

Nomination form

Children and Youth Behavioral Health Work Group

Nominations must be received by Wednesday, May 8, 2024.

To nominate yourself for membership on the Children & Youth Behavioral Health Work Group (CYBHWG), please send an email answering the following questions to amber.leaders@gov.wa.gov and cybhwg@hca.wa.gov.

If you are nominating someone else, please send their names to these same email addresses sharing why you think they should be on the CYBHWG and cc them on your nomination email! 😊

YOUTH & YOUNG ADULTS

1. Name, address, phone number and email address
2. Age
3. In a few sentences, share why you are interested in being on the CYBHWG and, to the extent you are willing to share, why you are a good candidate for a position on the committee as a youth or young adult with lived experience.
4. What issues related to the behavioral health of children, youth, young people, and their families are you most concerned with?

Optional

5. Please describe your:
 - your racial and ethnic identity
 - gender identity and/or sexual orientation
 - disability status

PARENTS & CAREGIVERS OF CHILDREN AGE 5 OR YOUNGER

1. Name address, phone number, and email address
2. In a few sentences, share why you are interested in being on the CYBHWG and, to the extent you are willing to share, why you are a good candidate for a position on the committee as a parent or caregiver with lived experience.
3. What issues related to the behavioral health of children, youth, young people, and their families are you most concerned with?

Optional

4. Please describe your:
 - your racial and ethnic identity
 - gender identity and/or sexual orientation
 - disability status

SYSTEM PARTNERS (Culturally responsive providers and ESD reps)

1. Name address, phone number, and email address
2. Employer and/or organization(s) you are affiliated with
3. In a few sentences, share why you are interested in being on the CYBHWG and, to the extent you are willing to share, why you are a good candidate for a position on the work group.
4. What issues related to the behavioral health of children, youth, young people, and their families are you most concerned with?

Optional

5. Please describe your:
 - your racial and ethnic identity
 - gender identity and/or sexual orientation
 - disability status