
Svagat hain
Aloha
Bula
Croeso
Karibu
Wolkom
Hosgeldiniz
Yokoso
Welkom
Welkom
Mensooree
Welcome
Hwangyong-hamnida
Willkommen
Velkommen
Croeso
Bula
Welcome
Salve
Walcome
Bienvenido
Welkom
Vitej
Valkommen
Salve
Tuloy ka
Vitej
Mrehba
Shagatom
Yokoso
Velkommen
Foonging
Bula
Salve
Bienvenue
Welcome
Vitej
Bienvenido
Bon bini
Ahlan'wa Sahlab
Bula
Horas
Benvenuto
Bem Vindo
Shalom
Pobro Pozalovati
Bine ati venit
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:**
  - ***Lived Experience Stories to Inform System Improvements***
  - ~~***Voices We Have Not Heard From***~~
  - ***HCA OCVE: Office of Community Voices & Empowerment***
  - ***Future of the Lived Experience Subcommittee***
- **Open Discussion**
- **Next LE mtg: Monday, 12/09/2024, 1:00–3:00 pm**

Final meeting of 2024

December 9th Mon 1-3 pm

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:

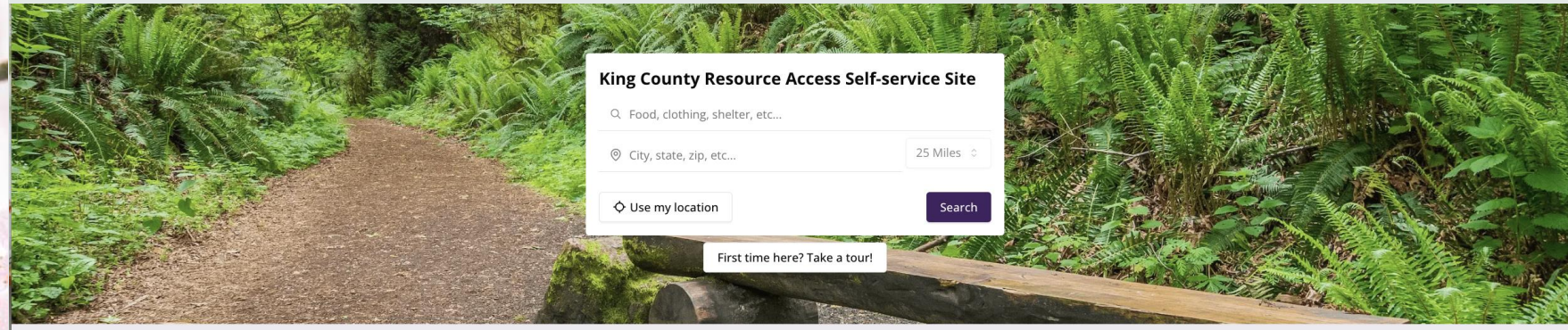
1) Presentations & discussions related to specific topics with time to interact w presenter. Please keep your questions and comments on topic while in this portion of the meeting. To honor everyone who attends we may need to interrupt and ask you to hold off topic comments/ questions until later in the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

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

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.

WSCC: Washington State Community Connectors – Substance use disorder family navigator training

https://wsccsupport.org/family-navigator-training/

Washington State Community Connectors (WSCC) and partners have developed a training to 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. Participants will learn about up-to-date information around SUD, addiction and its effects on the adolescent brain, skills for families navigating their relationship with someone with SUD, and systems navigation.

This training is grounded in research and information supported by Substance Abuse and Mental Health Services (SAMHSA), including their training and technical assistance partners. A toolkit, including information and resources regarding SUD supports and services specific to Washington State, will be provided as a reference guide for participants.

Training details

The training is a 16-hour course split into 4 days. Attendance is required for all 4 days.

- Register November 18-21from 9 a.m. to 1 p.m. daily
- Register December 2-5 from 9 a.m. to 1 p.m. daily

Please visit WSCC for more information

King County Behavioral Health Online Survey

King County
MIDD Supporting behavioral health and recovery

We Want to Hear From You!

Take the Survey

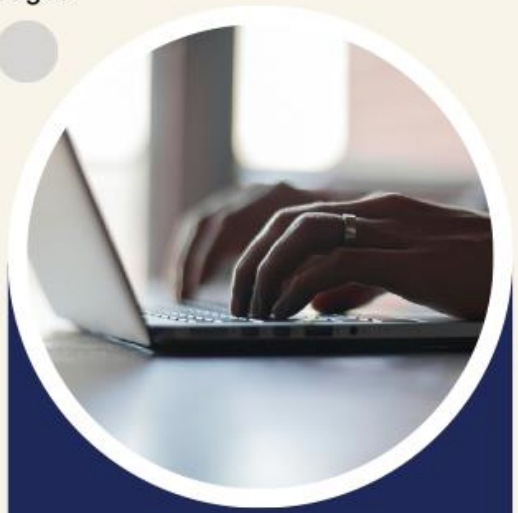
King County's local behavioral health sales tax brings $80 million each year for mental health and substance use programs.

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

King County Developmental Disabilities & Delays Legislative Forum: Thu Nov 21st 6-8.30 pm (FREE)

https://www.eventbrite.com/e/king-county-developmental-disabilities-delays-legislative-forum-tickets-993743572777?aff=oddtdtcreator

King County's Annual Developmental Disabilities and Delays Legislative Forum, hosted by the Developmental Disabilities and Early Childhood Supports Division (DDECSD), is marking its 35th year!

King County Behavioral Health Legislative Forum: Wed Dec 4th 5-8 pm Seattle Center Exhibition Hall

*** Fun activities * Food * Connect w Community * Listen to Lived Experience stories * Talk to your legislators * Listen to county priorities on behavioral health (ALL FREE)**

JOIN US DECEMBER 4!

BEHAVIORAL HEALTH

LEGISLATIVE FORUM

kingcounty.gov/forum-registration

King County

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

INSIGHTS On What Could Be Better

INSIGHTS

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

CRIMINAL JUSTICE SYSTEM (CJS) and **EDs** functioning as primary access points to behavioral health care This may lead to worsening behavioral health outcomes for people. This needs to be mitigated by establishing protocols to divert people from EDs and the CJS to BH care.

When released from the CJS, people have a hard time transitioning to care within the community, which may precipitate a BH crisis and that could lead them back into the CJS. Protocols need to be established to enable a smooth transition for them.

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 because they pay the best, 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.”

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

LET'S TALK…

1. **CRIMINAL JUSTICE SYSTEM** & **EDs** functioning as primary access points to behavioral health care
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APPENDIX

ACRONYMS

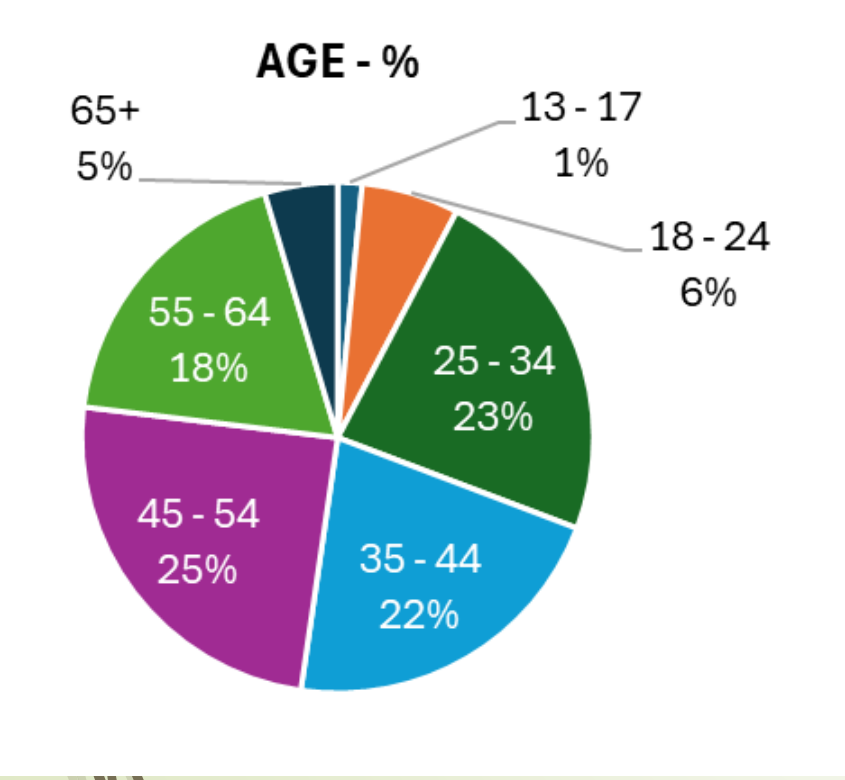
- ADD: Attention Deficit Disorder
- ADL: Activities of Daily Living
- BeST: Behavioral Support Team
- BH: Behavioral Health
- CLIP: Children's Longterm Inpatient Program
- CPS: Child Protective Services
- CJS: Criminal Justice System
- CRIS: Crisis Response Improvement Strategy
- CRHMS: Columbia River 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 Acountability 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

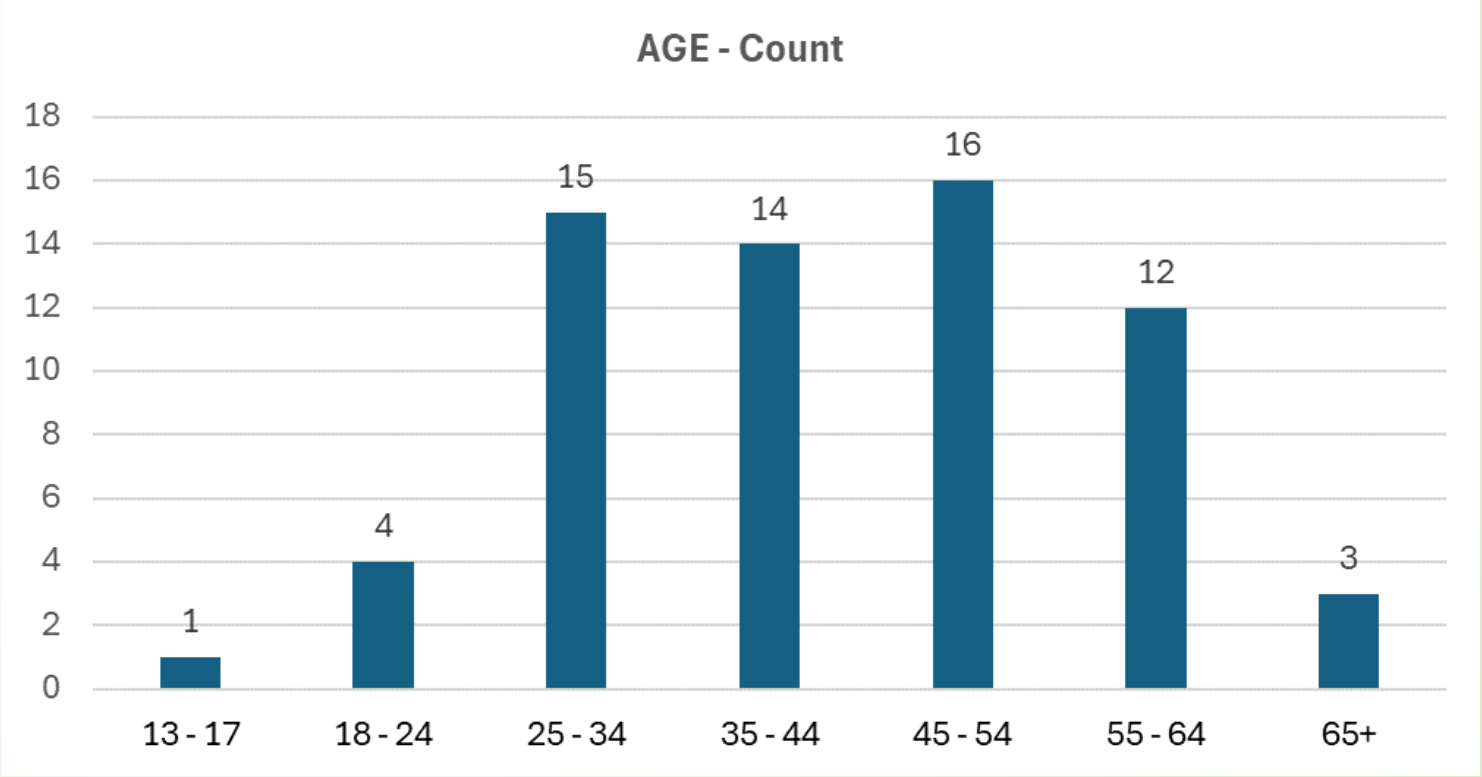
OUTREACH EFFORTS to collect stories

- 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?

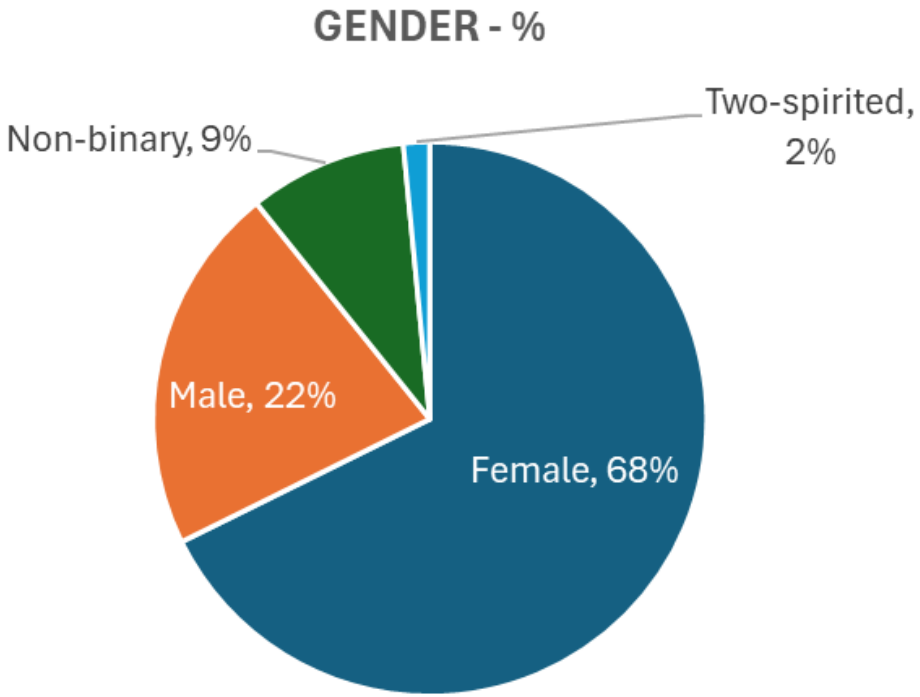
AGE GROUPS - % and Count

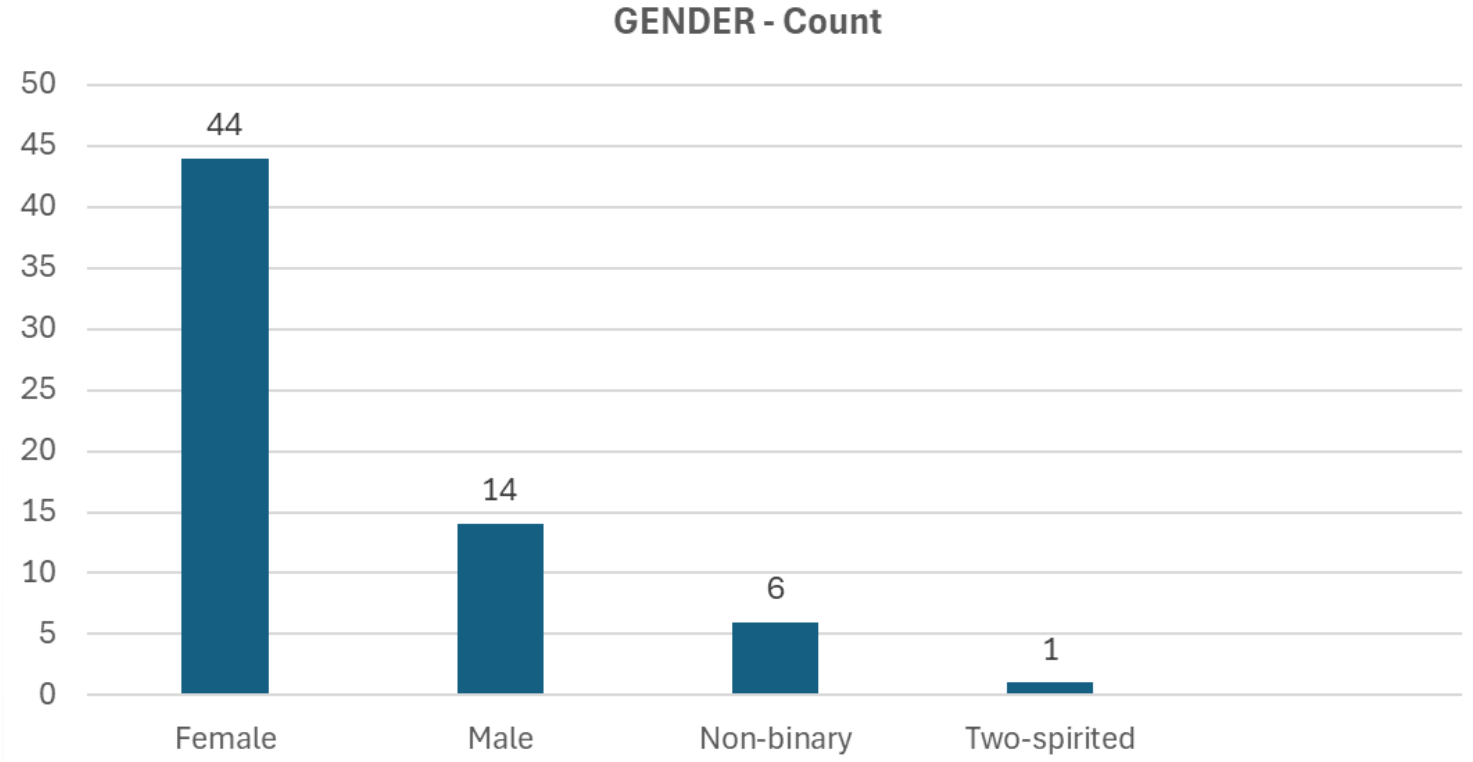




Who did we hear from?

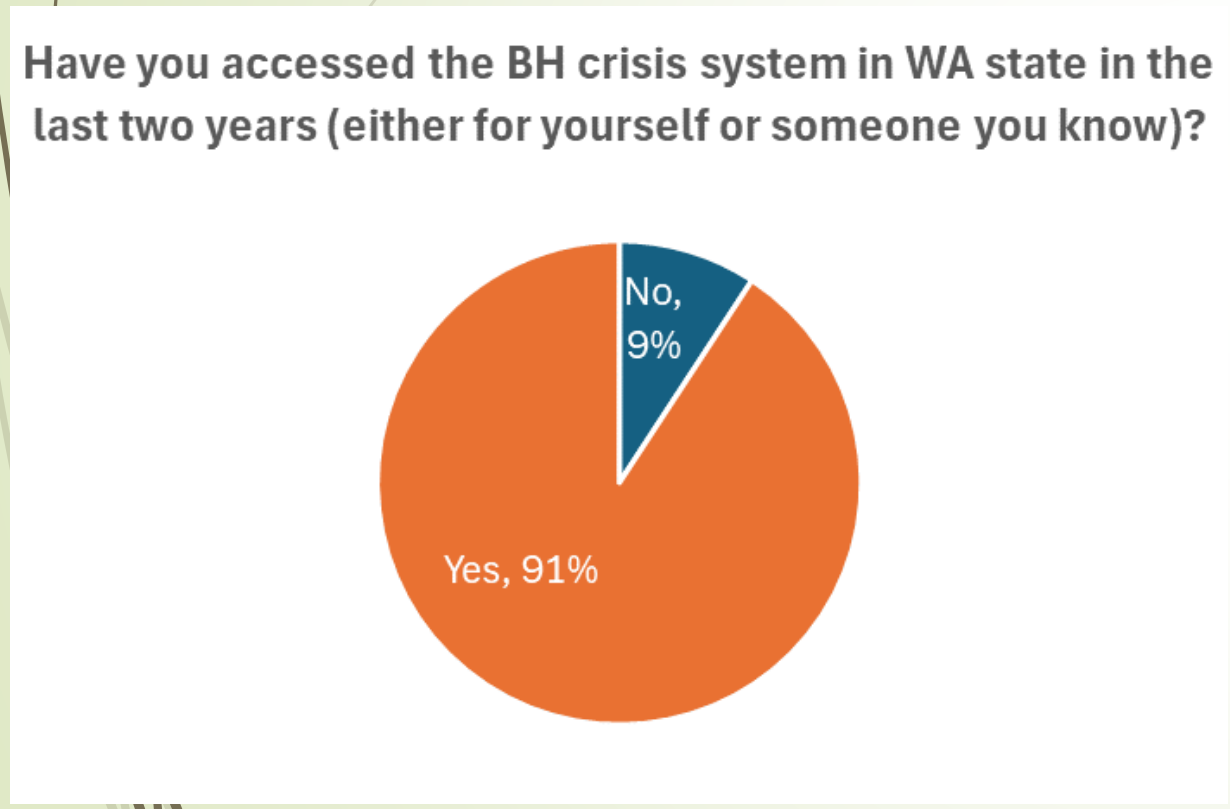
GENDER - % and **Count**

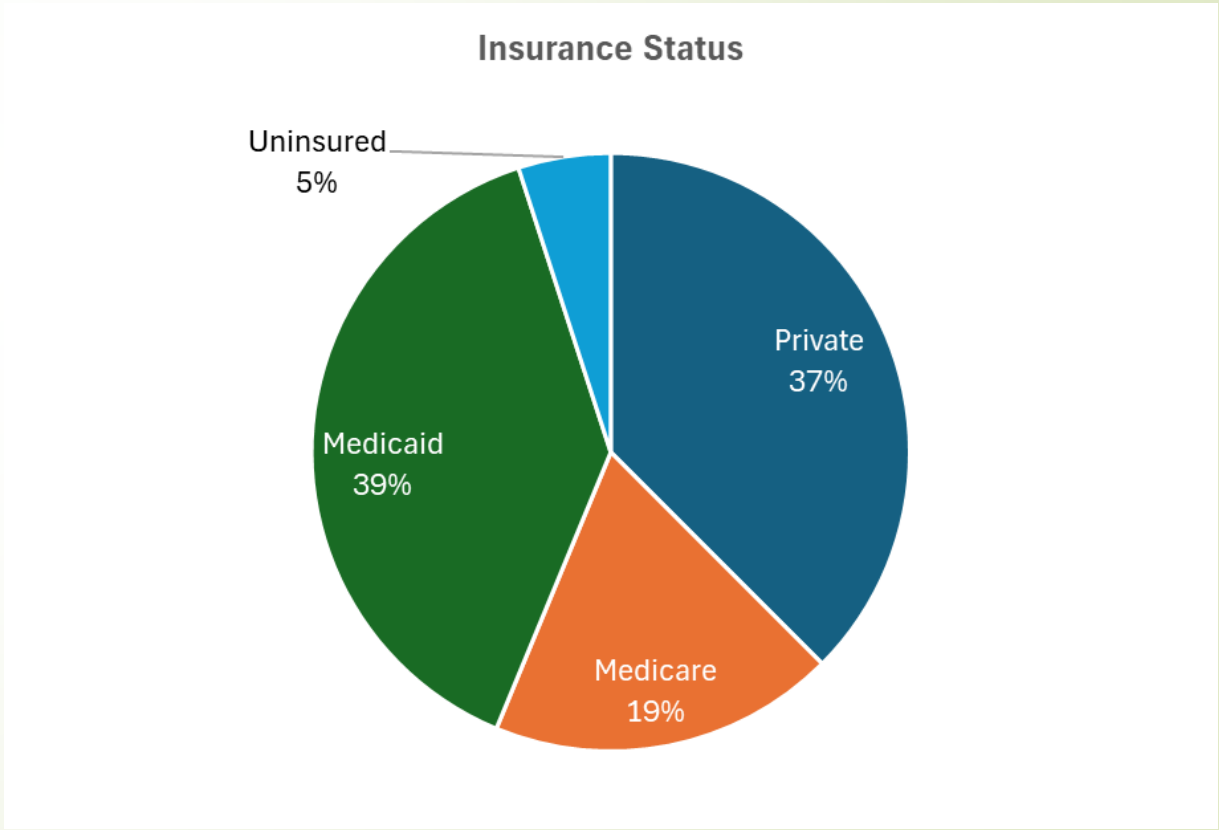




Who did we hear from?

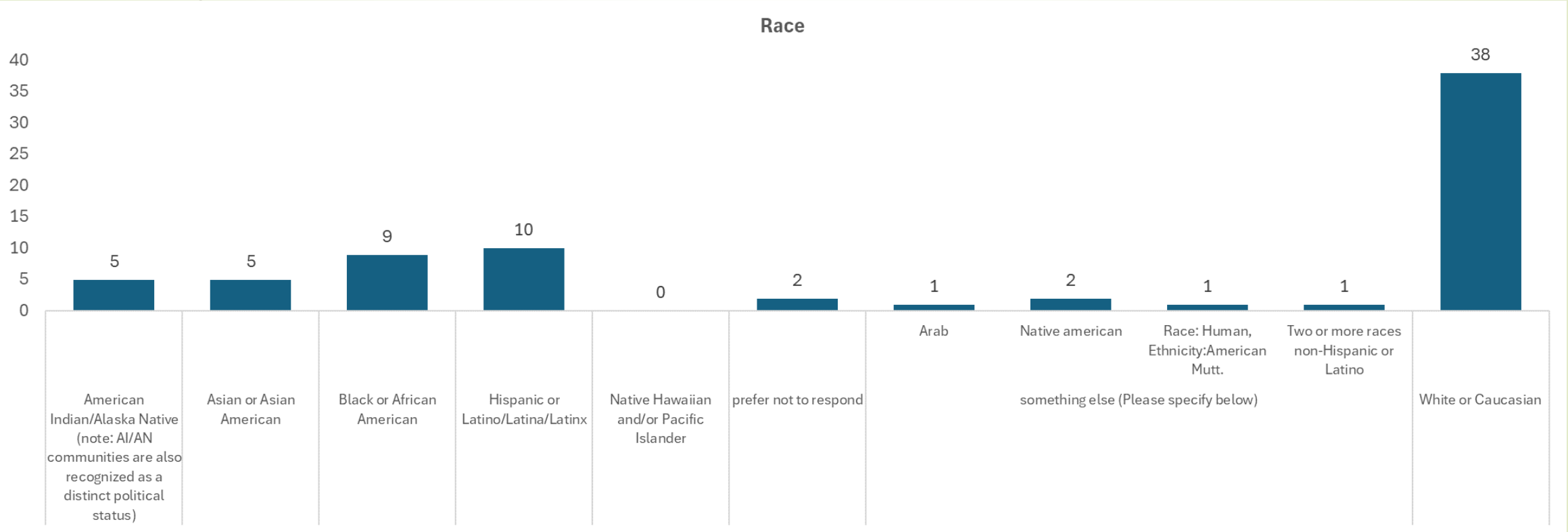
ACCESS WA BH CRISIS SYSTEM, INSURANCE - %





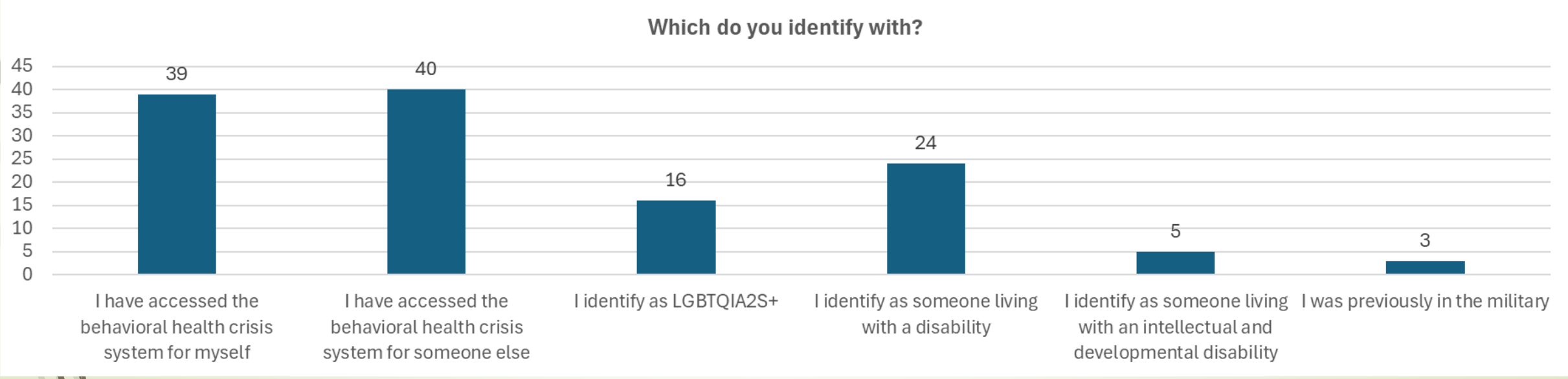
Who did we hear from?

RACE – Count



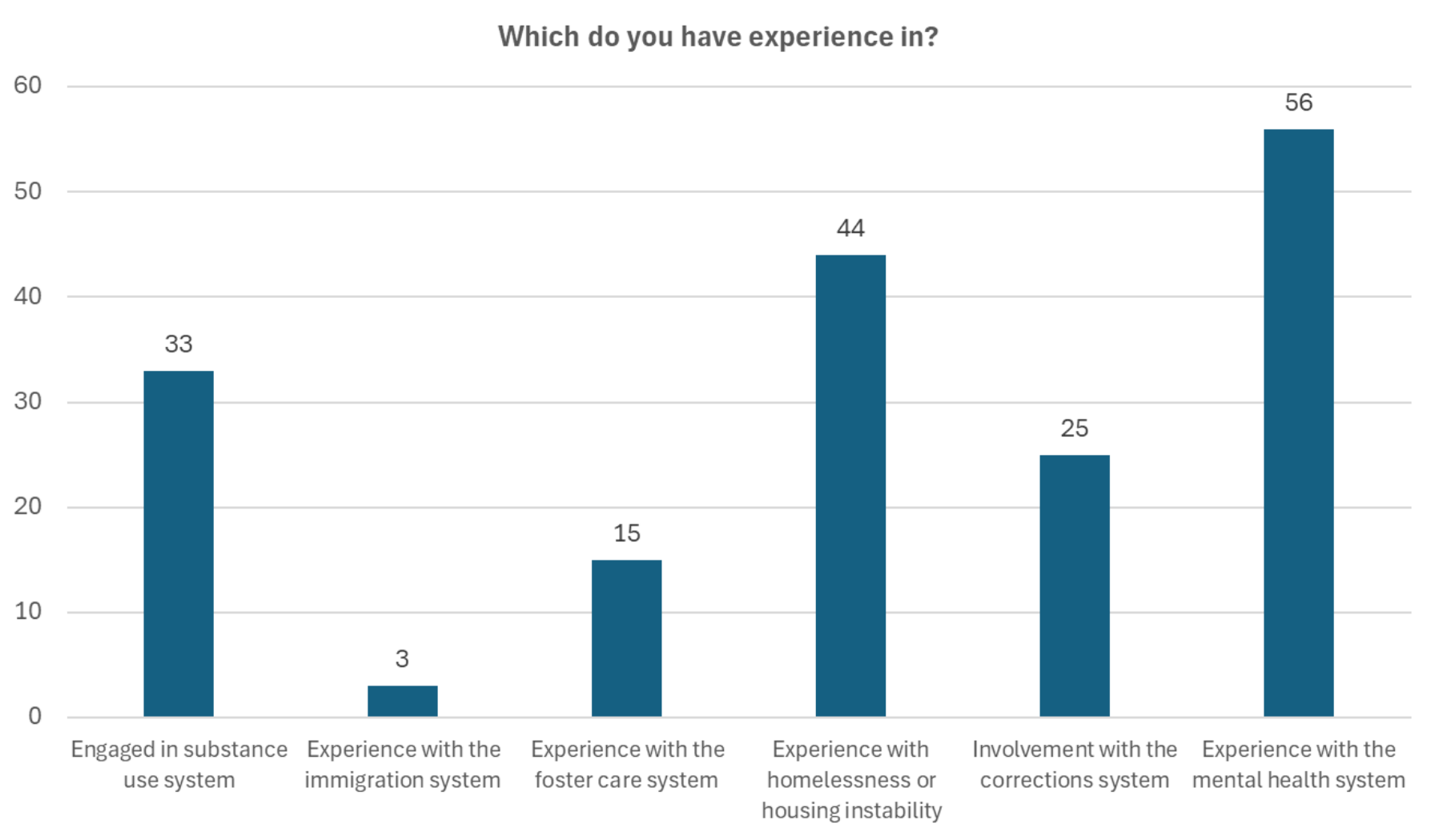
Who did we hear from?

SERVICES ACCESSED, IDENTITY - Count



Who did we hear from?

EXPERIENCE WITH SYSTEMS - Count



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.

HCA Office of Community Voices and Empowerment

Office of Community Voices and Empowerment
Dakota Steel (he/him)
Senior Administrator
email: dakota.steel@hca.wa.gov
cell: 360-622-1958

HCA | Health Care Authority
Community Voices and Empowerment

https://www.hca.wa.gov/about-hca/programs-and-initiatives/behavioral-health-and-recovery/office-community-voices-and-empowerment

https://www.hca.wa.gov/assets/program/office-of-community-voices-empowerment.pdf

https://www.hca.wa.gov/assets/program/ocve-engagement-opportunities.pdf

https://public.govdelivery.com/accounts/WAHCA/subscriber/new?topic_id=WAHCA_407

https://www.youtube.com/playlist?list=PLTGQrGiHUW9U1PtUwrAqAOIV7e6dLW7Gq

QUESTIONS & DISCUSSION



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

We <u>Work</u> - We <u>Rest</u>

We <u>Take Turns</u>!

We do it <u>Together</u>!

WHAT WE COVERED

- **What is CRIS (Crisis Response Improvement Strategy)**
- **Community Opportunities**
- **Presentations and Discussions:**
  - ***Lived Experience Stories to Inform System Improvements***
  - ***HCA OCVE: Office of Community Voices & Empowerment***
  - ***Future of the Lived Experience Subcommittee***
- **Open Discussion**
- **Next LE mtg: Monday, 12/09/2024, 1:00-3:00 pm**