



# Zoom Technology Moment: Committee Members



# AGENDA

- **Welcome, Intros, Agenda review**
- **What is CRIS (Crisis Response Improvement Strategy)**
- **Presentations and Discussions:**
  - ***HCA BED REGISTRY PROJECT***
  - ***LE STORY PROJECT to inform system improvements***
  - ***SUD DISCUSSION***
- **Open Discussion: Continue mtg topic + anything else**
- **Next LE mtg: Mon 7/8/2024, 1:00-3:00 pm**

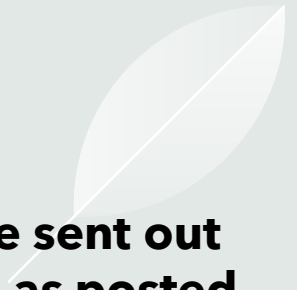




## 2024 Meetings, Mondays, 1-3pm (\*on Tuesdays)

- **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\***

<b>Tribal 988*</b>	<b>Credentialing and Training*</b>	<b>Technology*</b>	<b>Cross-System Collaboration*</b>	<b>Confidential Information*</b>	<b>Rural &amp; Agricultural Communities</b>	<b>Lived Experience</b>	<b>988 Geolocation**</b>
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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**





# Community Opportunities


- **Family Initiated Treatment (FIT) service** aimed at fostering collaboration between families and the healthcare system.  
<https://fitwashington.com/>
- **Certificated Peer Specialist (CPS) Peer Specialist Rules for the new credential**  
<https://doh.wa.gov/licenses-permits-and-certificates/professions-new-renew-or-update/peer-specialist/rules-progress>



# Community Opportunities

- **FCC HEARINGS ON 988 CALLS**

**How wireless calls are routed to the 988 Lifeline, connecting people quickly and safely to the nearest call center based on their geographic location, while protecting user privacy. Please personalize your comments to make the strongest case for improving access to the 988 Lifeline can save lives.**

1. For "Proceeding(s)" input: 18-336
  2. For "Name of Filer" input your name
  3. Continue to input all required information
- 



# Washington Speaks

We are partnering with Washington Speaks to arrange speaks for CRIS Committee meetings this year.

If you are interested in sharing your story with the CRIS, or even beyond the CRIS, and would like help preparing to speak they can help! They also **provide a stipend for each speaking engagement.**

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Upcoming virtual trainings are scheduled for:

June 22 - 9AM to 2PM

For more information visit their website

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

better  
Together

**HCA Bed Registry  
Project – Discovery  
Session**



# Washington State Health Care Authority (HCA) Behavioral Health (BH) Bed Registry and Electronic Referral Tools Project

Crisis Response Improvement Strategy (CRIS) Persons with Lived  
Experience Subcommittee Introductory Meeting



# Meeting Purpose

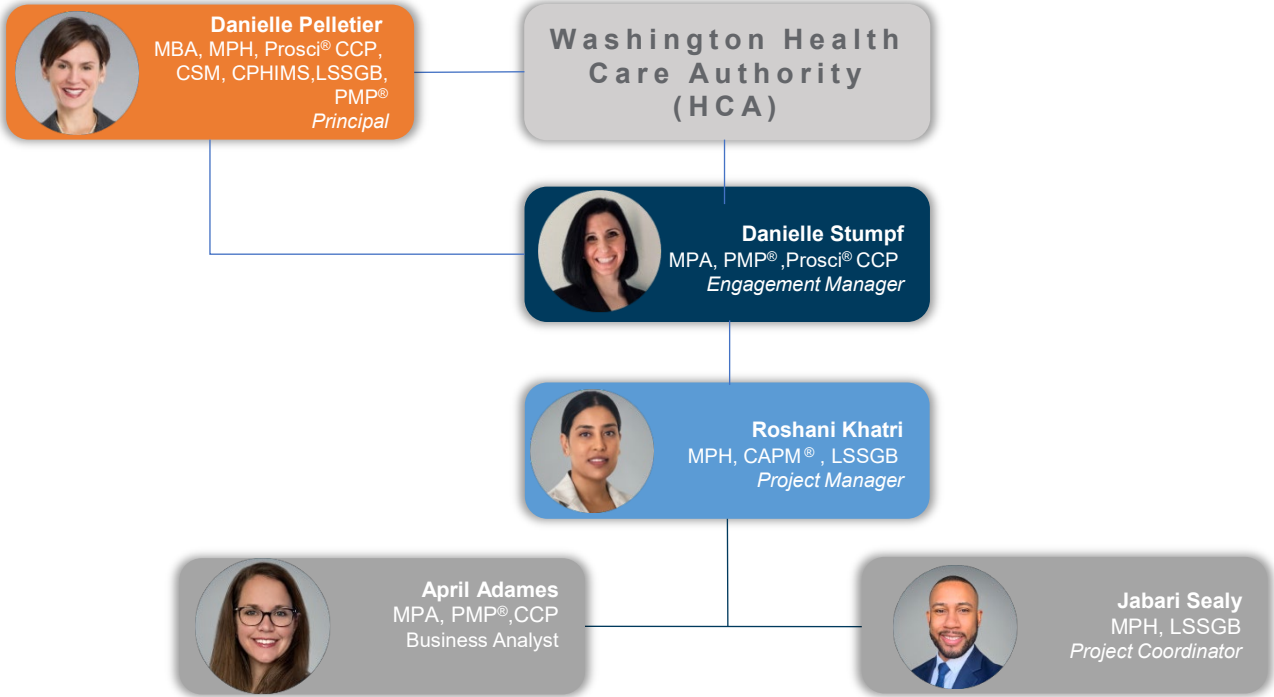
The primary purpose of this meeting is to:

- Introduce the Health Care Authority's (HCA) Behavioral Health (BH) Bed Registry and Electronic Referral Tools Project
- Discuss upcoming project activities and your engagement

# HCA Project Leadership Team

Name	Title	Email Address
Jennie Harvell	ETS/Senior Federal Project Consultant	<a href="mailto:Jennie.harvell@hca.wa.gov">Jennie.harvell@hca.wa.gov</a>
Madeline Cope	ETS/HIT 988 SME/Management Analyst 5	<a href="mailto:madeline.cope@hca.wa.gov">madeline.cope@hca.wa.gov</a>
McKenzie Olver	HIT Project Coordinator/Management Analyst 4	<a href="mailto:mckenzie.olver@hca.wa.gov">mckenzie.olver@hca.wa.gov</a>

# BerryDunn Project Team Members





# Project Background



## Current State

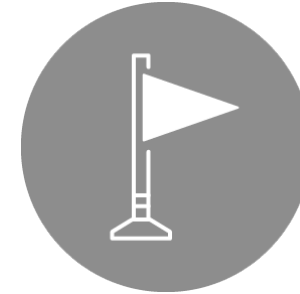
Access to BH services requires individuals/family members seeking services to manually search and/or call providers to identify available services. In addition, providers and Washington State are not able to determine if a referral resulted in successful access to services. The current challenges hinder efficient care delivery for individuals in crisis and individuals with serious mental illness and serious emotional disturbances.



## Project Purpose

The purpose of this project is to conduct data collection activities such as literature review, web surveys, and discovery sessions to assess the current environment and identify areas of opportunity for a BH bed registry and electronic referral tools. The information gathered will be utilized to:

- Develop recommendations for HCA to consider while implementing a BH bed registry and electronic referral tools.



## Anticipated Project Outcomes

BerryDunn will develop a literature review, conduct web surveys and discovery sessions with HCA-identified interested parties, and develop a needs assessment report, including recommendations for HCA to consider while developing and implementing the future BH bed registry and electronic referral tools.

# Project Vision and Goals

## **VISION:**

Prepare for the development and implementation of the Behavioral Health Integrated Client Referral System required in E2SHB 1477: inform content of a behavioral health bed registry, increase behavioral health providers' awareness of the benefits of utilizing the bed registry and electronic referral tools, and engage persons with lived experience to inform access to needed resources.

**Goal 1** Increase providers' awareness and future use of a behavioral health bed registry and referral tools, including identifying barriers and opportunities to providers' access and use of tools

**Goal 2** Identify functionality needed for a behavioral health bed registry in WA state and how the state's WA HEALTH infrastructure could be extended to support these needs

**Goal 3** Identify the type of behavioral health providers (e.g., crisis stabilization services, psychiatric inpatient, substance use disorder residential) and information to include in the behavioral health bed registry

**Goal 4** Improve future client access to the specific information available in a behavioral health bed registry to enable access services

**Goal 5** Identify communication methodology to share the information available in the behavioral health bed registry with providers and care coordinators

**Goal 6** Support identification of changes to behavioral health providers' workflow in implementing and integrating a behavioral health bed registry and electronic referral tools

**Goal 7** Support the identification of future Managed Care Organizations and Behavioral Health Administrative Services Organizations (BH-ASO) contracting requirements

# Bed Registry and Electronic Referral Tools Project Information Gathering Activities

- **Surveys:**

- MCOs
- BH-ASOs
- Providers:
  - WSHA
  - WCBH
  - AAP
  - Crisis providers
- Tribal Partners (providers and others)
- Persons with lived experience

- **Discovery Sessions**

- State agency staff (HCA and DOH)
- MCOs
- BH-ASOs
- Providers:
  - WSHA
  - WCBH
  - AAP
  - Crisis providers
- Providers with and without EHRs
- Tribal Partners (providers and others)
- Persons with lived experience

# Project Activities and Your Engagement

We request input from persons with lived experience to help inform and support successful implementation of a BH bed registry and electronic referral tools. HCA proposes receiving Lived Experience input through the following methods:

## Discovery Session



Engaging persons with lived experience via expanded outreach including\*:

- Members from CRIS LE SC
- SURSAC
- OBHA
- HCA/OCVE
- FYSPRTS
- WA Speaks

- Date/Time: June 24, 2024, 1:00 pm – 2:30 pm
- Tentative Second Session: July 1, 2024, 1 – 2:30 pm

Engaging Persons with lived experience from the CRIS Lived Experience Subcommittee (LE SC)

- Date/Time: July 8, 2024, ~1:00 pm – 2:00 pm

# Project Activities and Your Engagement, continued

## Web Survey



- Issue a web survey to persons with lived experience on June 3, 2024
- Responses to the web survey are requested by June 17, 2024

# Questions and Discussion



# Thank you!

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 BerryDunn

**Update:  
Lived Experience  
Stories to Inform  
System Improvements**



# Washington Behavioral Health – CRIS Stories Project

**The Lived Experience Subcommittee is seeking ways to deepen our work to elevate lived experience stories to inform Crisis Response Improvement Strategy (CRIS) Committee recommendations for improvements to the Behavioral Health Crisis System in Washington.**

Share your story with us.

- Have you had a behavioral health crisis in the last two years and had to interact with a system meant to support you through it?
- Sharing your experience can help us identify system gaps, improvements, and successes.
- \$25 gift card will be offered in appreciation for your participation.
- Scan the QR Code for our submission page or copy the link into your browser: [https://healthmanagement.qualtrics.com/jfe/form/SV\\_d06T8ohwr1Cdq9U](https://healthmanagement.qualtrics.com/jfe/form/SV_d06T8ohwr1Cdq9U)
- Contact Kristine Malana at [Kmalana@healthmanagement.com](mailto:Kmalana@healthmanagement.com) or at (213) 633-7593 for any questions.



**WASHINGTON  
BEHAVIORAL HEALTH  
CRIS STORIES  
PROJECT**



# **Substance Use Disorder Discussion**



# SUD (SUBSTANCE USE DISORDER) NAVIGATOR TRAINING

<https://wccsupport.org/family-navigator-training/>

**Educate families about substance use disorder (SUD) and related treatment options across the state. This training is for parents, family members, and caregivers who are interested in learning how to support their loved ones with SUD.**



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

- **What is CRIS (Crisis Response Improvement Strategy)**
- **Presentations and Discussions:**
  - ***HCA BED REGISTRY PROJECT***
  - ***LE STORY PROJECT to inform system improvements***
  - ***SUD DISCUSSION***
- **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)**
- **Next meeting: MON 7/08/2024, 1:00 PM - 3:00 PM**

