

Salish: 1-888-910-0416

Thurston/Mason: 1-800-270-0041

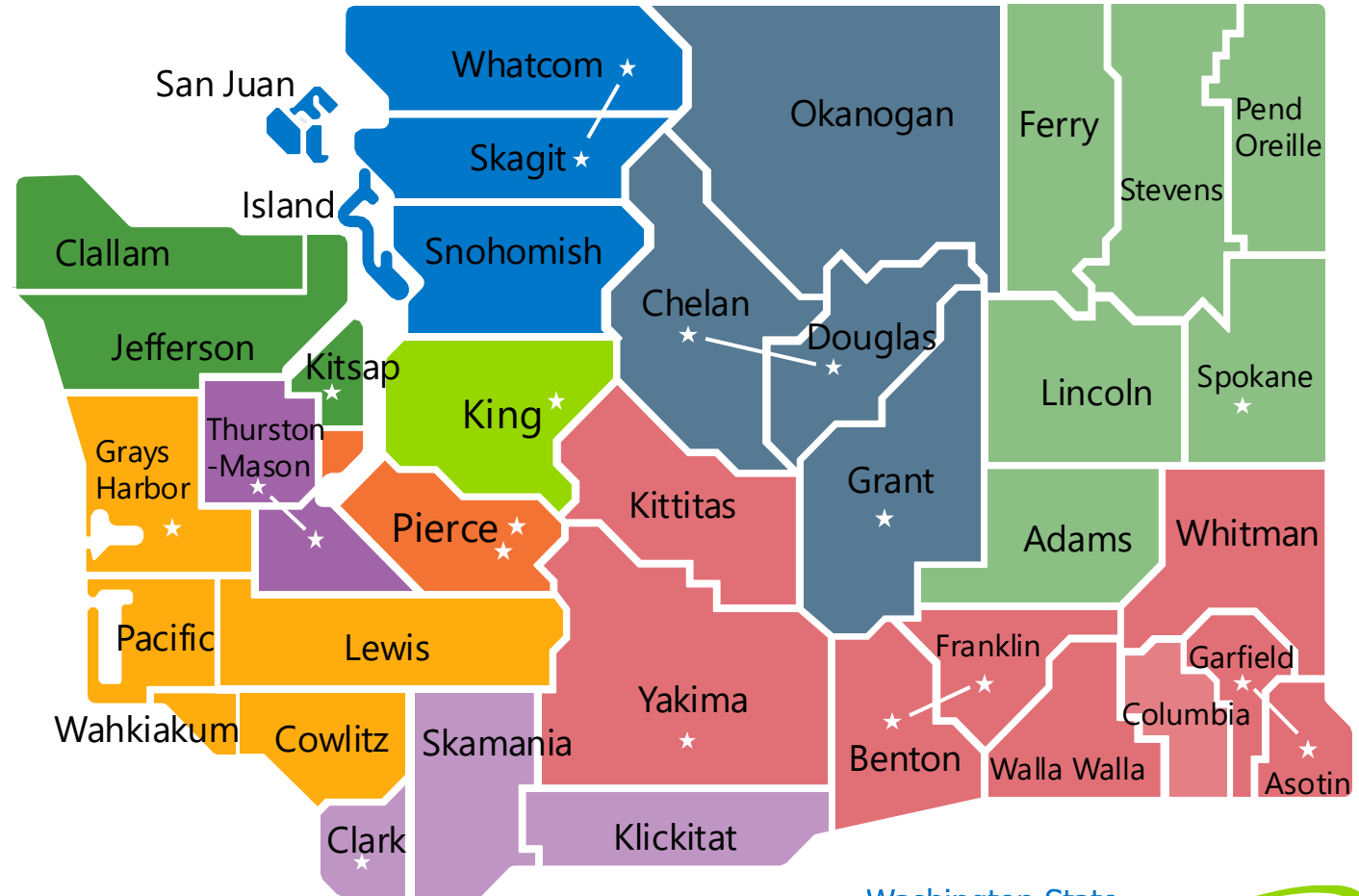
Great Rivers: 1-800-803-8833

Southwest: 1-800-626-8137

North Central: 1-800-852-2923

Spokane: 1-877-266-1818

Greater Columbia: 1-888-544-9986



History of Crisis Services

- ▶ More restrictive - Adult model with acute presentations
 - ▶ Facility based crisis intervention and stabilization
 - ▶ Loss of income during treatment – jobs, child and pet care impacted
- ▶ Involuntary Treatment Act – Designated Crisis Responders
 - ▶ Danger to self, danger to others, or gravely disabled = legal process
- ▶ Frequent contact with Law Enforcement & Justice System
 - ▶ Acute presentations – often require law enforcement response
 - ▶ Symptoms appear as non-compliance – arrests delay treatment
 - ▶ Incarceration and justice system involvement
 - ▶ Competency proceedings delay judicial process and release

Background

2020 – Federal legislation – **988**

2021 – Washington Legislation:


- **ESSHB 1477** – Crisis Response Improvement Strategy Committee & subcommittees (CRIS Committees)
- **YYACC** - Proviso funding (SB 5092) – expand teams

2022 - **988** calls answered in Washington

- **All regional crisis lines remain operational**

SAMHSA releases best practices in crisis care

- **2020** - Adults
- **2022** - **SAMHSA & NASMHPD - Youth**



988
SUICIDE
& CRISIS
LIFELINE

Mobile Response and Stabilization Services – Youth Teams

Greater Columbia

- [Comprehensive Healthcare](#) – Benton/Franklin (NEW)
- [Quality Behavioral Health](#) – Garfield/Asotin (NEW)
- [Comprehensive Healthcare](#) – Yakima (NEW)

King

- [Children’s Crisis Outreach Response System \(CCORS\)](#)

North Central

- [Renew](#) – Grant (NEW)
- [Catholic Charities](#) – Douglas (NEW)
- [Catholic Charities](#) – Chelan (NEW)

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Spokane

- [Frontier Behavioral Health](#) – Spokane (NEW)

Southwest

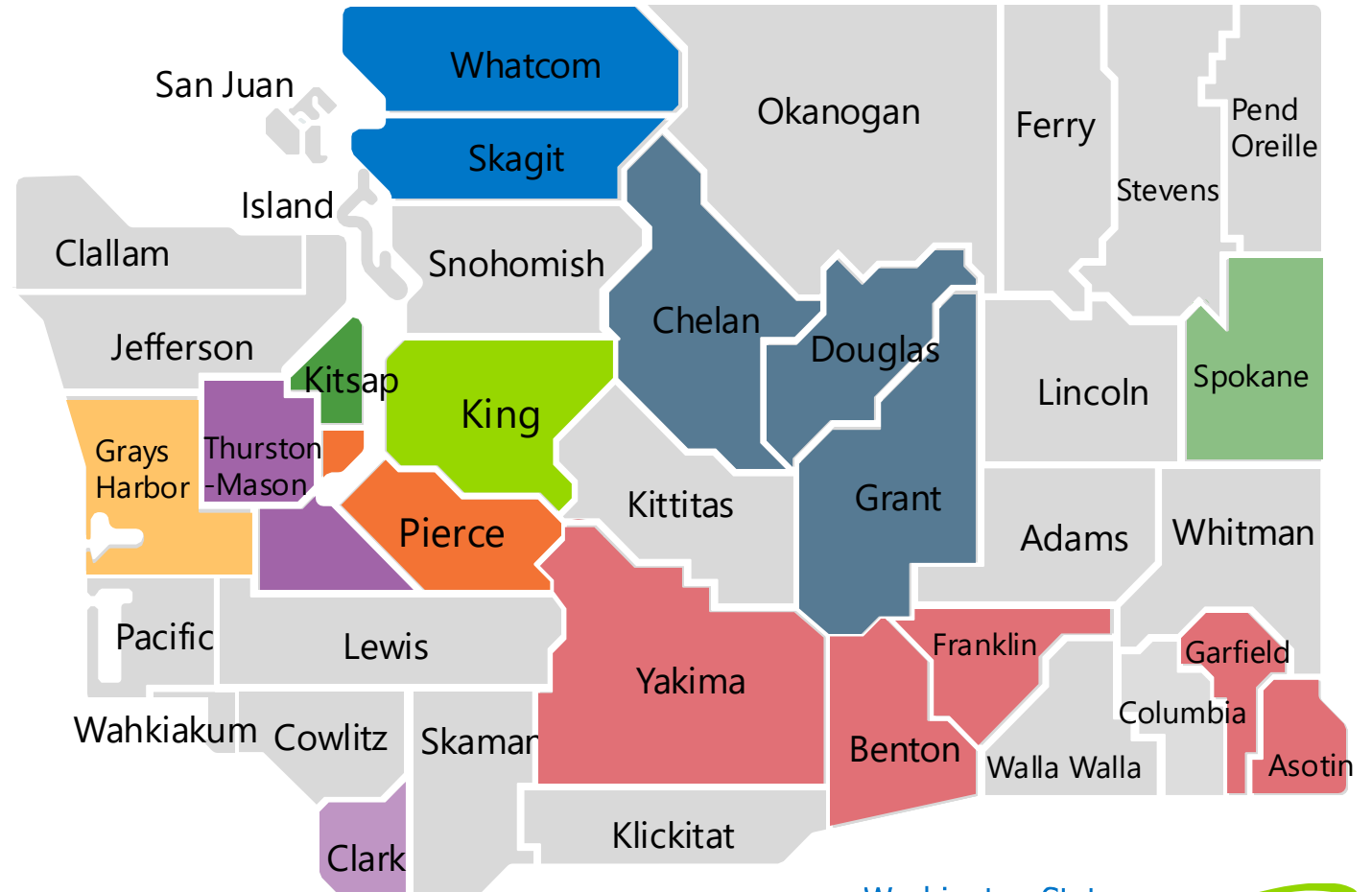
- [Catholic Community Services](#) - Clark

Great Rivers –

- [Columbia Wellness](#) (NEW!)

Thurston/Mason

- [Catholic Community Services](#) –Thurston
- [Catholic Community Services](#) - Mason



Mobile Response and Stabilization Services (MRSS)



Best Practices:

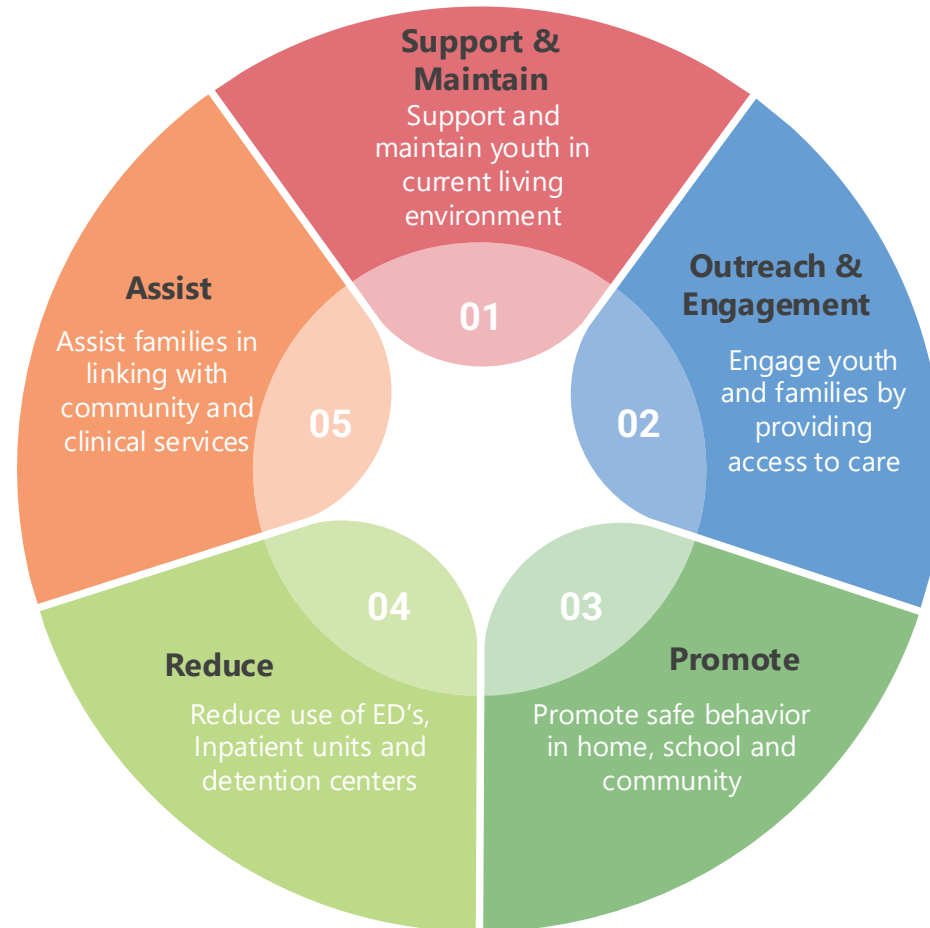
▶ Adult

- ▶ Someone to call
- ▶ Someone to come – 20/80%
- ▶ Somewhere to go

▶ Youth

- ▶ Someone to call
- ▶ Someone to come – 80/20%
- ▶ A safe place to be

Goal of Mobile Response & Stabilization



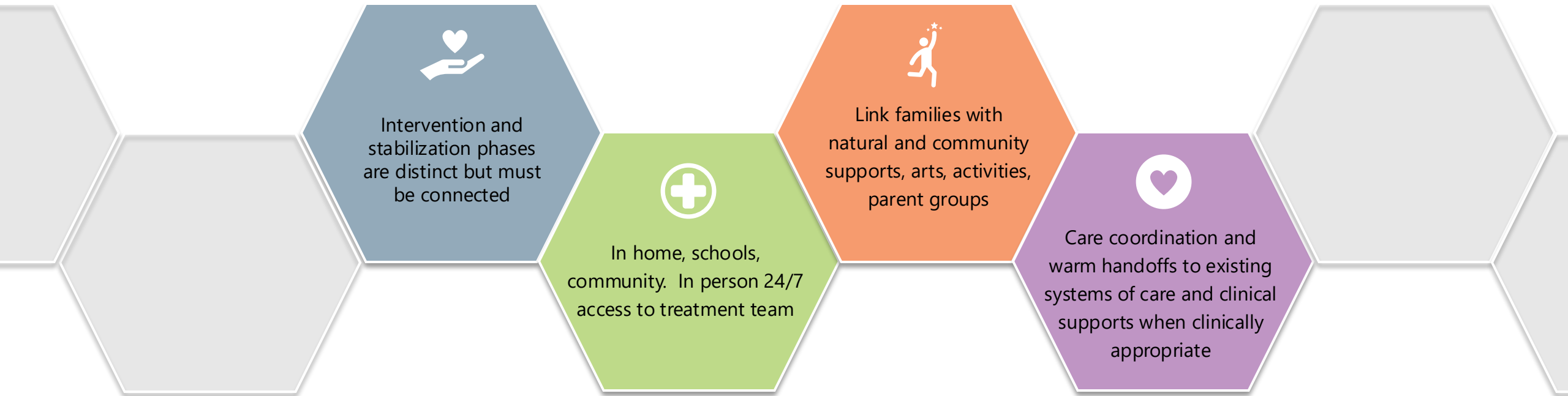
MRSS Offers Outreach to all Open Referrals

Initial Response (*up to 3 days of crisis intervention*) all payors



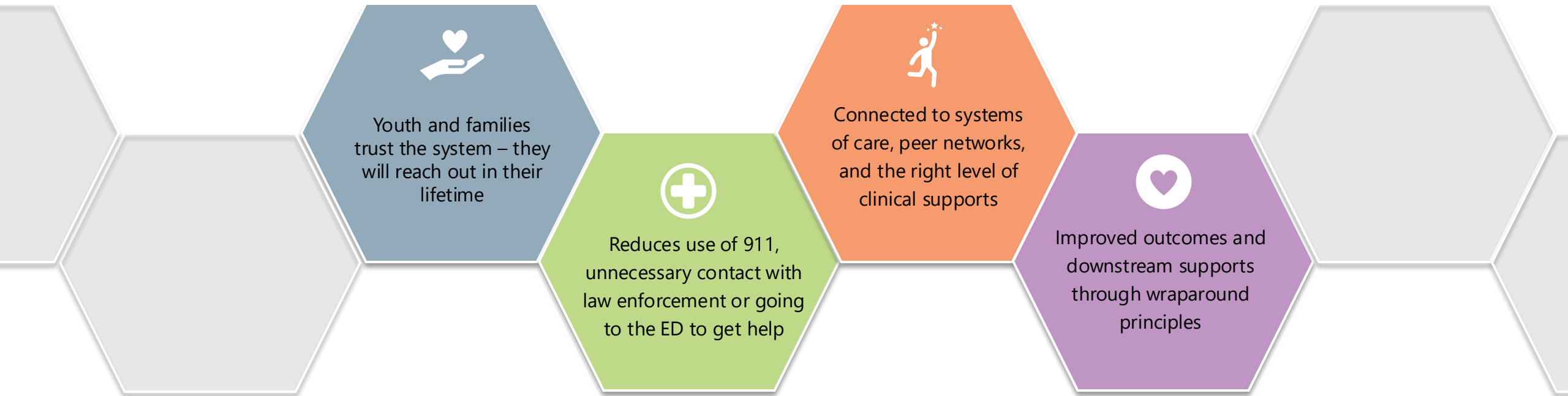
Brings the Crisis Continuum to the family

Stabilization in-home (*up to 8 weeks of intensive, in-home services*)



MRSS Improves Outcomes

Youth stabilized in the home and community, preventing return to crisis phase



MRSS Teams are System of Care Partners

Behavioral Health
Systems

School systems, Youth
Shelters

Department of Children
Youth and Families/
Foster Care Networks

Law Enforcement,
Juvenile Justice, and
Family Courts

Intellectual and
Developmental Disability
Systems

Emergency Departments,
23-hour Crisis Receiving
Centers and Inpatient
Stabilization
Facilities/Hospitals

Family and Youth, Young
Adult Peer Run
Organizations

Poison Control and
Emergency Medical
Services

Importance of Peers in MRSS



Peer support (Youth Peer or Family Peer) is important for MRSS because Peers offer validation, support, and understanding to a crisis that has not always been found in other professional relationships.

This is due to the lived experience and allows for compassion, self-empowerment and provides hope while helping the family create a plan.

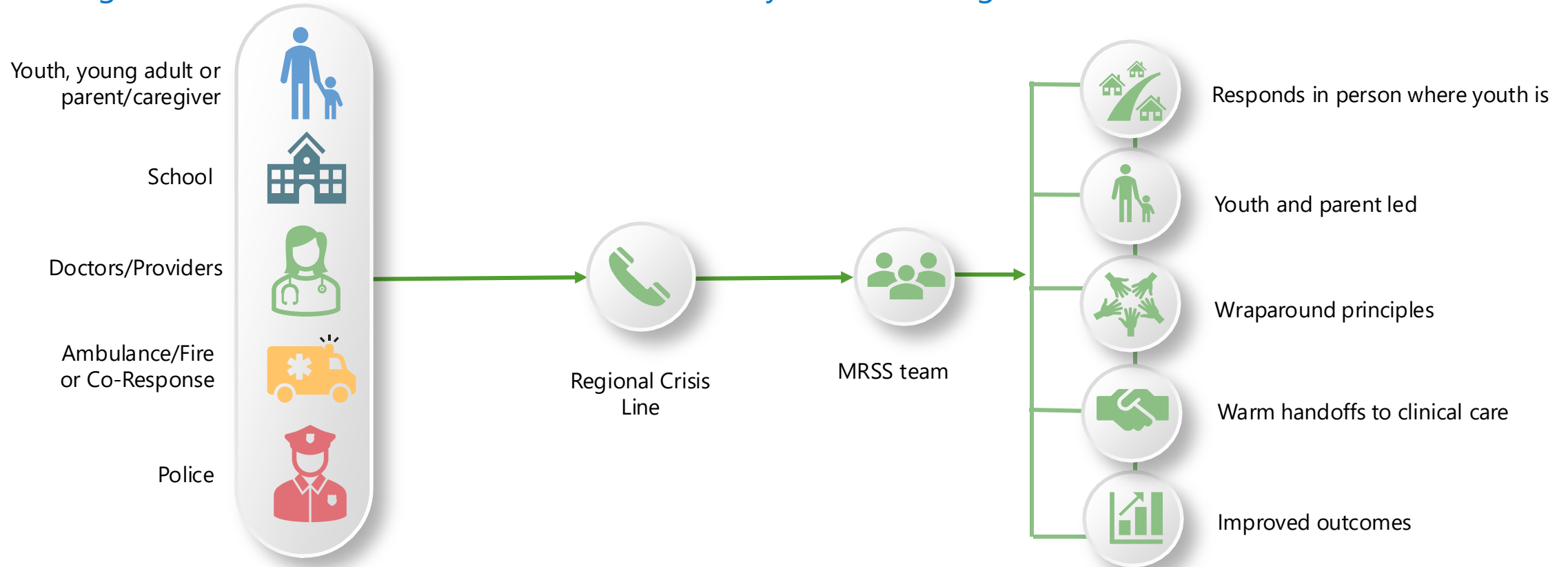
Care pathway via 911 & the medical model



- ▶ How do families access services?
- ▶ Caregivers call 911 in a crisis
- ▶ ED remains primary access point – rarely results in downstream supports
- ▶ Can result in hospital boarding
- ▶ SSHB 1580 – Children in crisis
- ▶ 23-hour Crisis Receiving Centers

MRSS is designed to create care pathways for youth

Regional crisis lines connect callers to the crisis system including MRSS teams



Youth crisis care pathway

— Least restrictive

*Regional Crisis Lines - Behavioral Health Response System (HCA)

*In-person response prioritized for youth

Regional Crisis System

Regional Crisis Lines and Crisis System

*Can ask demographics to determine response



988 Hub



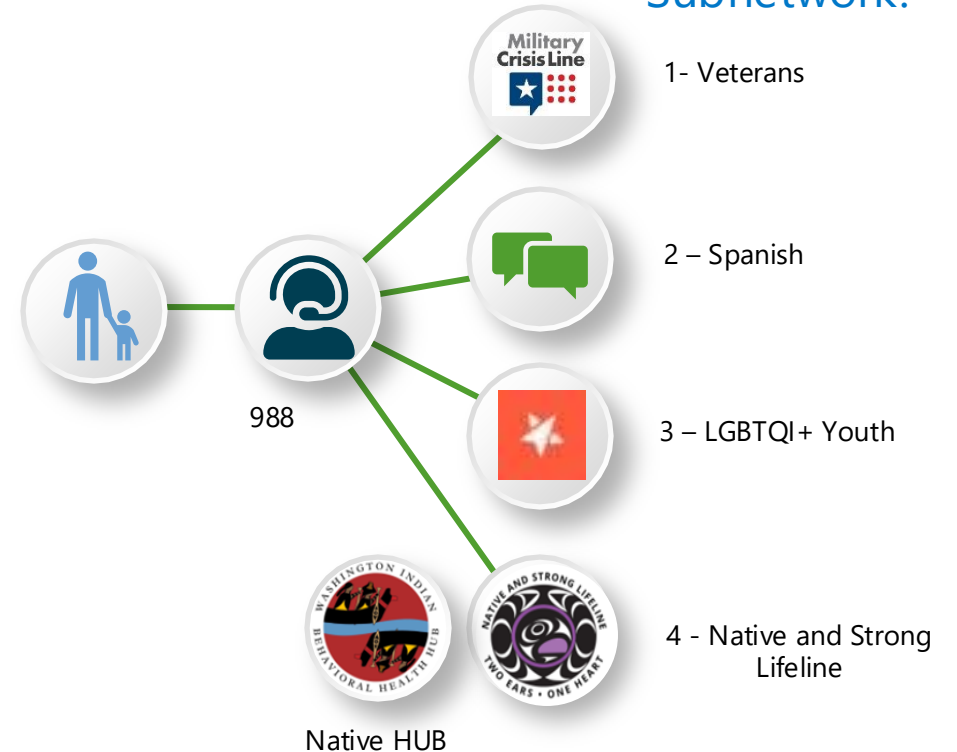
988 Contact Hub & Tech Platform (future state)

988 Suicide Lifeline

988 Network – Answered In-State

(Confidential Support)

Subnetwork:



*Regional Crisis Lines - Behavioral Health Response System (HCA)

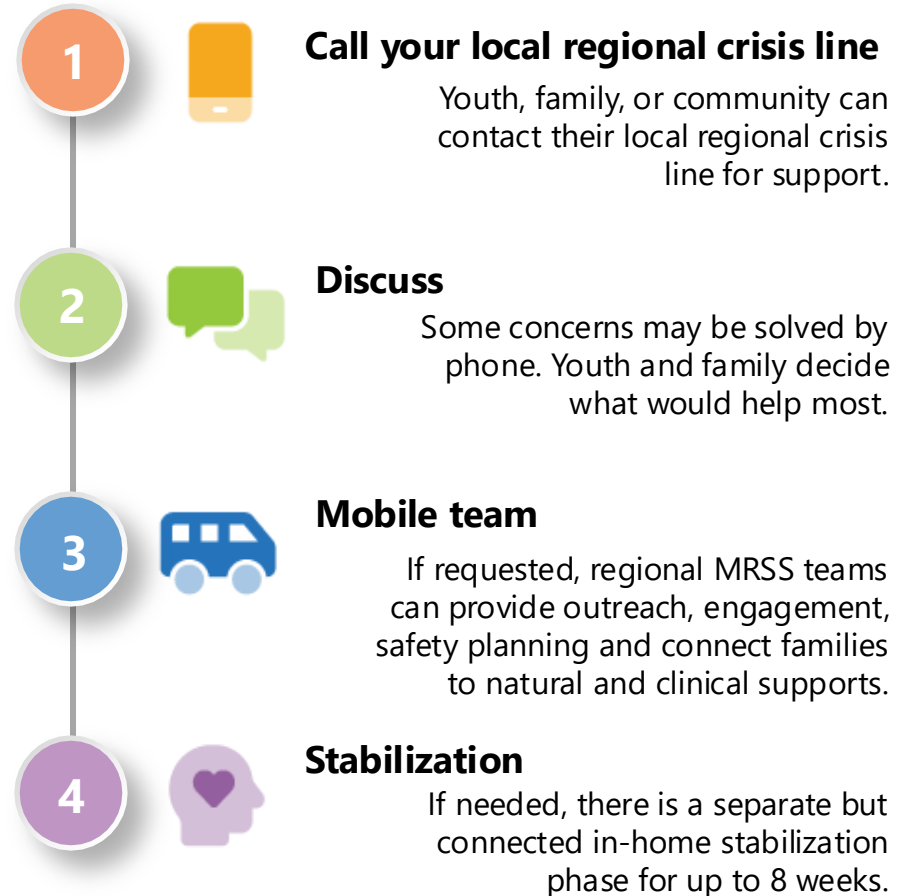
*In-person response prioritized for youth

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- ✓ "I can't get my kid to wake up and go to school."
- ✓ "My child grabbed a pizza cutter and tried to cut their arm."
- ✓ "When my kids return from their dad, they won't listen to me"

Mobile Response and Stabilization Services (MRSS)

- ▶ Provides rapid in-person support for youth and families during a crisis
- ▶ Follow up for 1-3 days
- ▶ The stabilization phase is a medically necessary service that begins on day 4.
- ▶ Families have access to the MRSS team 24/7





Questions?

June 18, 2024

Youth Panel Discussion

Objective:

- Ground the CRIS committee in the unique needs, opportunities, and challenges for the crisis response system to youth and transitional-aged youth.

Questions for Panel Discussion

- What are the unique needs of youth and transitional age youth who are experiencing a behavioral health crisis?
- Given these differences, what are the implications for the behavioral health crisis response system? In other words, how do we need to approach crisis response system improvement to support youth experiencing a crisis?
- As the state continues to work on improving the crisis response system, what is one key takeaway about youth and transitional age youth you'd like the CRIS to know?

BREAK

**Discussion:
Recommendations
for crisis response to
youth and
transitional-aged
youth**

Objective:

- Reflect and provide feedback on the panel discussion, including recommendations for system expansions and improvements.

CRIS Discussion

1. What are your reflections on what you heard today? What—if anything—surprised you?
2. Based on what you heard today, what is a gap that we need to address as a committee to create a crisis response system that better serves youth?

Update: CRIS Extension and Transition Plans

Objective:

- Ensure transparency and understanding of next steps for CRIS after the current phase ends at the end of 2024.

ACTION ITEMS & NEXT STEPS

PUBLIC COMMENTS

	Name
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	