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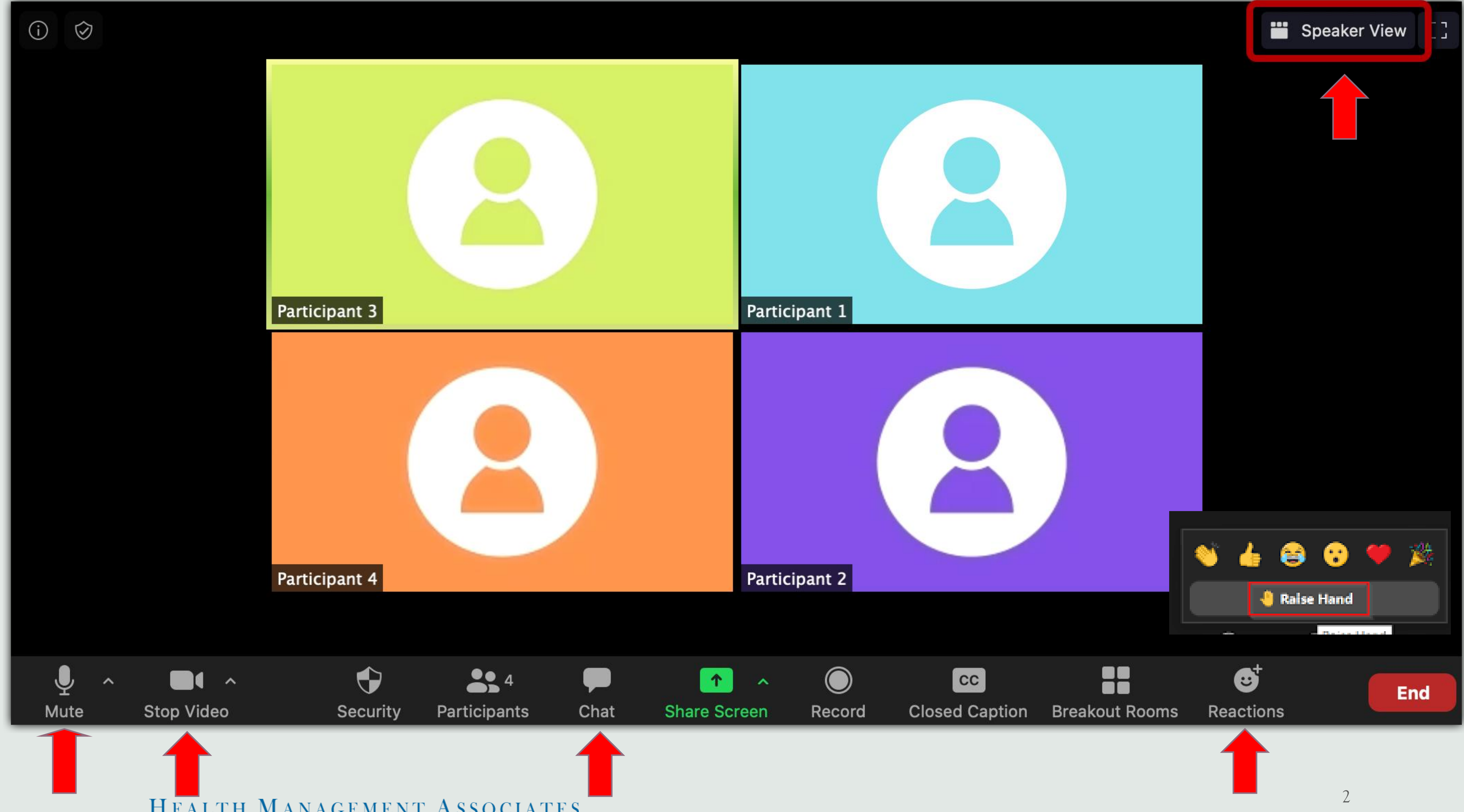
Dobro Pojalovati
Kale ah maruhabaa

# Zoom Technology Moment: Committee Members



# AGENDA

- **Welcome, Intros, Agenda review**
- **What is CRIS (Crisis Response Improvement Strategy)**
- **Community Opportunities**
- **Presentations and Discussions:**
  - ***CRIS Committee Update***
  - ***Lived Experience Subcommittee – What's Next***
  - ***Lived Experience Stories to Inform System Improvements***
- **Open Discussion**
- **Next LE mtg: Tuesday, 11/12/2024, 1:00–3:00 pm**

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

- **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** |
|---|---|---|---|---|---|---|---|

* 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

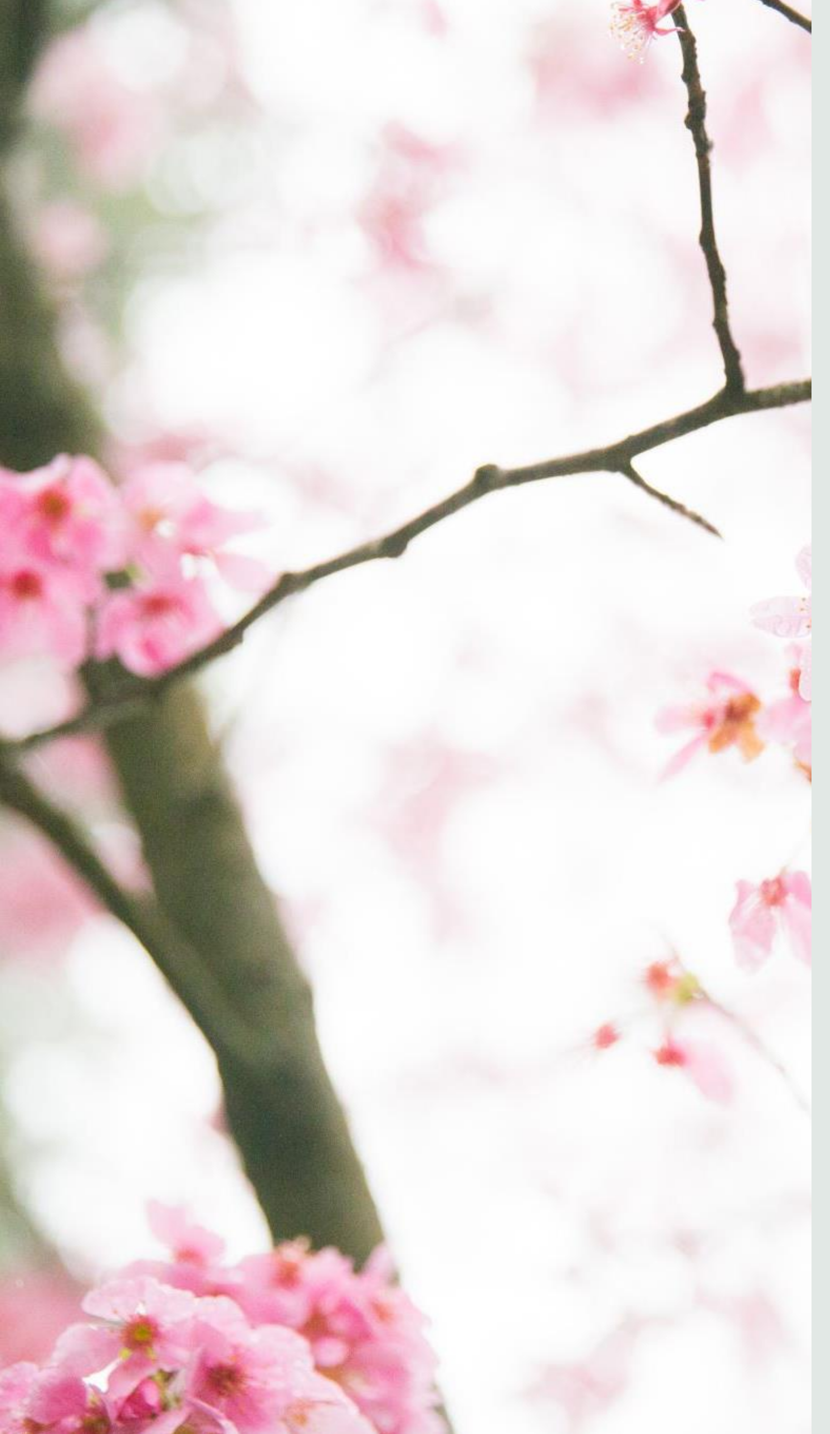
- **Keep community updated on what is going on in the CRIS**
- **Empower people with LE to share their stories to identify system gaps and make suggestions on ways to address them.**
- **Inputs are shared with CRIS**
- **LE directly speak to agencies like DOH, HCA, Legislators when they can come, and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



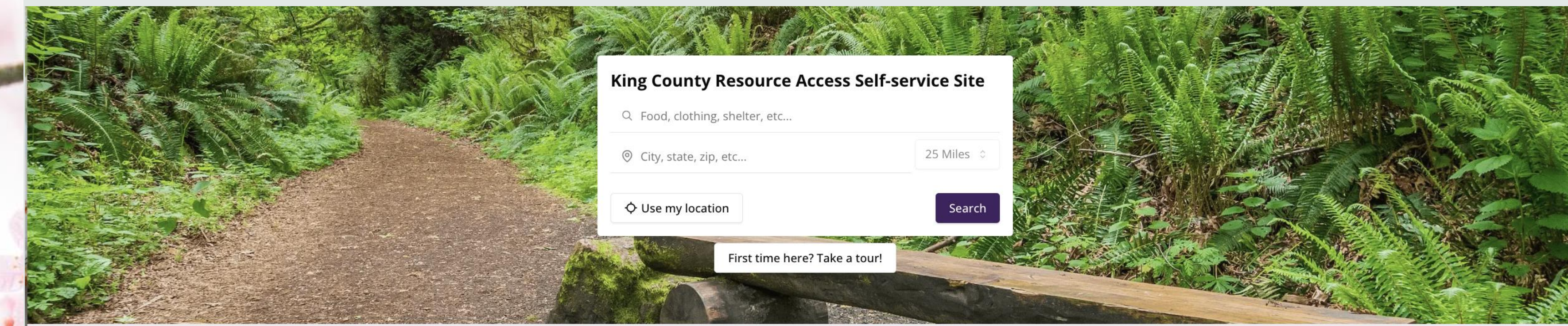
# Community Resources

# NEW in S Seattle: 16-bed residential treatment ctr for co-occuring SU & MH for KC residents opened Sept 23rd

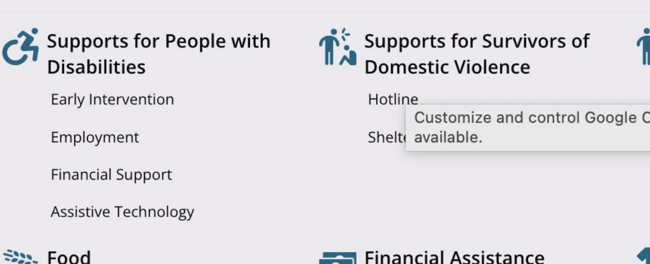
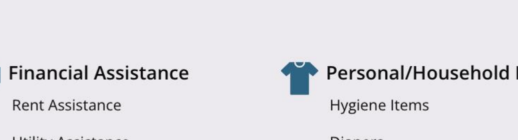
The Residential Treatment Program will be staffed by an interdisciplinary team that can provide a comprehensive range of services to support recovery. The team will include licensed clinicians, peer support, medical and psychiatric providers, housing and employment specialists, and other paraprofessionals. Services include medications for opioid use disorder, psychiatric assessment and ongoing medication management, motivational interviewing, and other evidence-based practices. Patients at the program will also be connected with ongoing community-based treatment, housing, and employment as they transition back into life in the community.

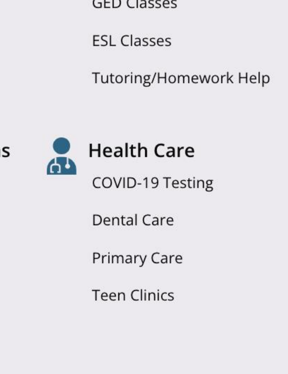
# KC Residents Resource Database

# https://find-human-services.kingcounty.gov/




## Categories



### Supports for People with Disabilities
- Early Intervention
- Employment
- Financial Support
- Assistive Technology

### Supports for Survivors of Domestic Violence
- Hotline
- Shelt

Customize and control Google Chrome. Update is available.

### Employment
- Job Search
- ls
- Youth

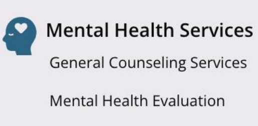
### Education
- Homeless Student Liaison
- GED Classes
- ESL Classes
- Tutoring/Homework Help

### Food
- Free Meals
- Senior Meals
- Food Pantries/Banks
- Grocery Delivery
- Home Delivered Meals

### Financial Assistance
- Rent Assistance
- Utility Assistance
- Move-in Assistance
- Utility Discounts

### Personal/Household Items
- Hygiene Items
- Diapers
- Clothing

### Health Care
- COVID-19 Testing
- Dental Care
- Primary Care
- Teen Clinics



### Transportation
- Bus Fare
- Gas Money
- Local Transportation

### Shelter/Housing
- Transitional Housing
- Homeless Day Centers
- Permanent Housing
- Overnight Shelters
- Youth Shelter

### Mental Health Services
- General Counseling Services
- Mental Health Evaluation
- General Crisis Hotlines
- Teen Counseling

# Community Opportunities

# FIT: FAMILY INITIATED TRAINING

# https://fitwashington.com/

## What is FIT?

Family Initiated Treatment (FIT) is a service aimed at fostering collaboration between families and the healthcare system. Our FIT eLearning modules provide valuable insights into understanding the FIT process and equips families with the tools necessary to navigate the system successfully.

**eLearning Modules:**

- Module 1: This module aims to provide a comprehensive overview of Family Initiated Treatment (FIT) for behavioral health services for youth aged 13-17 in the state of Washington, offering a broad understanding of the approach.
- Module 2: This module is focused on the FIT admissions process for outpatient and inpatient treatment. The module will also cover the overview process for independent review of medical necessity.
- Module 3: This module is centered on implementing optimal strategies for engaging individuals in treatment, emphasizing best practices to enhance the effectiveness of therapeutic interventions.

## Why attend FIT training?

By participating in our FIT training, you'll gain a comprehensive understanding of FIT, enabling you to actively participate in your loved one's treatment journey. Whether you are new to FIT or seeking to deepen your knowledge, our training is designed to cater to all levels of familiarity with the service.

# King County Behavioral Health Online Survey

## We Want to Hear From You!

### Take the Survey

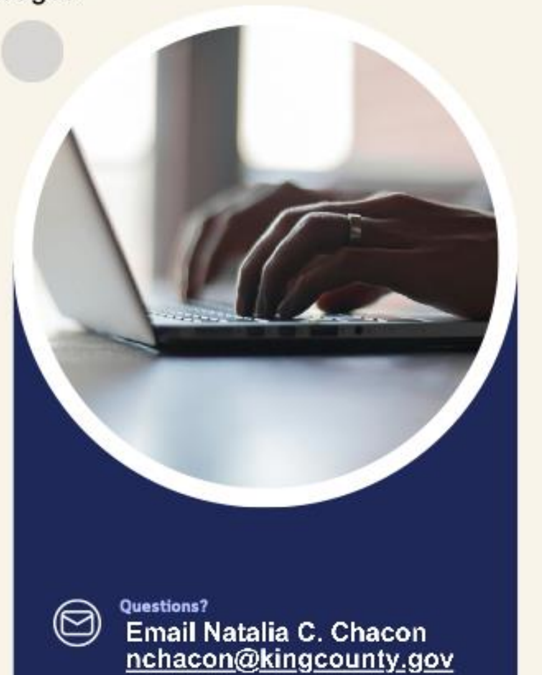
King County's local behavioral health sales tax brings $80 million each year for mental health and substance use programs.

We want to hear from you! How can our local funds serve you better? Click on the **"Take the survey"** button or scan the QR code to share your input. The survey is available in 21 languages.

**We would love to learn from:**

- Behavioral Health Providers
- Community Organizations
- Rural Residents
- Peers & People with Lived Experiences
- General Public

**Take the Survey**



Questions?

Email Natalia C. Chacon
nchacon@kingcounty.gov

# MH Policy Roundtable

## Mental Health Policy Roundtable

### *From the ADA to the Ballot Box*

Join a distinguished panel of nationally recognized disability rights leaders as they come together to provide timely information on voting, voter rights and protections, and initiatives designed to increase awareness and voter participation. With the Presidential Election and other down-ballot races fast approaching, now is the time to stay informed and engaged!

**Thursday, October 17th**

**11 AM PT**
**1 PM CT**
**2 PM ET**

*https://bit.ly/MHPR_OCT17*

### *Meet our speakers!*

**Becky Ogle**

Self-employed disability rights consultant primarily focused on employment of people with disabilities

**Eric Harris**

Disability Rights California's Associate Executive Director of External Affairs; experienced in disability advocacy and policy; speaker at Harvard, UC Berkeley, and the White House

**Bob Kafka**

Disability activist for 40+ years; State Coordinator at REV UP Texas; organizer for ADAPT

**Monica Wiley**

Non-partisan campaign messaging developer; 15+ years in disability rights and organizational management; worked with state and federal agencies, including the White House; spinal cord injury advocate

**Jim Ward**

Founder and Executive Director of ADA Watch and the Coalition for Disability Rights & Justice; mobilizes grassroots efforts to protect the ADA; neurodevelopmental disability advocate, former elected official, musician, and father

**Tom Olin**

Photojournalist and disability rights advocate for 40+ years; involved with ADAPT, NCIL, SILVER, and other key organizations; board member at DIRECT in Tucson

**Luke Sikinyi**

Director of Public Policy at the Alliance for Rights and Recovery; first-generation American and mental health advocate; NYU graduate (Psychology & ASL)

# CRIS Committee Update

## - September 24, 2024

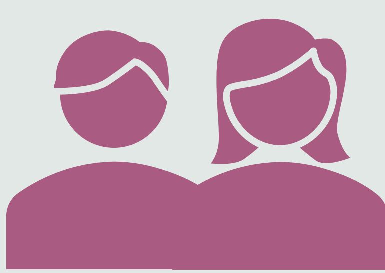
# Crisis Response for People with Intellectual and Developmental Disabilities Panelists

**DAVID O'NEAL**
IDD Services Director, Sound Mental Health

**DEANN ADAMS**
Clinical Program Manager, Washington Developmental Disabilities Administration

**DEBRA HUGHES**
Clinical Supports Director, Hope Human Services

**HEATHER GETHERS**
Case Manager, Washington Developmental Disabilities Administration

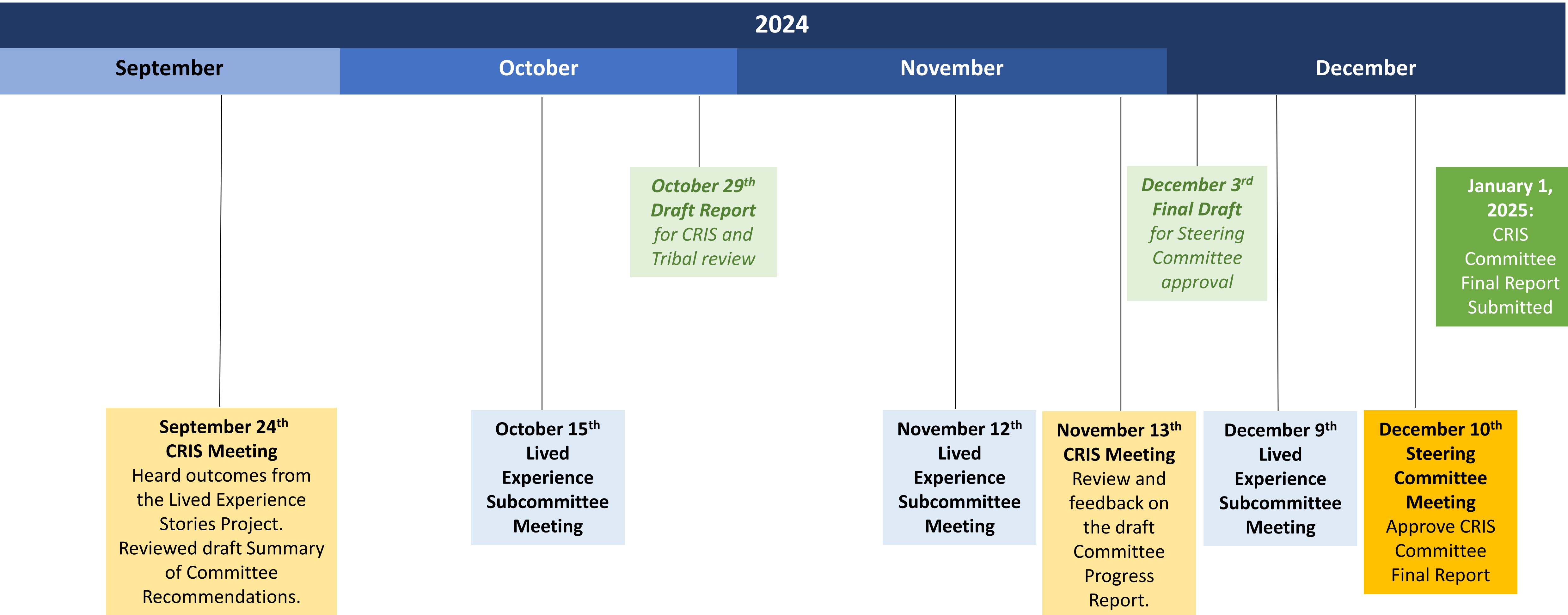


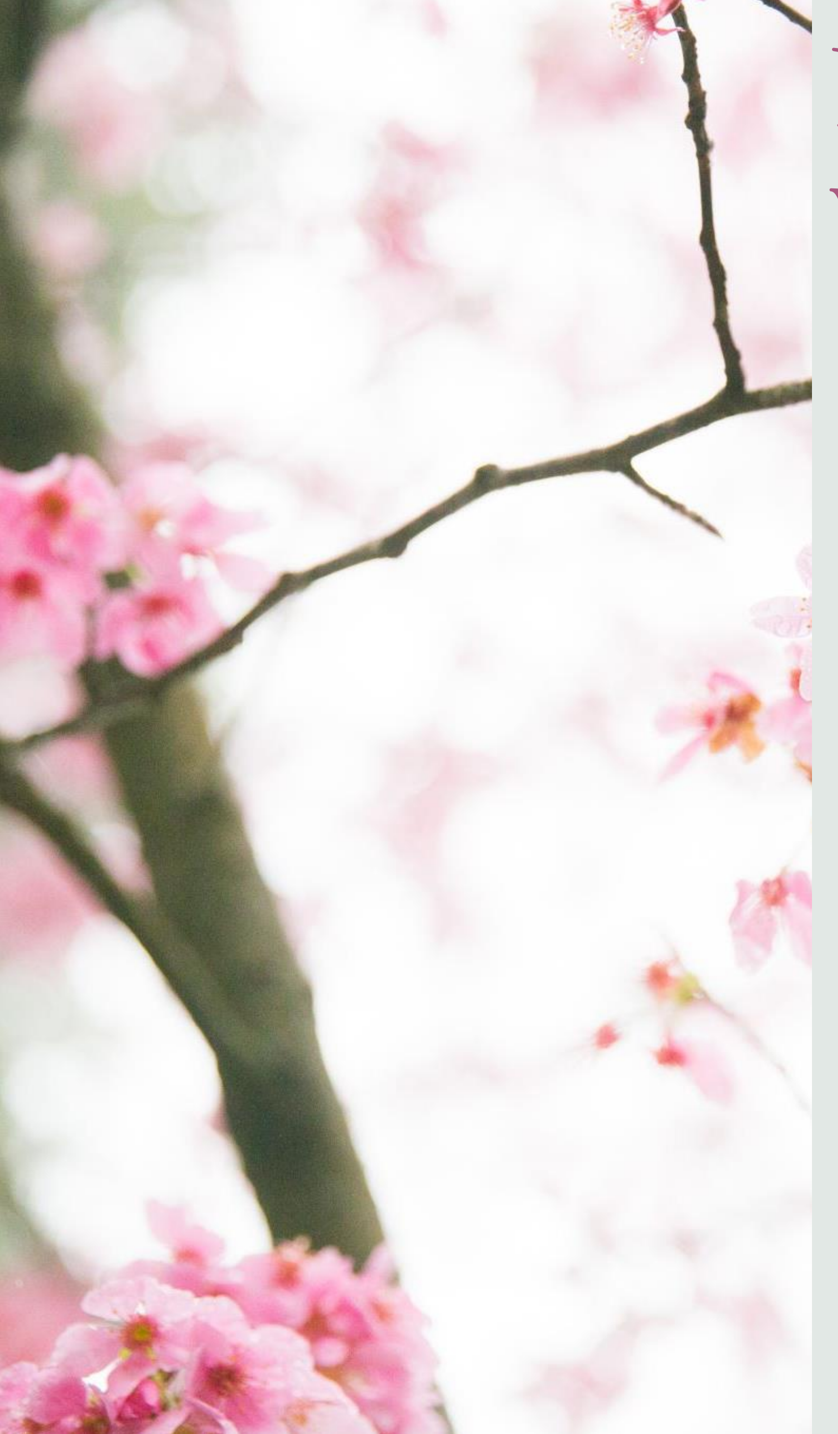
**JERMAINE AND MIKELLE HAYES**
Parents of a 10-year-old boy with IDD

**JIM OTT**
Community Information and Outreach Manager, King County Developmental Disabilities Division

**KATRINA DAVIS**
Family Advocate and Case Manager, Seattle Children's; Parent Advocate and Resource Specialist, University of Washington

# CRIS Committee Final Report: Overview of Timeline





# Lived Experience Subcommittee – What's Next

## CRIS JOURNEY

*

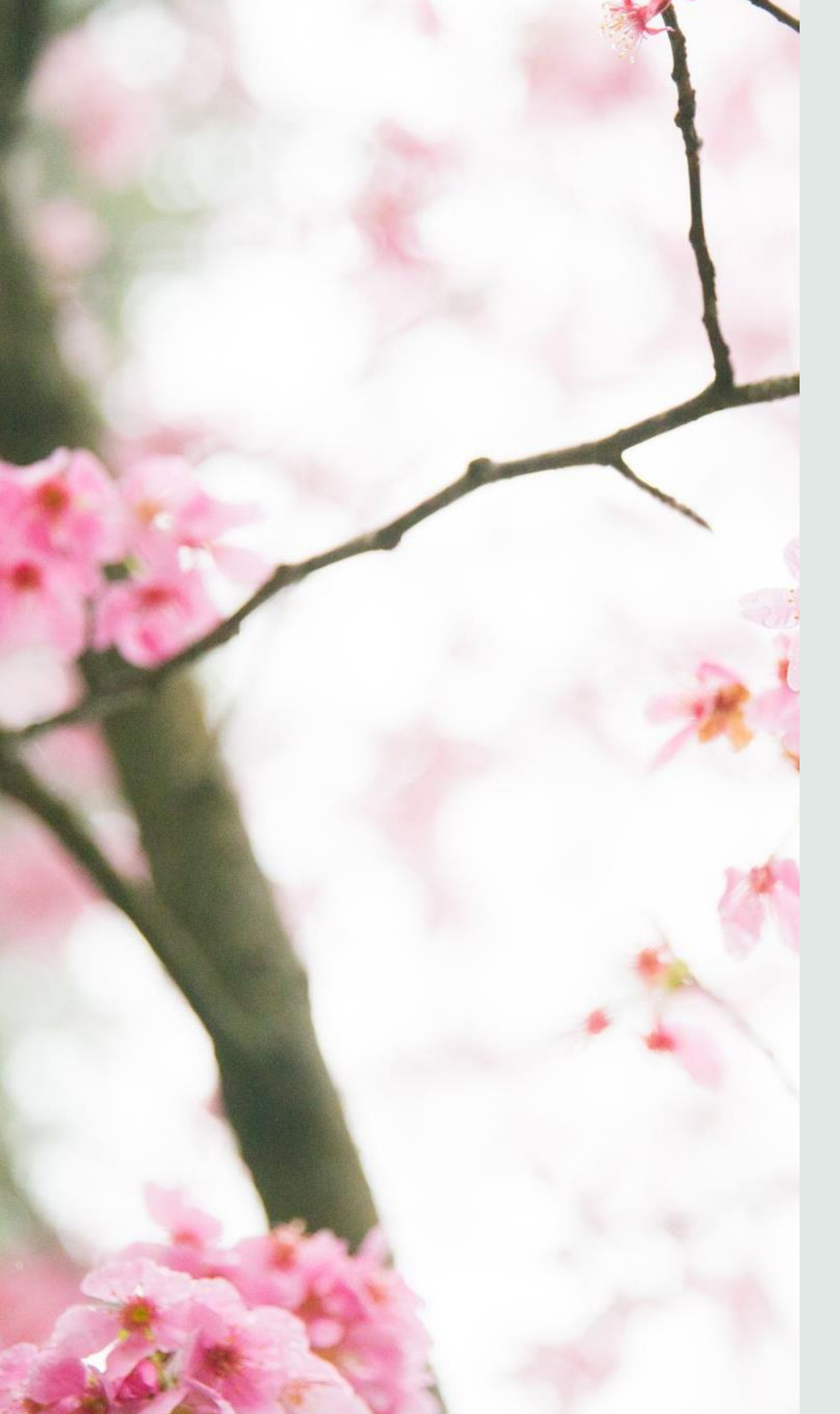
## * CRIS 2021-2024

Past/Present: What it has been

Why it is changing

## * CRIS 2025-2026

Future: What it will look like – your ideas.



# Lived Experience Stories to Inform System Improvements

# 2024 WA STATE CRIS LIVED EXPERIENCE STORIES PROJECT

# ABOUT THE PROJECT

- **GOAL**: To broaden our ongoing work of elevating lived experience (LE) stories to inform the Washington Behavioral Health Crisis Response System
- Stories collected June 1- July 31, 2024
- Small sample from people who were able to submit. Not a representative sample.
- 65 valid stories coded - Some submissions not included
- Insights about various parts of the Washington Behavioral Health Crisis Response System drawn from these stories

# Demographics Captured

Details in appendix

- Age Group
- Race
- Disability
- Veteran
- Gender Identity
- LGBTQIA2S+
- Housing Instability

- Accessing the BH system for self/others
- Engagement with following Systems:
  - Corrections
  - Foster Care
  - Immigration
  - Mental Health
  - Substance Use

# What's Working

# People are receiving help they need across the crisis continuum & beyond

The counselor at the crisis line also provided valuable information about local mental health services and support groups. They helped me create a safety plan and encouraged me to seek ongoing therapy

Friend ODd. I called 911. Needed urgent medical advise... immediately paramedics arrived and had some drugs to counter the overdose and my friend got stable

EMS providers have been nothing but professional, respectful, and supportive with me and in my experience are the sturdiest link in the behavioral health crisis chain

I called 988 and gave them all the information I had.  Two people [MCT] showed up, male and female in less than an hour.  That was impressive.

PACT (they are the best)

The group home was run by wonderful folks that made sure he took his medication, kept his room clean, and make meals.

# People are receiving help they need across the crisis continuum & beyond

I started to look for myself. I got in contact with the Health Care Authority. I had Medicaid coverage. The HCA contacted my mental health clinic and the following day my therapist suddenly found a detox for me to go to, immediately

I was able to get treatment and able to be stabilized with support groups and medication. Also, I was able to be placed in a safe environment so I could not harm myself or others. I was stabilized with help from staff [at Providence Olympia]

During this time, the hospital's [ED] social worker connected me with a local addiction treatment program and scheduled follow-up appointments with a psychiatrist and a therapist

diagnosed, by my primary care doctor, with life threating liver, kidney and pancreatitis disease, due to my alcoholism. When I got totally honest with my primary doctor and my therapist I was referred to a detox and in-patient treatment

DCR was professional, kind and caring... DCR even called every hour until the agency opened up

# INSIGHTS
On What Could Be Better

1. **CRIMINAL JUSTICE SYSTEM** & **EDs** functioning as primary access points to behavioral health care
2. **BARRIERS TO ACCESS** include insurance, cost, lack of providers, & transportation
3. **PROTOCOLS** are unaligned, inconsistent, and often do not meet the needs of the community
4. **QUALITY** of **SUPPORT** is inconsistent
5. **CROSS-SYSTEM GAPS** lead to people falling through
6. **FOLLOW-UP** and **PREVENTION** pillar needs to be added to, integrated, and aligned with the crisis response system
7. **NATURAL SUPPORTS** need to be an integral part of the design and delivery of crisis response system

## **1. CRIMINAL JUSTICE SYSTEM (CJS)** and **EDs** functioning as primary access points to behavioral health care

# People are landing up in the CJS rather than getting the BH help they need

Had there been easier access to a program like drug court, I could have avoided the multiple felonies I have on my record and had a supportive program behind me.

If we had been informed of Joel's Law by the Lacey crisis responders as an option before my boyfriend had to file a restraining order, I would have gotten help much sooner without as much legal action being needed

With her psychosis and ADD she was unable to follow through with her documents and court appointments which would result in warrants for her arrest

# The CJS can be/is traumatizing

My first stay in prison was devastating to my psyche, I found myself in a world of which I knew nothing about. The fear and depression was contagious it permeated every single day of my experience. Which I believe became the catalyst for the subsequent drug abuse and mental health problems.

corrections officer that told me “you’ll be back within a year.” I proved him wrong. Every time he was on shift, he would make his way to come over to me and say something mean or negative.

# Rehabilitation programs within the CJS are helpful

While incarcerated was introduced into **'The Change'** program, through **progress house association**. It was this program the ultimately helped me change the trajectory of my life. Knowing that there are programs, resources, housing and hope help me change my life. I am very eager and excited about the opportunity of a new life. It is my goal to tell others that they can make it just as I did

It was in prison that I decided to reach out to mental health and was put into a program called **"Houses of Healing"** which focused on personal development and self-awareness... What happened was that I got to know myself and how to live with myself and be centered. This new "me" I found out was living inside me all along. What went well was that spark was ignited to be better and develop a better human being

# Transitions between CJS-BH and Community Based BH are problematic

The major problem people such as myself face upon reentry into their environment. Is the lack of fundamental resources to help you rebuild your life

She was on a DOSA sentence with DOC. She had told myself and DOC that she was depressed and struggling yet there was no help for her. There should have been some type of intervention at the point where she was willing and knew there was a mistake and a problem. she was arrested later that night for trespassing at a local store she was trying to buy beer at. this woman was let to go so far that she was taken into custody again and ended up in prison over a misdemeanor crime.

seven years that I was incarcerated and took medication and saw a psychiatrist Washington State Medicare would not accept that documentation from Washington Correcting Center for Women … psychiatrist [outside] tried to prescribe me a antipsychotic that was not available at WCCW. I went down to Kaiser to try to get the medication, and Molina Healthcare and Washington State Healthcare would not give me the medication … 9 mos into the process, I did everything that I was supposed to do and I was not given the medication that would have prevented a relapse.

# Emergency Departments are not a good place for BH crisis care

When taken back they said she needed to be cleared medically prior to talking with anyone in the mental health area. A total of 17 hours later we finally saw someone over in the psychiatric area

They eventually called me back, took all of my clothes and possessions, put me on a stretcher in the hallway, and proceeded to leave me there alone with no sedatives or anything in the middle of the ED chaos while feeling suicidal.

[from teacher] the student was held in the ER for about an hour. Then the ACTIVELY SUICIDAL CHILD WAS DISCHARGED TO THE STREET with no notification to their parent, no safety plan, no care plan, no follow-ups scheduled, and certainly no admission to inpatient.

# SUGGESTIONS

- Allow BH intervention to take precedence over criminal justice when there is an arrest warrant for non-violent crimes

*"A DCR was with the police and offered my son a mental health evaluation. My son declined. The DCR told me the arrest warrant [for missing a hearing] superseded her MH eval."*

# 2. BARRIERS TO ACCESS

# Access Barriers: Insurance, Cost of Care, & Transportation

nobody is currently offering new appointments for Medicaid patients

my daughter has received a bill for over $5,500 from Capital Medical Center [ED]

911 literally would not come because they were legally not allowed to restrain minors. I can't drive a violent kid, nor drive in night, nor safely transport…

She was assigned an Uber to pick her up the next morning [from ED to take her to detox facility bed]

# Access Barriers: Lack of Resources

It took me over 27 interviews to find a licensed mental health therapist

there is nobody within our whole facilities of Columbia River Community Services, Lifeline, any of those places that know how to deal with somebody with severe abuse and severe mental health conditions.

There's Little access to Care for kids with mental health and substance use issues that are effective

no other teams or services for our remote area in Gold Bar

I wish we had "drop in" centers/clinics where people could access mental health counselors to talk to

in the year prior to him going into the clip facility, spent probably about almost 40 days sitting in Sacred Heart in their emergency room

I understand that FBH wanted him to start treatment outside of the facility. But there is no reason they can't have some group therapy or a counselor to visit with

Waiting for the DCRs to come to the house can take a day or seven days

**3. PROTOCOLS** are unaligned, inconsistent, confusing, and often do not meet the needs of the community

# Protocol Issues Across the System

911 literally would not come even when he was trying to kill me and himself because they were legally not allowed to restrain minors

called 988 for a woman clearly having a BH crisis and was told that they only help people who call because they're experiencing suicidal ideation

In the state of Washington, the only medications that can be legally compelled are antipsychotics. Mood stabilizers cannot. This is a real problem for someone who needs mood stabilizers to stay stable.

911 refused to administer NARCAN to client to prevent OD, informing us that that is their job protocol. ... It would be helpful and effective the crisis response team would provide immediate intervention to save life instead of sticking with the protocol.

A nurse drew blood, not telling me why, and I was shocked to get the notification through MyChart that they had done a tox screen looking for substance use.

I ran out of medication, had seizures for several months, almost died because nobody titrated me off any medication. Nobody had any ability to get me my medication again.

# Protocol Issues Around ITA & DCRs

officer called me back letting me know my son didn't qualify for an ITA under Ricky's Law since he hadn't physically assaulted anyone in our home or committed a crime

I was thinking he [crisis center social worker] would start the ITA process. He parked outside our house and then left without letting us know why. I called the crisis line back and was told he felt unsafe going by himself so he contacted Skagit County Sheriff's office asking them to come to the house.

My son "fell through the cracks" because criteria needs to be redefined. I filed 3 Joel's Law petitions during the above time period. All were denied. My son didn't meet criteria for gravely disabled

I called to find out why they [DCRs] told me to take him there [ED] and then never came. They told me the ER has to be the one to tell them to come (even though they had already agreed to come before we went there). Since the ER doctor did not contact them to come, they "could not" come.

# SUGGESTIONS

**Educate community & be transparent on what people can expect**

- *“end up with us calling the police because we didn’t know what else to do”*
- *“Crisis lines are 50-50. Often you just run out of time before you're deescalated and feel abandoned when they hang up on you.”*
- *“I asked [in the ED] to be referred to inpatient care so I could get ECT as my provider suggested”*

# SUGGESTIONS

- Standardize education for all service providers on how the system works, in their domain, and other related/relevant domains
- Consider changing/improving protocols to better support the community

*"improve the ITA requirements gearing more toward prevention rather than someone having to commit a crime in order to be ITA'd"*

# **4. QUALITY** of **SUPPORT** is inconsistent

# Quality of Support: Someone to Call

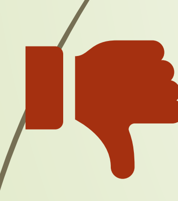
Just talking to someone [at RCL] because I was very isolated and alone really had helped a lot

He [Crisis Counselor] did tell me about the Ricky's Law (ITA for chemical dependency), which we both felt was the best option.

When I contacted 988 they contacted the EMT's and police to respond to my house. I'm very frightened by Law Enforcement and First Responders. I asked them to please leave my house. One officer stepped aside and told me that they also where a veteran and they wanted to help. I did reach out after and spoke with them

# Quality of Support: Someone to Come

They [MCT] spent a long time listening to his story and in the end, they gave him advise. Which was to go voluntarily or be ITA. These two professionals were the best part of all the services

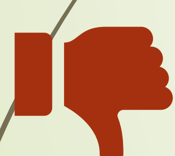


I wish that the mobile crisis team had been more responsive to us and had actually came out to see her.

# Quality of Support: Safe Place to Be/Go

I would have never guessed that being diagnosed with schizophrenia and going to Transitional Resources would give me a future and save my life. Getting a diagnosis felt like a restart.

[Inpatient] It was a horrific, caged animal experience. They threatened him with being sent to Eastern in a straight jacket and told him he'd get ECT.



[Inpatient] When she finally came home she said they did not help her in any way, and she will never ask for help again as she felt she was in jail there.

Kind and caring the emergency room staff was not. I was made to feel that I was waiting [wasting] resources and should seek care in a different setting

# Bias Might be Impacting Quality of Support

- they misgendered me [in the ED]
- just because some one is houseless, or addicted they have the same rights, and deserve the same respect as anyone else!
- The system also ignored my suicidality because I am in a wheelchair. My problems were minimized and ignored because I am in a wheelchair. My PTSD was being aggravated but ignored because I am in a wheelchair. I was not hospitalized because I am in a wheelchair and unable to take care of myself/ADL's
- language access is a huge barrier. If you talk another language or have an accent shen seeking help, people do not take you seriously
- system overall statewide is centered for mothers to have better and affordable availability... [accessing services as] single father was even harder
- dismiss her because of her race or apparent drug use. She needed more workers familiar with trafficking

# SUGGESTIONS

- Agencies adequately staffed to minimize burnout
- Adequate pay & personal time off for staff
- TRAINING for STAFF on
  - Secondary Trauma education and support
  - Unconscious Bias
  - Special needs/Minority/Underserved population care
  - Trauma Informed Care
- Enable consumers to rate quality of care

*"Harborview has the most doctors, beds, and <u>because they pay the best</u>, some of the best staff"*

**5. CROSS-SYSTEM GAPS** lead to people falling through

## **Cross System Gap:** Follow up not given or if promised does not come through

In the end he [youth] was discharged with a PRN and no way to move forward or anyone to check in on him or his family in the following days, as it was a weekend.

I left the hospital to see my therapist and was told I'd receive a follow up call from crisis but never did

Told CRHMS that he was homeless and was told that he would receive a referral for housing and we're still waiting for the referral over a month later

988 told [me] to call 211 which was a loop of numbers having to answer question never getting anywhere ending with asking if I want to answer a 4 questions [survey]

# **Cross System Gap:** Parts of the system don't talk well to each other. There are big gaps.

Children's ER told me CPS had programs that would help. I called CPS saying I could not keep him or anyone around him safe and they said they couldn't help as it wasn't a parenting issue

There needs to be a service between WISe and CLIP. When WISe isn't enough but the ER nor 911 are appropriate where can a family get help.

I don't know if the community providers we were working with just dropped the ball or if they didn't know either. And it seemed to us like everywhere we went, there was just kind of like this confusion on what the information was or the answer we got, oh, I'm not sure about resources. I have to check with this person and then I'm going to have to double check with this other person. And it was always like a ball being passed from one person to the next until finally we had kind of reached a point where we had been struggling so long

# SUGGESTIONS

- 988 hubs need to be the repository of knowledge on all aspects of the BH crisis response system so they can act as a one stop shop to connect people to other parts of the system as needed. They should warm transfer clients to programs like WISe, CLIP, MRSS, MCT, DCRs, BeST, PACT etc. They can also inform people about options like Joel's law or Ricky's law.
- The 988 Tech Platform should house standardized information so both the community and service providers can access it as needed

*"Basically, I feel like there is support available, but it's too spread out between a million different organizations and navigating that is a difficult process"*

**6. FOLLOW-UP** and **PREVENTION** pillar needs to be added to, integrated, and aligned with the crisis response system

# **Follow-up & Prevention:** Without it people are cycling in and out of the BH crisis response system

Where are the peer support counselors? Where are the people that link my ability to stay stable and well?

ensuring seamless transition to ongoing care and support beyond the initial crisis. I hope they intergrate substance use crisis response with long-term recovery resources

The very same day I completed treatment I went to a NA meeting and I've been clean since

After three months at a long-term treatment facility, Telecare in Shelton, he was released to a homeless shelter in University district. He was arrested 6 hours later after smoking "something", taking off all his clothes and dancing in the street nude. It was clear he was not stable when he was released even though he was at the place for three months. This was utterly stupid—releasing someone as mental ill as my son to a homeless shelter in University district is negligent care.

# **Follow-up & Prevention:** Lack of Basic Needs Triggers BH crises

Housing was another issue, though, and while everyone else seemed to get free housing after a time, I could never figure out how. The issue was that they were always reward-based or contingent on sobriety/completion of a drug treatment. You could get something like housing, but you had to be clean and stay that way. There were too many hoops to jump through for basic necessities, so eventually I gave up trying. I was on the streets of Seattle battling drug addiction and homelessness.

It is common for the closest family members to cut off all contact and withhold any money or direct support, once there is a serious crisis... What follows are years of difficulty getting health care, dental care, food assistance from the state, etc. [story submitted by someone who works in field]

## 7. NATURAL SUPPORTS

need to be an integral part of the design and delivery of crisis response

# **Natural Supports:** The balance between personal agency and family engagement

medications make John feel awful, so he quits the meds, and the symptoms come back... Anosognosia or lack of insight into being ill

She would go to treatment , do better, get out, relapse. That was a repeated cycle. She was clearly ... not able to make informed decisions. She continued to check herself out of rehab every time we got her into a substance use and/or mental health facility... If we had a way to make her stay in treatment until she was stabilized on medication and in the right frame of mind, I feel like this could've been prevented

Another weakness is that there is little family involvement with the treatment plan.

Getting information on your loved one can be a hassle to a nightmare experience. A patient needs to sign a release of information at each hospital which is to protect their privacy (HIPPA). This in theory is wonderful but in my experience it means I cannot find out how or even if John is at a hospital or how he is or what is going on with him

# **Natural Supports:** The balance between personal agency and family engagement

Harborview—someone on John's team calls me and asks for his history, and the circumstances of this particular hospitalization. Almost no other mental health facility does this. Sometimes I wait over a week or two before a social worker calls me

from the age of about 5 my problems started my parents would shove me full of melatonin so that i would go to sleep not knowing that a few short years down the line it would mess up everything

I have had to overcome serious trauma from childhood situations and instances.

## **Natural Supports:** Natural Supports are also in crisis and need support

When there is physical violence beyond the ability of a parent to handle who can physically come? Literally no one would could help during attacks. He had the legal right to kill me. I'm disabled and lived alone with him. Restraining him requires 3 people. He broke down doors to attack me, I had no safe place.

We…continued to kind of struggle…so many barriers in the way to receive simple help…to keep our family safe…not to get through all the heartache and all the struggle and challenge that comes with…a psychotic break in the park and attacking your mom.

my boyfriend was very stressed out because he could not admit me to a psych hospital.

I would have benefited from mental health and support systems for myself in managing my codependency and trauma. I could have used some support to get connected with CODA [coda.org], peer support groups, a counselor, information on codependency and how to handle situations of emotional abuse.

# I HAVE A DREAM…

“I want a place for my son that doesn’t exist but if it did….

- It would have doctors who listen, not overmedicate.
- It would have treatments like individual therapy.
- It would have a nice room with sound proofing so he would not be bothered by screaming of others.
- It would have wonderful, healthy brain healing food not the cheapest slop.
- He would have access to the outside.
- It would provide a step like system that he would gradually be reintroduced to the “real world”. Like a single room in a locked ward to room in an unlocked ward at night to a studio apartment with medication management.
- This mythical place would be close enough so his family could visit and he could do things he wants like re-enter community college.”

1. **CRIMINAL JUSTICE SYSTEM** & **EDs** functioning as primary access points to behavioral health care
2. **BARRIERS TO ACCESS** include insurance, cost, lack of providers, & transportation
3. **PROTOCOLS** are unaligned, inconsistent, and often do not meet the needs of the community
4. **QUALITY** of **SUPPORT** is inconsistent
5. **CROSS-SYSTEM GAPS** lead to people falling through
6. **FOLLOW-UP** and **PREVENTION** pillar needs to be added to, integrated, and aligned with the crisis response system
7. **NATURAL SUPPORTS** need to be an integral part of the design and delivery of crisis response system

# THANK YOU!

To everyone who supported and provided input for this project

- HMA and Related Staff
- HCA Staff
- DOH Staff
- LE Subcommittee Members
- CRIS members
- Folks who helped with outreach
- Our human and non-human natural supports

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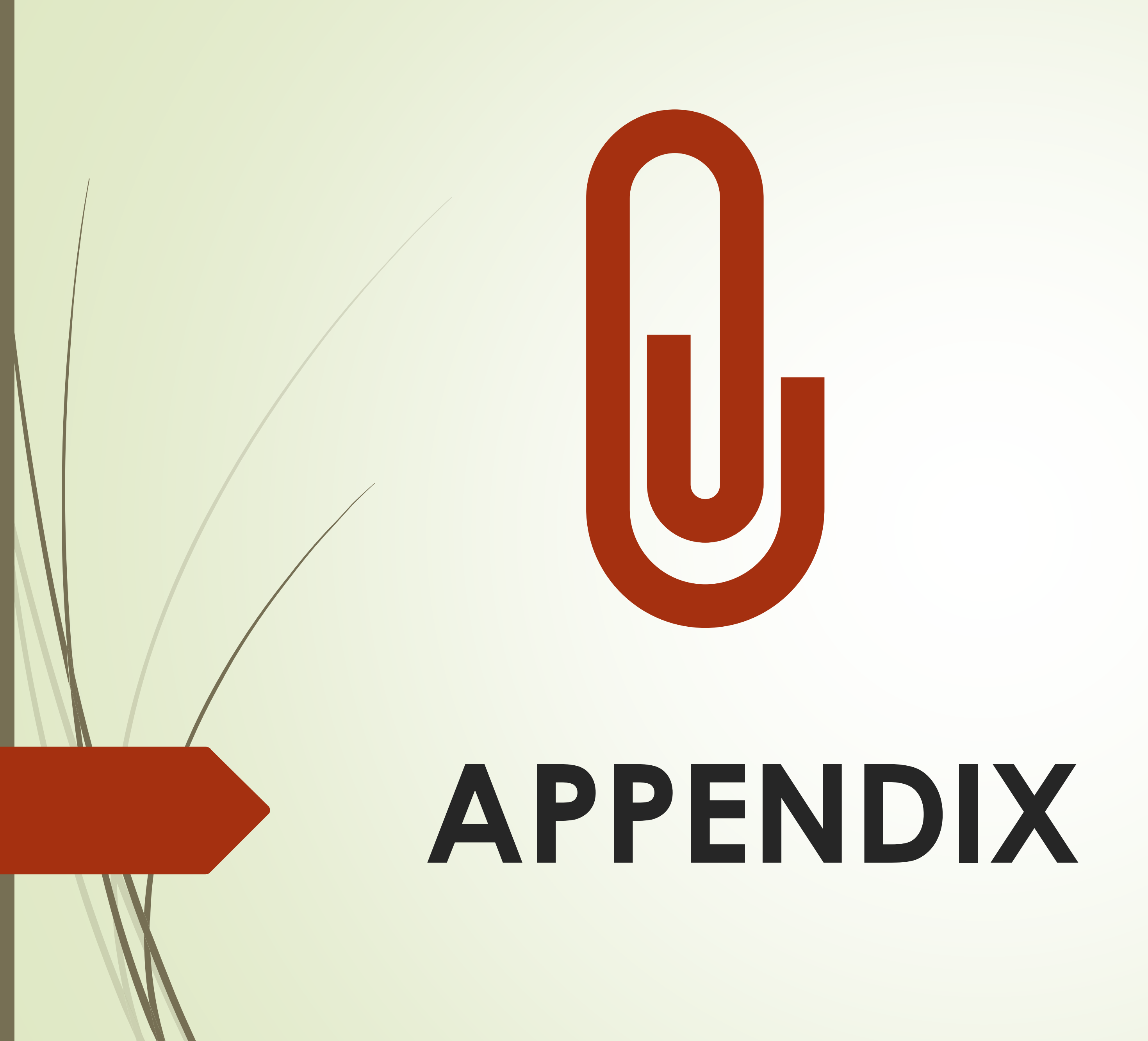


# APPENDIX

# ACRONYMS

- ADD: Attention Deficit Disorder
- ADL: Activities of Daily Living
- BeST: Behavioral Support Team
- BH: Behavioral Health
- CLIP: Children's Longterm Inpatient Program
- CPS: Child Protective Services
- CJS: Criminal Justice System
- CRIS: Crisis Response Improvement Strategy
- CRHMS: Columbia River Mental Health Services
- DCR: Designated Crisis Responder
- DOC: Department of Corrections
- DOSA: Drug Overdose Sentencing Alternative
- ECT: Electroconvulsive Therapy
- ED: Emergency Department
- EMS: Emergency Medical Services
- ER: Emergency Room
- FBH: Frontier Behavioral Health
- HCA: Health Care Authority
- HIPAA: Health Insurance Portability and Accountability Act
- ITA: Involuntary Treatment Act
- LE SC: Lived Experience Subcommittee
- MCT: Mobile Crisis Team
- MH: Mental Health
- MRSS: Mobile Response Stabilization Services
- NA: Narcotics Anonymous
- OD: Overdose
- PACT: Program for Assertive Community Treatment
- PRN: "pro re nata", a Latin phrase that means "as the need arises"
- PTSD: Post-Traumatic Stress Disorder
- RCL: Regional Crisis Line
- WISe: Wraparound with Intensive Services
- WCCW: Washington Corrections Center for Women

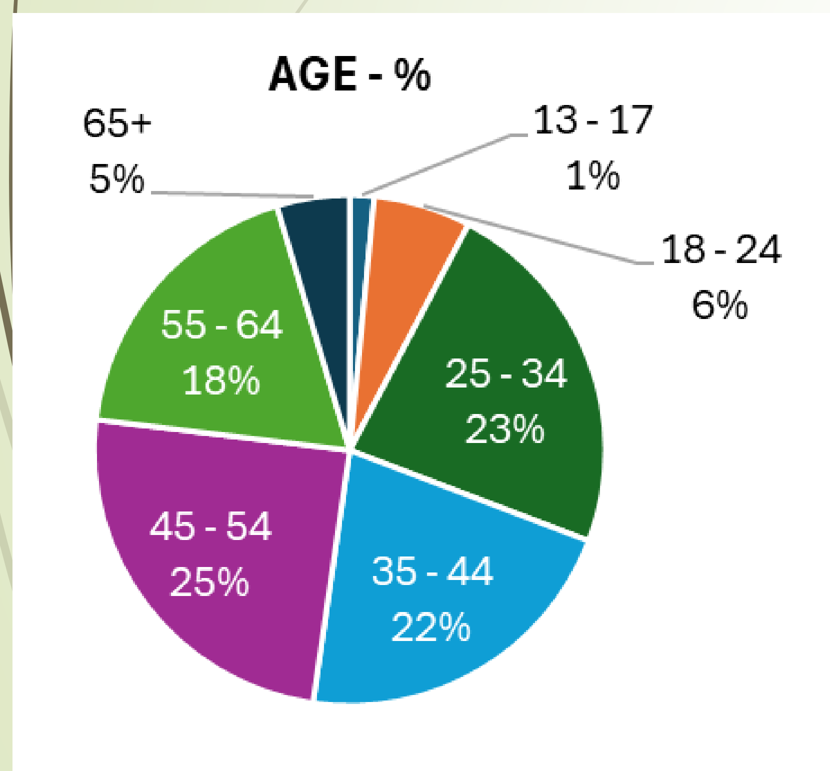
## OUTREACH EFFORTS to collect stories

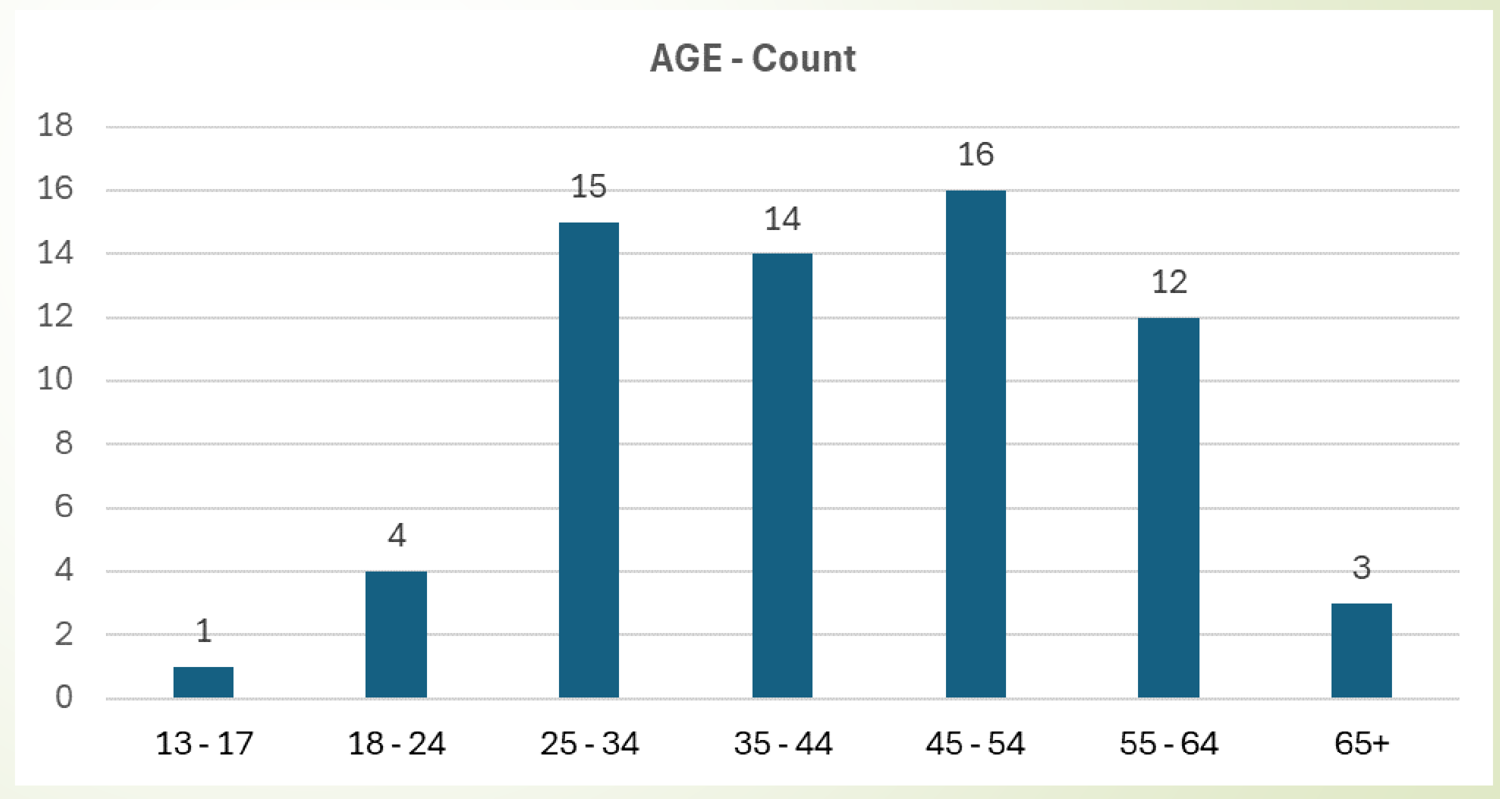
- CRIS members (& their connections)
- LE Subcommittee (& their connections)
- Children & Youth BH Workgroups
- BH providers/WA Council
- Homeless Outreach
- Family Organizations
- WA state Hospital Association
- County Agencies
- Healthcare Associations List Servs

- NAMI
- TCBHAB
- FYSPRT
- WISe
- SURSAC
- BHI
- 988 Call Centers
- DOH list servs
- BH-ASOs

# Who did we hear from?

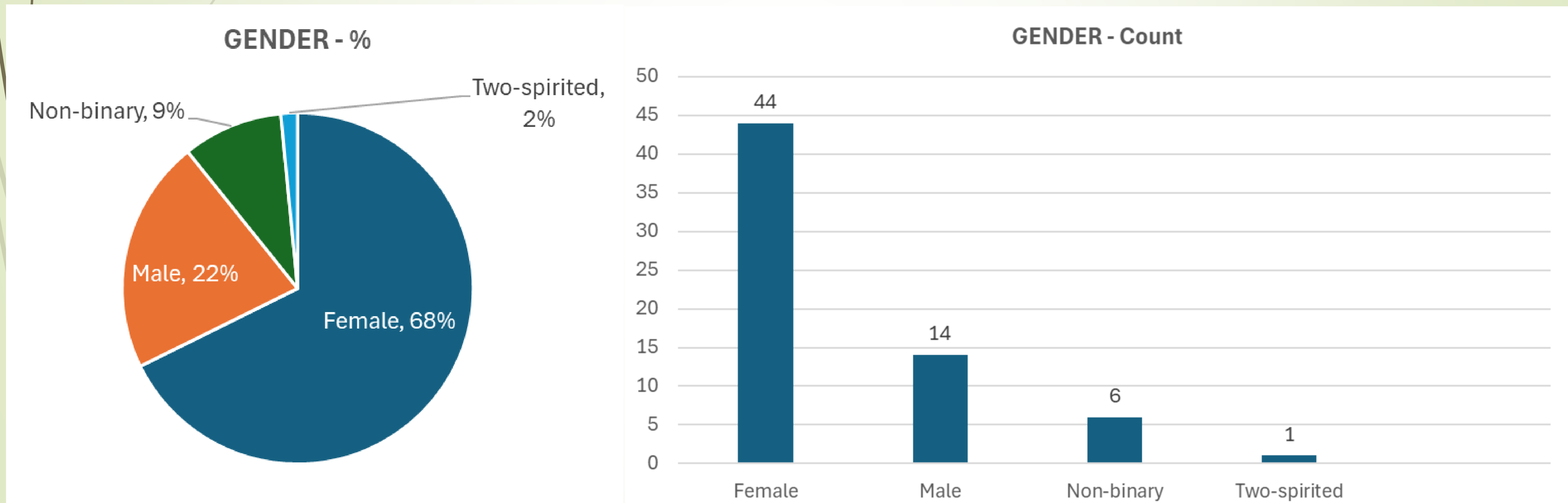
**AGE GROUPS - % and Count**



# Who did we hear from?

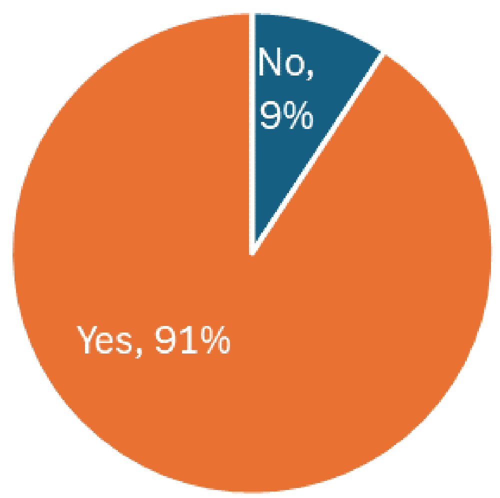
**GENDER - %** and **Count**

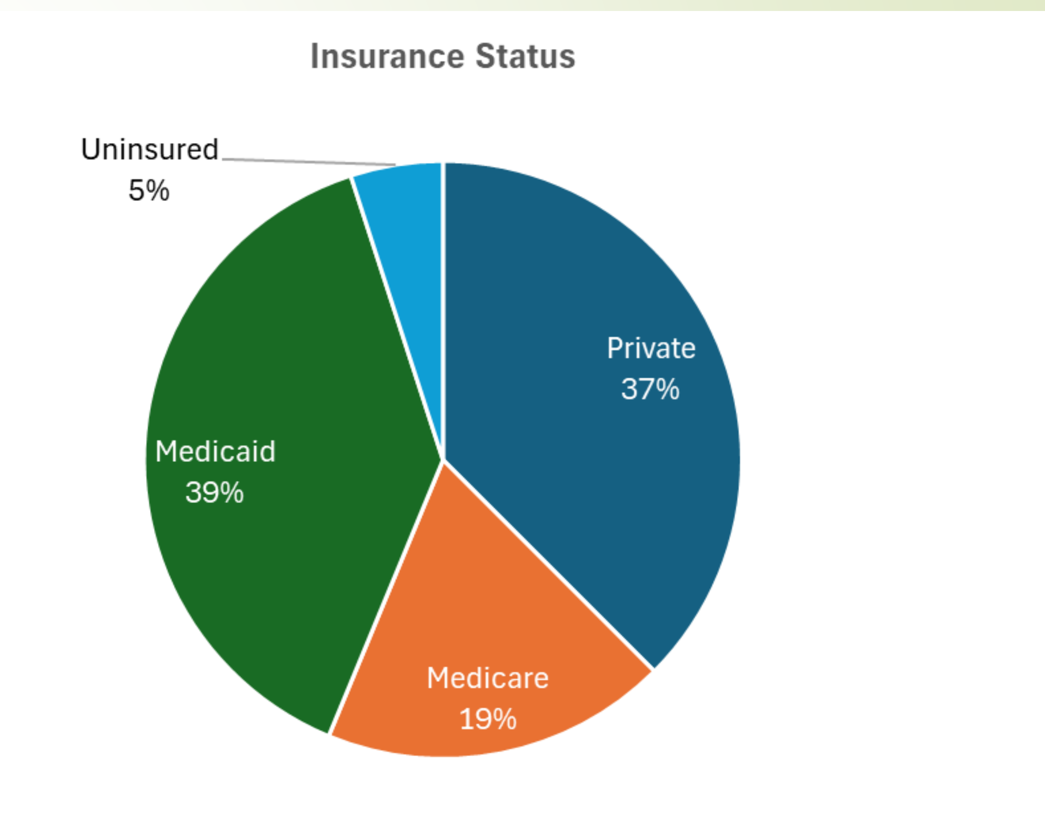


# Who did we hear from?

## ACCESS WA BH CRISIS SYSTEM, INSURANCE - %

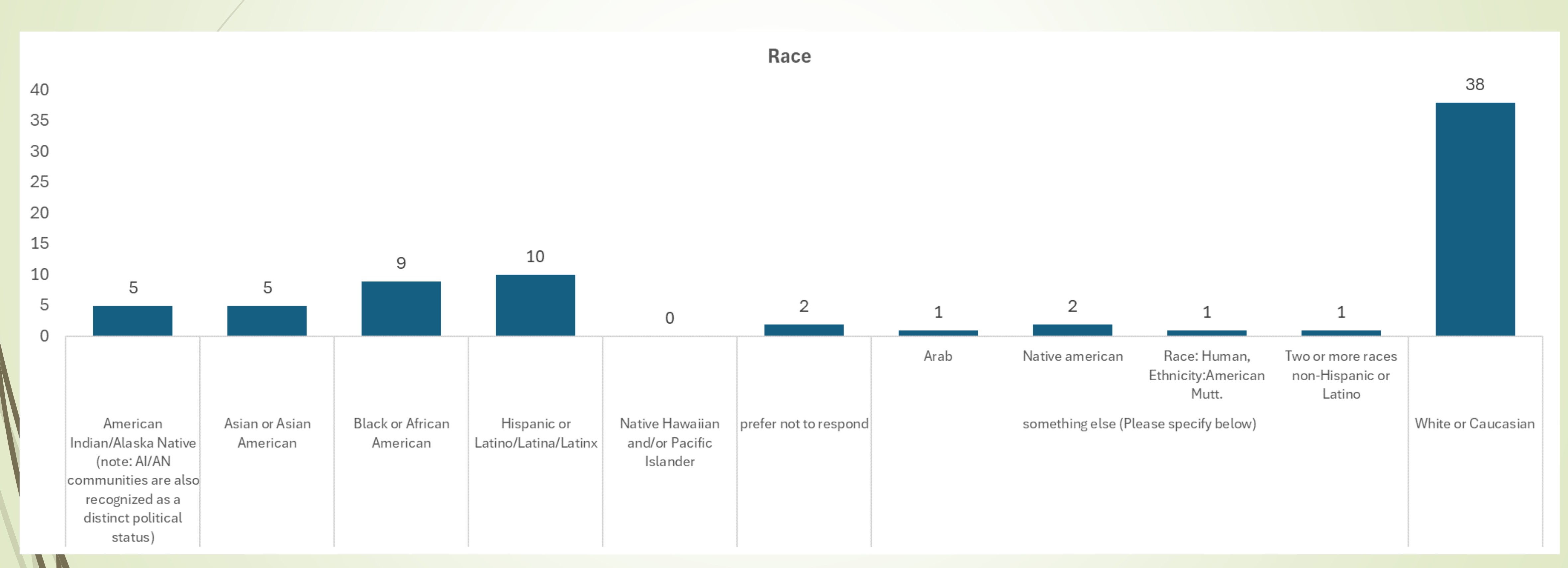
Have you accessed the BH crisis system in WA state in the last two years (either for yourself or someone you know)?



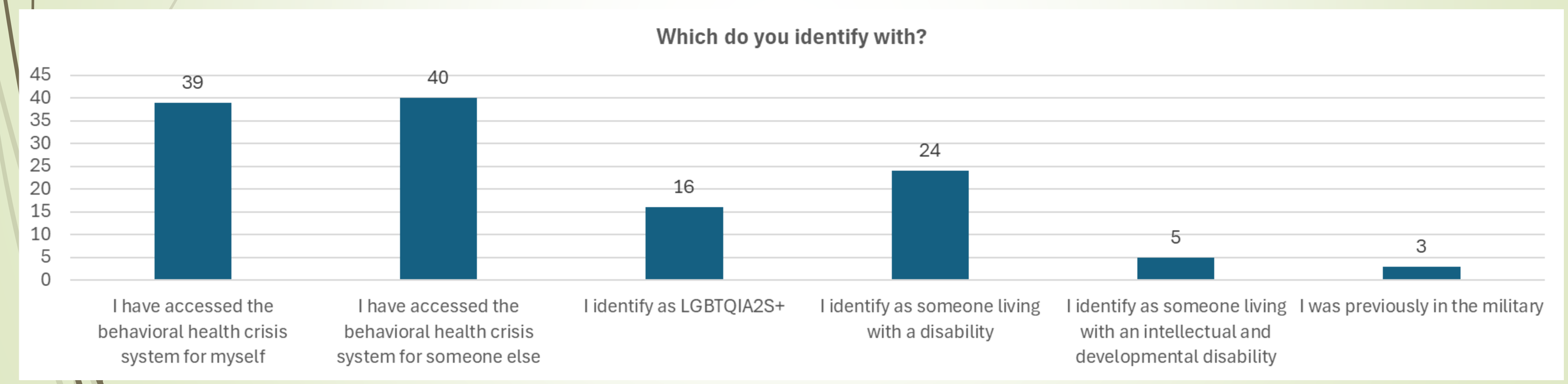
# Who did we hear from?

**RACE – Count**



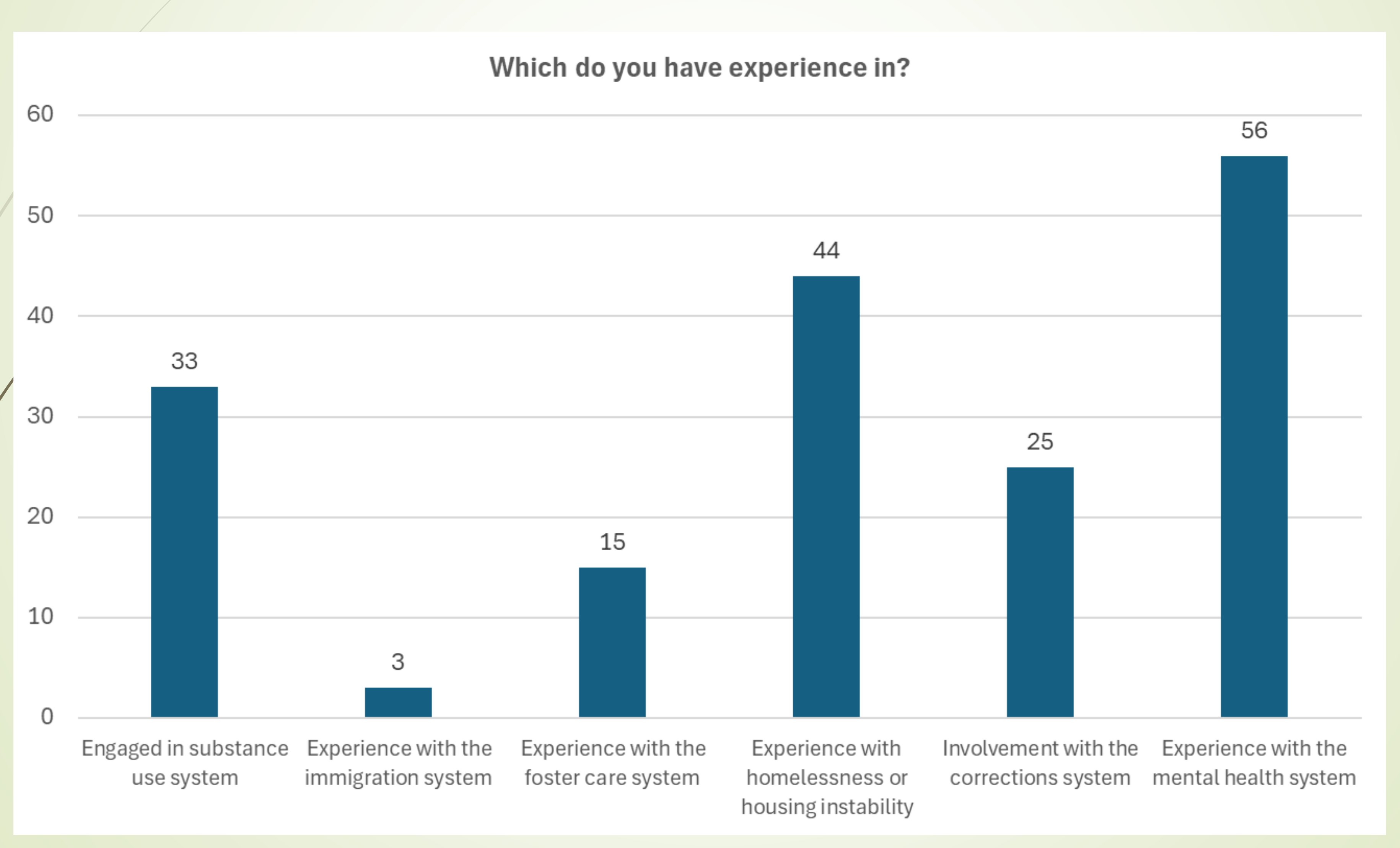
# Who did we hear from?

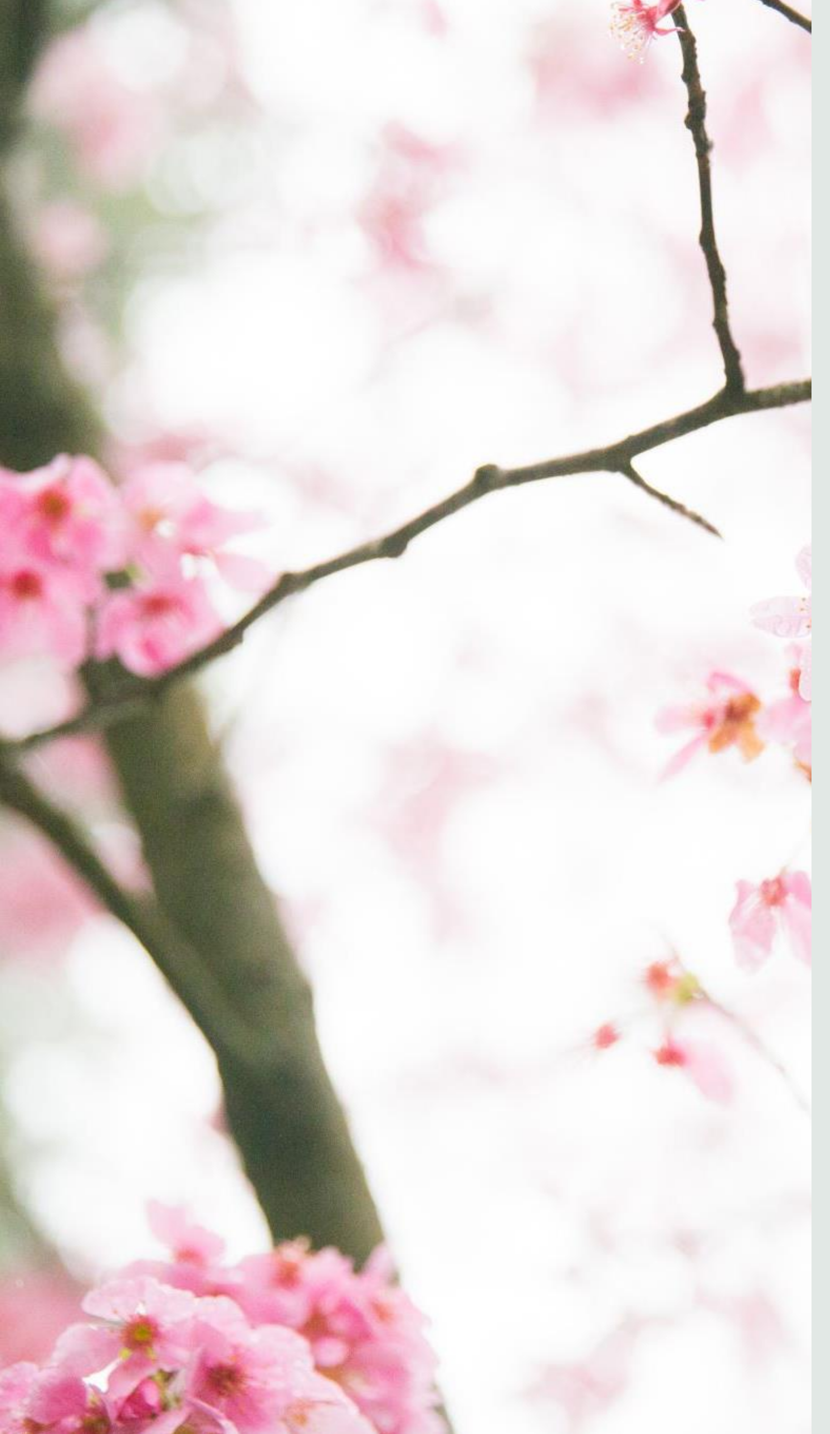
**SERVICES ACCESSED, IDENTITY - Count**



# Who did we hear from?

**EXPERIENCE WITH SYSTEMS - Count**





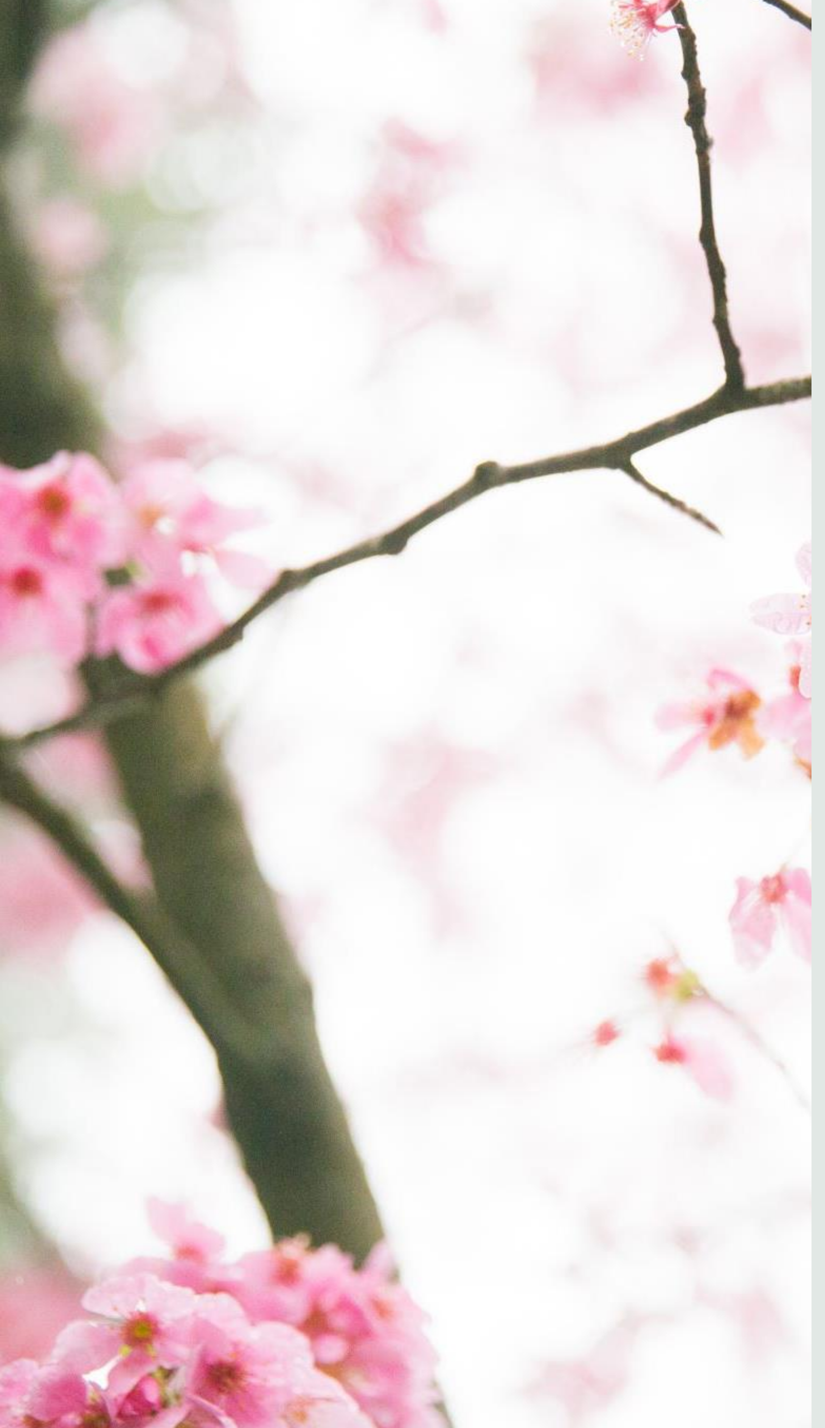
# QUESTIONS & DISCUSSION

**#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)**
- **Community Opportunities**
- **Presentations and Discussions:**
  - ***CRIS Committee Update***
  - ***Lived Experience Subcommittee – What's Next***
  - ***Lived Experience Stories to Inform System Improvements***
- **To share your lived experience story at the CRIS mtg, let us know in chat or e-mail:**
  - ***npinson@healthmanagement.com***
- **Next meeting: Tuesday, 11/12/2024, 1:00–3:00 PM**