

Zoom Technology Moment: Committee Members



AGENDA

- **Welcome, Intros, Agenda review**
- **Presentations and Discussions:**
 - *Share update from the April CRIS meeting and key areas of focus for 2024.*
 - *Involvement Opportunities for Lived Experience Members*
 - **Mental Health Crisis Call Diversion Initiative**
 - **Washington State Behavioral Health Advisory Council**
 - **Olympic Heritage Behavioral Health**
 - **Washington Speaks**
 - *Requests for Lived Experience Input - Behavioral Health Crisis Training Needs*
- **Open Discussion: Continue mtg topic + anything else**
- **Next meeting: MON 6/10/2024, 1:00 PM - 3:00 PM**



2024 Meetings, Mondays, 1-3pm

- **6/10/2024**
- **7/8/2024**
- **8/12/2024**
- **9/9/2024**
- **10/15/2024**
- **11/12/2024**
- **12/9/2024**

Information on how to join the meeting will be sent out one week in advance of each meeting, as well as posted to the HCA Website.





What is CRIS

- **2020 Fed 988 bill leads to formation of CRIS**
- **CRIS: Crisis Response Improvement Strategy established 2021 via HB 1477**
- **Focus on 3 pillars as per SAMHSA**
 - *Someone to Call*
 - *Someone to Come*
 - *Safe Place to Be*
- **38 members including 4 representing LE**
- **Subcommittees: Multiple including LE. All have people with LE on them.**
- **Work of CRIS sent as a report to legislators and Governor's office end of each year since 2021.**

Overview of HB 1477 Steering Committee, CRIS Committee, and Subcommittees

The Steering Committee – with input from the CRIS and Subcommittees – is charged to deliver to the Governor and Legislature recommendations related to funding and delivery of an integrated behavioral health crisis response and suicide prevention system in Washington.

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*	Credentialing and Training*	Technology*	Cross-System Collaboration*	Confidential Information*	Rural & Agricultural Communities	Lived Experience	988 Geolocation**
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* Six of the eight subcommittees are established by legislation . The Steering Committee established two additional subcommittees: Lived Experience and Rural & Agricultural Communities

** The Geolocation Subcommittee is expected to be convened in 2024.



LIVED EXPERIENCE (LE) SUBCOMMITTEE

- **Keep community updated on what is going on in the CRIS**
- **Empower people with LE to share their stories to identify system gaps and make suggestions on ways to address them.**
- **Inputs are shared with CRIS**
- **LE directly speak to agencies like DOH, HCA, Legislators when they can come, and other agencies that are executing the build out of the system**
- **Share your stories directly at the CRIS mtgs**



LE MEETING FLOW & HOW TO PARTICIPATE

Every lived experience story and perspective is valuable. We see the vulnerability it takes to share your tender experiences. The meeting is divided into 2 segments:

1) Presentations & discussions related to specific topics with time to interact w presenter. Please keep your questions and comments on topic while in this portion of the meeting. To honor everyone who attends we may need to interrupt and ask you to hold off topic comments/questions until later in the meeting.

2) Open discussion so we can give your stories our full attention and respect. All stories, comments, and questions not related to agenda topics are welcome during this portion

**Update: CRIS
Priorities for 2024**

- The Steering Committee – with input from the CRIS and Subcommittees – is charged to deliver to the Governor and Legislature recommendations related to funding and delivery of an integrated behavioral health crisis response and suicide prevention system in Washington, including:
 - ✓ **JANUARY 1, 2022:** Initial Assessment Washington’s behavioral health crisis response and suicide prevention services.
 - ✓ **JANUARY 1, 2023:** a second progress report, including a summary of activities completed by the CRIS during CY 2022 and recommendations related to funding of crisis response services from the 988 Account created by the line tax.
 - ✓ **JANUARY 1, 2024:** a third progress report, including a summary of activities completed by the CRIS during CY 2023
 - ☐ **JANUARY 1, 2025:** a Final Report with recommendations addressing system elements outlined by the legislation.

➤ **The CRIS Committee and Subcommittees are charged with advising the Steering Committee in developing recommendations, including, but not limited to:**

1. **Vision:** *Recommendations vision for Washington’s crisis response and suicide prevention system.*
2. **Equity:** *Recommendations to promote equity in services for individuals of diverse circumstances.*
3. **Service Goals:** *Identify quantifiable goals for the provision of statewide and regional behavioral health crisis services and targeted deployment of resources; Develop a plan for the statewide equitable distribution of crisis stabilization services, behavioral health beds, and peer-run respite services.*
4. **Quality & Oversight:** *Identify crisis system goals and a process for establishing measures, targets and oversight.*
5. **Cross System Interactions:** *Examine and define complementary roles and interactions for broad range of entities involved in the crisis system.*
6. **Staffing/Workforce:** *Make recommendations related to workforce needs by region, including staff education and training requirements for call center Hubs.*
7. **Funding/ Cost Estimates:** *Cost estimates for each of the components of the integrated behavioral health crisis response and suicide prevention system. This will inform budget needs and funding recommendations.*
8. **Technology:** *advise on the technology and platform needed to manage and operate the behavioral health crisis response and suicide prevention system (Section 109 Technical and Operational Plan).*

**Involvement
Opportunities for
Lived Experience
Members**



CRIS LIVED EXPERIENCE SUBCOMMITTEE: 911 WARM TRANSFER PROTOCOL DEVELOPMENT



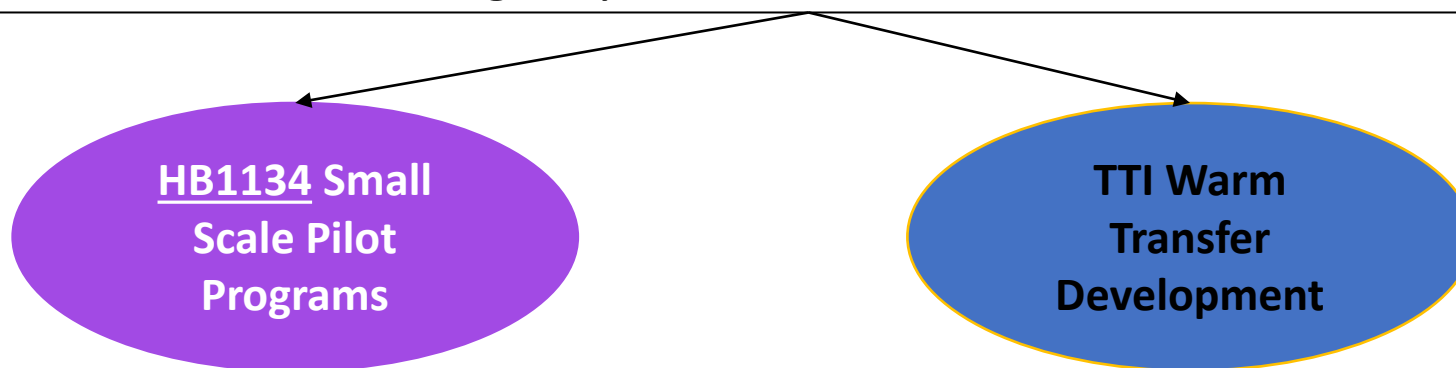
Washington State Department of Health
Office of Healthy and Safe Communities
Division of Prevention and Community Health
988 Program
5/13/24

Mental Health Crisis Call Diversion Initiative (MHCCDI)

The 988 Suicide & Crisis Lifeline is still new. Many people in Washington continue to reach out to 911 for mental health and substance use concerns, though trained 988 crisis counselors may better provide support in these cases.

The initiative has two main purposes:

1. To help people in crisis connect quickly and easily to trained crisis counselors, *or other appropriate services*.
2. To divert crisis calls made to 911 to help improve the caller's experience and reduce the strain on emergency services.



TTI Background

- DOH was awarded \$250,000 from NASMHPD to develop a program to support cross-training PSAP and 988 Lifeline Crisis Centers.
- DOH will hire a consultant to develop warm transfer protocols including:
 - Environmental scan
 - Workshops to develop warm transfer protocols
 - Develop train-the-trainer program for 911 staff
- The consultant will receive an additional \$50,000 in technical assistance to fund:
 - Public engagement through community & tribal community workshops
 - Analysis of data

Pilot & TTI Timelines

*Advisory Committee Engaged (pending their approval)

HB 1134-funded Pilot Projects (January-December 2024)

1-year small-scale pilots embedding 988 staff in partner 911 PSAP operations:

Valley Com 911 & Crisis Connections
South Sound 911 & VOAWW
SREC & Frontier Behavioral Health
Evaluation report by June 30, 2025.

TTI Community & Tribal Engagement (May-August 2024)

Vendor to **conduct workshops** (tribal workshops and general community member workshops) to gather input on warm transfer protocols.
Report on recommendations and environmental scan by August 2024.

TTI Warm Transfer Development (June 2024-April 2024)

Vendor to convene leaders of 988 centers, 911 PSAPs, BH-ASOs and other core partners in a technical workgroup to develop warm transfer protocols and recommendations for implementation.

Based on final protocols, the vendor will develop associated training for 911 telecommunicators to implement protocols.

Current State: TTI Vendor Contract has been submitted internally & DOH begins Tribal Engagement.

Questions for the Subcommittee on Future Involvement



All Lived Experience Subcommittee attendees, and any other interested parties, will be invited to engage in community workshops to inform the development of these protocols.

- Are there any dates/times we should keep in mind for planning?
- What advice do you have for getting groups engaged in the workshops?



Beyond workshops for input, how would you like to be involved?

- Participation in advisory committee
- Review of warm transfer protocols once they are developed or regular updates after this work begins

Questions?

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@WADeptHealth



Washington State Behavioral Health Advisory Council

- BHAC members of [Class One Groups](#), with lived experience
- Reviews state plans provided to the Council by DBHR
- Monitors, and evaluates the allocation and adequacy of mental health services within the state
- Study programs and services, analyze problems, and identify gaps and barriers in the services system
- Behavioral Health Advisory Council meetings are open to the public



Olympic Heritage Behavioral Health

- Olympic Heritage Behavioral Health opened in 2023 in Tukwila
- Operated by DSHS
- Will have up to 40 beds contracted for behavioral health services
- Trueblood project services must address the needs of adults with a history or likelihood of criminal legal involvement
- Lived experience are encouraged to **share input on what services are most needed** in a survey open now through Monday, May 20, 2024.
- [Access the OHBH survey](#)

Washington Speaks

Offers trainings to practice sharing your message.

Supports you in finding places to speak.

Provides a stipend for each speaking engagement.

Upcoming virtual trainings are scheduled for:

May 25 - 9AM to 2PM

June 8 - 9AM to 2PM

June 22 - 9AM to 2PM

For more information visit their website

<https://www.allwellconsulting.com/wa-speaks>



**Request for Lived
Experience Input –
Behavioral Health
Crisis Training
Needs**

Crisis System Training Needs Assessment

Lived Experience Subcommittee

May 13, 2024

In 2023, Washington Legislature charged the Health Care Authority (HCA) and Behavioral Health Administrative Service Organizations (BH-ASOs) to lead the development of recommendations to establish regional **Crisis Workforce and Resilience Training Collaboratives**.

- Encourage the development of foundational and advanced skills and practices in crisis response
- Foster regional cross-system collaboration
- Offer voluntary training to behavioral health providers, peers, first responders, co-responders, 988 contact center personnel, designated 988 contact hub personnel, 911 operators, regional leaders, and interested members of the public.

HB 1134, Section 11 (2023)

The recommendations for the Crisis Workforce and Resilience Training Collaboratives will be informed by a crisis workforce **Training Needs Assessment**.

- The University of Washington has contracted with Health Management Associates to conduct the training needs assessment.
- Emphasis on areas of training related to cross-system collaboration as well as identifying overall crisis workforce training best practices and gaps.

HB 1134, Section 11 (2023)

Request for Lived Experience Subcommittee Input:

1. What are crisis workforce training priorities from a lived experience perspective?
2. How should individuals with lived experience be engaged in workforce training efforts?
3. What are areas of training needed to support cross-system collaboration? (e.g. between 988, 911, behavioral health providers, mobile responders, first responders, peers, and other system partners)

Lived Experience Input on Training Priorities through Crisis Response Improvement Strategy Committee Deliverables to Date:

- Behavioral Health Crisis & First Responder Workgroup
- January 1, 2023 CRIS Committee Report
- January 1, 2024 CRIS Committee Report

➤ Behavioral Health Crisis & First Responder Workgroup - Training Recommendations

1. **Partner with people with lived experience to create and require participation in a comprehensive training curriculum** for behavioral health and first responders that includes:
 - **overview of roles, authority, requirements**, training, and approaches for responding to behavioral health crisis for both behavioral health and first responders
 - **implicit bias** and recognizing and addressing power and privilege
 - best practices for engaging with **people who are appear erratic** or non-compliant
 - understanding **difference between safety issues** and behavioral health crisis
 - **person-first** and respectful interactions (cultural responsiveness and trauma-informed)
2. Develop and implement **cross training and ride alongs** across systems
3. Develop and launch a **community outreach and education** campaign on 911 and 988 system and co response
4. Create **behavioral health lexicon/glossary** and share across systems and for community education campaigns
5. Build out training on "**client-centered services, systems, and approaches**" to start a paradigm shift for workforce
6. Develop a training for first responders and crisis response on **confidentiality laws** and use of data and body cam footage so everyone understands dos and don'ts
7. Include more information on **medical clearance process**, rules, and practices in all training
8. Include messaging on **immigration status** and process/policies in community education and training
9. Expand on the work happening under **Mental Health Advanced Directives** that can help advise on community education campaigns, and champion things that make the system more client-centered including behavioral health release of information or mental health advanced directive. Incorporate into integrated platform.
10. **Standard Dementia crisis intervention** and transport for all first responders

➤ January 1, 2023 Committee Recommendations

- *To ensure equitable and consistent crisis response across the state, there is a need for development of **standardized trainings across a core set of topic areas** for Crisis Call Center Hubs, Mobile Crisis Response Teams, Crisis Stabilization, Emergency Department staff, tribal crisis providers, and other crisis system providers.*
- ***Peers should be included as a key component** of the workforce and training development strategy across the crisis service continuum.*
- ***Cross-system training and appropriate protocols** are needed across 988 Lifeline crisis centers (in Washington and nationally), RCLs, 911, first responders and other entities to ensure connections to the Native and Strong Lifeline and the Washington Indian Behavioral Health Hub.*
- *Cross-system training and staffing needs are important to ensure **first responders have core competencies** in behavioral health crisis response.*
- *Training and workforce strategies are needed to address the **secondary trauma and workforce burnout out** experienced by crisis system providers.*

➤ January 1, 2023 Committee Recommendations – Training Areas to Promote Equity

- Cultural responsiveness (cultural humility and culturally appropriate practices)
- Unconscious bias
- Identifying and interrupting microaggressions
- Working with interpreters
- How to collect demographic data effectively, appropriately, and respectfully
- Working with rural and farming communities (see Farm Rescue training program)
- Understanding Tribal sovereignty and Tribal crisis systems
- Understanding trauma in the Native community (historical, community, family, self)
- Cultural humility and working with tribal and indigenous people/communities
- Understanding impacts of historical and intergenerational trauma and trauma informed care/approaches
- Working with LGBTQ+ populations; Transgender and gender non-conforming populations
- Working with youth including legal landscape for youth under 13 and 14-18-year-olds
- Best practices working with families of clients (children or other family members)
- Working with child welfare populations and DCYF caseworkers/guardians/caregivers
- Working individuals with disabilities including intellectual/development disabilities (IDD)
- Working with individuals with severe and persistent mental illness (SPMI)
- Working with unhoused and homeless/houseless populations
- Understanding Anosognosia

➤ January 1, 2024 Committee Recommendations

- ***Engage behavioral health providers and first responder partners in trauma-informed and youth-informed trainings to minimize potential harms and build trust across communities. This work should engage people with lived experience and diverse consumer voices to advise on training curricula needed. Key training topic areas identified include:***
 - **Overview of roles, authority**, requirements, training, and approaches for responding to behavioral health crisis for both behavioral health care workers and first responders.
 - Ensure 988 Lifeline crisis centers' training is responsive to **diverse groups of youth at wide range of developmental levels** and can support parents and caregivers in crisis to keep youth safe.
 - Understanding and interacting with **rural/agricultural communities**.
 - Understanding of the prevalence and effects of **substance use disorders** in behavioral health crisis, and responding in manner that is culturally appropriate and centered in equity.
 - How to respond to and support people with **intellectual and/or developmental disabilities**.
 - **Implicit bias** and recognizing and addressing power and privilege.
 - Best practices for engaging with **people who appear erratic** or are exhibiting unmanageable behavior and understanding the difference between crisis situations where safety is a concern requiring involvement of law enforcement versus crisis situations that can be handled solely by a behavioral health team.
 - Coordinate training as requested by the **Tribal Mobile Crisis Response Workgroup** and Tribal Partners.
 - Expand **mental health first aid training** and education for laypeople. Consider mandating appropriate school-aged audiences take mental health first aid training.



QUESTIONS

&

— DISCUSSION





Choirs use staggered breathing when it is impossible for each individual singer to get through the sustained note or phrase without running out of breath. Singers in the same part take short breaths at different times to create the illusion that the overall sound created by the choir is one single unbroken line.

How we stay hopeful





#We can apply Ragnar, Relay for Life, Staggered breath singing ideas to the work we do!

We Work - we Rest

We Take Turns!

We do it Together!

WHAT WE COVERED

- To share your lived experience story at the CRIS mtg, let us know in chat or e-mail:
 - npinson@healthmanagement.com
- Presentations and Discussions:
 - *Update from the April CRIS meeting and key areas of focus for 2024.*
 - *Involvement Opportunities for Lived Experience Members*
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