

Children and Youth Behavioral Health Work Group (CYBHWG)

Friday, May 14, 2021
8:00 – 11:00 a.m.

Members					
<input checked="" type="checkbox"/>	Representative Lisa Callan, Co-Chair	<input checked="" type="checkbox"/>	Summer Hammons	<input type="checkbox"/>	Cindy Myers
<input checked="" type="checkbox"/>	MaryAnne Lindeblad, Co-Chair	<input checked="" type="checkbox"/>	Dr. Robert Hilt	<input checked="" type="checkbox"/>	Michele Roberts
<input checked="" type="checkbox"/>	Dr. Avanti Bergquist	<input checked="" type="checkbox"/>	Kristin Houser	<input type="checkbox"/>	Joel Ryan
<input checked="" type="checkbox"/>	Tony Bowie	<input checked="" type="checkbox"/>	Avreayl Jacobson	<input checked="" type="checkbox"/>	Noah Seidel
<input checked="" type="checkbox"/>	Representative Michelle Caldier	<input checked="" type="checkbox"/>	Kim Justice	<input checked="" type="checkbox"/>	Mary Stone-Smith
<input checked="" type="checkbox"/>	Diana Cockrell	<input checked="" type="checkbox"/>	Nichole Jensen (non-voting)	<input type="checkbox"/>	Representative My-Linh Thai
<input checked="" type="checkbox"/>	Senator Jeannie Darneille	<input type="checkbox"/>	Andrew Joseph, Jr.	<input checked="" type="checkbox"/>	Jim Theofelis
<input checked="" type="checkbox"/>	Jamie Elzea & Bridget Lecheile	<input checked="" type="checkbox"/>	Michelle Karnath	<input checked="" type="checkbox"/>	Dr. Eric Trupin
<input checked="" type="checkbox"/>	Representative Carolyn Eslick	<input checked="" type="checkbox"/>	Judy King	<input checked="" type="checkbox"/>	Senator Judy Warnick
<input checked="" type="checkbox"/>	Dr. Thatcher Felt	<input checked="" type="checkbox"/>	Sarah Kwiatkowski	<input checked="" type="checkbox"/>	Mandy Weeks-Green
<input checked="" type="checkbox"/>	Tory Gildred	<input checked="" type="checkbox"/>	Amber Leaders	<input checked="" type="checkbox"/>	Lillian Williamson
<input checked="" type="checkbox"/>	Camille Goldy	<input checked="" type="checkbox"/>	Laurie Lippold	<input checked="" type="checkbox"/>	Dr. Larry Wissow
<input checked="" type="checkbox"/>	Dorothy Gorder	<input type="checkbox"/>	Lauren Magee	<input checked="" type="checkbox"/>	Jackie Yee

#	Agenda Items	Notes
1.	Orientation	<i>For those interested in an overview of the work group, its history, members, and subgroups, see the 1st hour of the TVW recording.</i>
2.	Updates	<p><i>See TVW recording (1:08:50).</i></p> <p>Jamie Elzea will be leaving her position as Executive Director of the Washington Association of Infant Mental Health and her role as a member of the CYBHWG. WAIMH will be conducting a search for a new Executive Director. In the meantime, Bridget Lecheile will serve on the work group in an interim capacity.</p> <p><i>Thank you, Jamie, for your extremely effective work educating and advocating for infants, young children and their families!</i></p>
3.	Recommendations for 2021 session – Passed legislation & Next steps Rep. Lisa Callan & MaryAnne Lindeblad	<p><i>See pages 9-11 for summary, pages 17-19 for details. Also: TVW recording (1:17:30)</i></p> <ul style="list-style-type: none"> • Huge focus on behavioral health, including children, youth, and families. • Success or progress made on all of the work group’s recommendations. • Tremendous work by legislators, work group members, and subgroup members! • Next steps: All this legislation has created a huge amount of new work for agencies to implement; this includes the Health Care Authority; Department of Children, Youth and Families; Office of Superintendent of Public Instruction; and others. Will share information as plans are developed.
4.	Update: Emergency Declaration – Surge Planning Mary Beth Brown, Department of Health	<p><i>See page 13 and TVW recording (1:37:00)</i></p> <ul style="list-style-type: none"> • Northwest Health Care Response team convened groups regarding concerns around addressing inpatient and outpatient services for youth at a disaster pace. • Department of Health will be offering PsySTART (a mental health triage assessment tool) to schools, recruiting and training graduate students in Trauma Focused-Cognitive Behavioral Therapy (TF-CBT), offering TF-CBT training to pediatricians, and matching referred youth to volunteers.

		<ul style="list-style-type: none"> • See page 20 for available resources and page 22 for information about the Youth Communications Campaign. • Did not receive funding for care coordinators/BH navigators through BH-ASOs. • Question: Coordinate with Child Referral Assistance Services for Children and Teens so they can refer to volunteers. <p>Proposed: Do a deeper dive in relevant subgroups re implementation in schools and pediatric practices OR smaller group to work on specifics.</p>
5.	Update: Governor’s Office Amber Leaders	<p>See TVW recording (01:56:06)</p> <ul style="list-style-type: none"> • Governor creating Blue Ribbon Commission on the intersection of the behavioral Health crisis and justice systems, aimed at giving recommendations to reduce or eliminate the criminalization of mental illness and substance use disorder. • Appreciate the work CYBHWG has come up with in response to the Governor’s emergency declaration. Looking at how to move these efforts forward.
6.	Vision and Mission Review	<p>See page 14 and TVW recording (2:01:50)</p> <p>Discussion:</p> <ul style="list-style-type: none"> • ...have timely access to high-quality behavioral health care when and where they need it. • ...accessible and engaging... • Add language about normalizing needing BH services as part of being a healthy human being. • Emphasize youth voice more strongly. • Deep dive around race equity in behavioral health. • Family role. • Lived experience. <p>Next steps: People can send comments/suggestions to cybhwg@hca.wa.gov. Co-chairs will come back with recommended changes at June meeting.</p>
7.	Public comment	<p>See TVW recording (2:09:23)</p> <ul style="list-style-type: none"> • Jim Mazza (UW faculty, School Psychology & Suicidology): Developed curriculum teaching children emotional regulation skills. • Kristin Wiggins (Prenatal through Five Relational Health consultant): Emphasize the importance of family in vision and family and the acknowledgement of relational health and development happening within that relationship for infants and very young children.
8.	Subgroup reports	<p>See TVW recording (2:12:30)</p> <p>Workforce & Rates – Laurie Lippold & Hugh Ewart</p> <ul style="list-style-type: none"> • Coordinating with other groups, especially the Workforce Board. • Surge recommendations – one-time vs longer-term solutions to advance. • Look at how to coordinate with other subgroups since workforce issues are present within every area. Is there a role for this subgroup? • Rates and network adequacy continue to be key issues. How to truly get to what is an adequate network? What are the barriers to developing reasonable provider rates that allow people to stay in the field? • Continuing unresolved issues re implementation on passed items, e.g. paperwork.

		<p><i>Prenatal through Five Relational Health – Jamie Elzea</i></p> <ul style="list-style-type: none"> • Continue strong coordination between the subgroups. • How can we follow up to make sure implementation really addresses intention of legislation? • How can we create sustainable funding for work that has been funded through federal funds? • Adopt policies for entire work group to acknowledge, compensate, and honor parents’ participation and sustained voice in this work. <p><i>School-based Behavioral Health & Suicide Prevention – Mark McKechnie</i></p> <ul style="list-style-type: none"> • Gathering information about all the systems supporting BH in schools. • Very large system; efforts to change are expensive (only partially funded). • Since adequate staffing of teachers has been addressed, now focusing on other positions, including counselors and social works. • Adding .5 FTE for school counselors in high-needs schools beginning in 2022-23 school year. • Expect more work on staffing, including the role of school social workers; multi-tiered systems and supports (MTSS). <p><i>Youth & Young Adult Continuum of Care – Representative Lauren Davis</i></p> <ul style="list-style-type: none"> • Will be looking at adding tri-leads, continuing and expanding youth engagement and participation in the subgroup. <p><i>Behavioral Health Integration –Sarah Rafton & Kristin Houser</i></p> <ul style="list-style-type: none"> • Focus first on BH integration in primary care. • The more we can have BH in schools and primary care, the more we normalize it. • Emphasis on the importance of universal screening. • Want to understand barriers to making BH in primary care standard for kids.
	<p><i>Work for this interim Rep. Lisa Callan & MaryAnne Lindeblad</i></p>	<ul style="list-style-type: none"> • Full spectrum of care for prenatal to 25 – from prevention to what is the best way to provide these services in an affordable, accessible, equitable way to all Washington residents, including: • Lens on: What does equity look like in this space? (race, developmental disabilities, urban vs. rural, etc.) • Disaster response. • Implementation of passed legislation. • Coverage – Medicaid, private insurance. Also insurance-blind services. • Lived experience – youth and family voice. How to reach out deeply to those who may not be at the table. • Move forward recommendations that move forward our vision. • Deep gratitude to the many who have given their time and energy to this work. <p><i>See page 23 for edited Chat log.</i></p>

Children and Youth Behavioral Health Work Group

May 14, 2021

Work Group Co-Chairs

Representative Lisa Callan

*Washington State Representative
5th Legislative District*

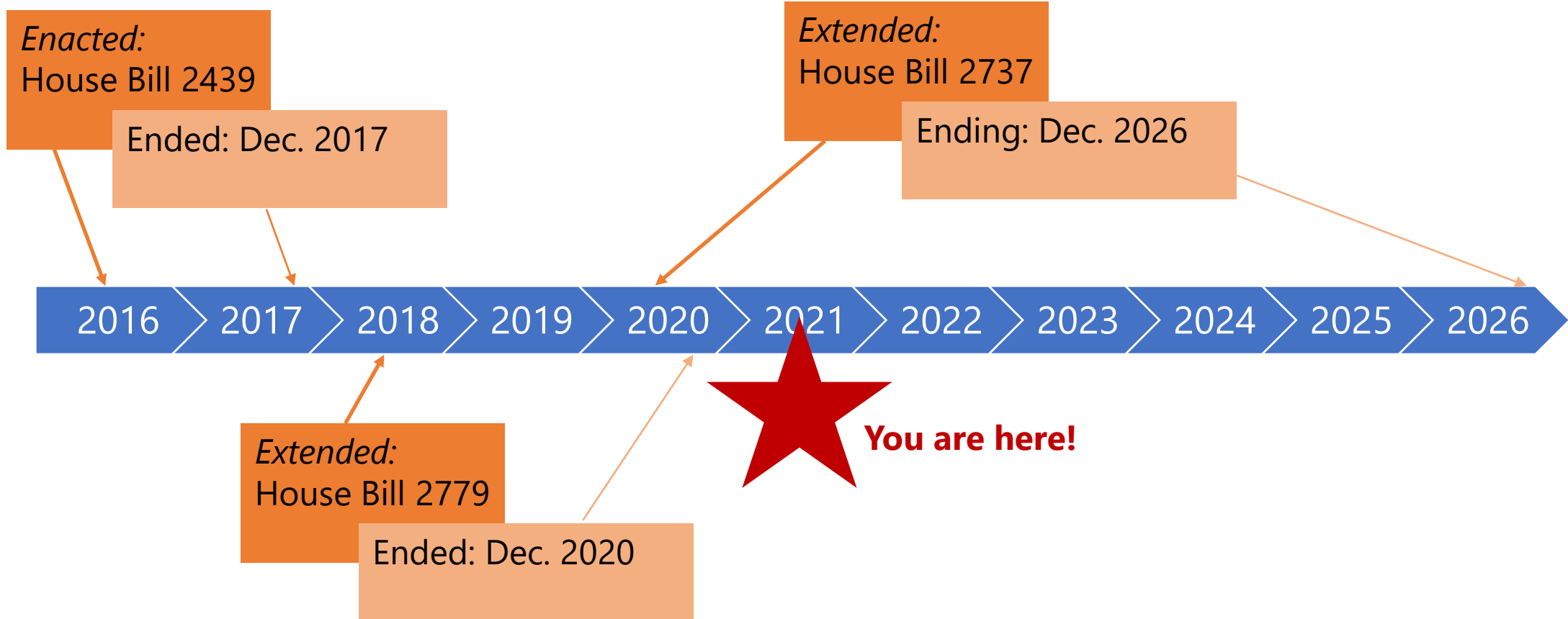
MaryAnne Lindeblad

*Medicaid Director
Health Care Authority*



Children and Youth Behavioral Health Work Group

History



Children and Youth Behavioral Health Work Group

Agenda review

9:00 – 9:25	Agenda Review and announcements
9:25 – 9:45	Update: Recommendations & 2021 legislation
9:45 – 9:55	Update: Emergency declaration – Surge planning
9:55 – 10:15	Review work group vision & mission
10:15 – 10:40	Subgroup reports
10:40 – 10:55	Public comment
10:55 – 11:00	Closing

Children and Youth Behavioral Health Work Group

Recognition



Thank you, Jamie...

- ♥ For your passion, imagination, and tenacity;
- ♥ For educating us on the unique needs of infants and young children, and their families; and
- ♥ For keeping attention to their mental health at the forefront.

Children and Youth Behavioral Health Work Group

2021 legislative session

We saw: A focus on behavioral health – with attention to the critical needs of children, youth, and young adults – and their families.

The results: Legislation addressing nearly all of the work group’s recommendations was passed.

A round of applause for all of you – for your advocacy, wisdom, forward thinking, and commitment to improving access to services for children, youth and young adults.



Children and Youth Behavioral Health Work Group

Prioritized recommendations

Recommendation	Bill	Budget
Increase Medicaid rates		✓
Continue funding for Children's Referral Assistance and PAL for Moms	HB 1325	✓
Expand youth mobile crisis services		✓
Change Medicaid policy to best practices for mental health assessment for ages 0-5	HB 1325	✓
Workgroup to develop a behavioral health teaching clinic enhancement rate		✓
Expand Student Loan Repayment program		✓
Preserve and expand existing investments in infant and early childhood mental health (IECMH) consultation	SB 5237	✓
Establish a complex needs fund to expand access to consultant support for behavioral health challenges of children 0-5	SB 5237	✓
Explore Medicaid waiver options for respite care for youth with BH challenges		✓
Expand availability of and supports for youth and family peer services		↗

Children and Youth Behavioral Health Work Group

Statements of support

Recommendation	Bill	Budget
Development and implementation of a registered BH apprenticeship model.		✓
Address barriers to employment created by background checks.		↗
Support OSPI's Multi-tiered Systems of Support (MTSS) decision package.		↗
Increase staffing levels in schools to support students' social-emotional health.		↗
Support efforts to ensure that quality, affordable childcare is available and accessible.	SB 5237	✓
Development of a state implementation plan for the national 988 behavioral health crisis line.	HB 1477	✓
Support efforts to assess & improve telehealth, including development of best practices for 0-25.		✓
Require continuing education for BH professionals in culturally responsive treatment.	SB 5229	✓
Support Representative Lauren Davis' bill to create a Peer Support Specialist credential.		
Support continued learning from the partial hospitalization/intensive outpatient pilots.		✓
Support efforts to assess and improve telehealth, including developing standards of practice focused on ages 0-25.		✓

Children and Youth Behavioral Health Work Group

Additional 2021 legislation that aligns with work group goals

Legislation objective	Bill	Budget
Funding for Early Childhood Intervention and Prevention Services (ECLIPSE).		✓
Behavioral health enhancements for youth shelters		✓
Health care workforce eligibility for persons with prior involvement with the criminal justice system.	HB 1411	
Health Professional Loan Repayment Program: Dedicates a portion of non-federal funds for demographically underrepresented students.	HB 1504	
Establishment of a behavioral health workforce pilot program, including training support grants.	HB 1504	✓
Increase cap on state match \$ for the Opportunity Scholarship Advanced Degree Pathways program.	HB 1504	✓
Require reimbursement for audio-only telehealth services.	HB 1196	
Develop comprehensive school counseling programs.	SB 5030	✓
Behavioral health workforce task force and advisory committee.		✓
Funding for HCA to contract for a 12-bed Children's Long-Term Inpatient (CLIP) facility specializing in habilitative mental health services for children and youth with intensive BH support needs.		✓
Support for School-Based Health Centers.	HB 1225	✓

Children and Youth Behavioral Health Work Group

Update: Emergency declaration – Surge planning

From the Governor's emergency proclamation:

I also hereby direct our Health Care Authority and Department of Health to immediately begin work on recommendations on how to support the behavioral health needs of our children and youth over the next 6 to 12 months and to address and triage the full spectrum of rising pediatric behavioral health needs.

Children and Youth Behavioral Health Work Group

DOH Behavioral Health Group Update

- Offer PsySTART to schools
- Recruit and train graduate students in Trauma Focused-Cognitive Behavioral Therapy (TF-CBT)
- Offer TF-CBT training to pediatricians
- Match referred youth to volunteers
- Pursue funding for additional activities
- Youth Communications Campaign

Children and Youth Behavioral Health Work Group

Vision and Mission

Vision: Washington's children, youth and young adults have access to high-quality behavioral health care.

Mission: The CYBHWG's work is focused on identifying barriers to and opportunities for accessing behavioral health services and strategies for children, youth and young adults (prenatal to age 25) and their families that are:

- Accessible,
- Effective
- Timely,
- Culturally and linguistically relevant,
- Supported by evidence, and
- Incorporate tailored innovations, as needed.

Children and Youth Behavioral Health Work Group

Subgroups

- Workforce & Rates
Rep. Mari Leavitt, Laurie Lippold & Hugh Ewart
- Prenatal through Five Relational Health
Rep. Debra Entenman, Jamie Elzea, & Bridget Lecheile
- School-based Behavioral Health & Suicide Prevention
Rep. My-Linh Thai & Camille Goldy
- Youth & Young Adult Continuum of Care (YYACC)
Rep. Lauren Davis
- Behavioral Health Integration
Kristin Houser & Sarah Rafton

Children and Youth Behavioral Health Work Group

Key dates

Wednesday, May 26, Noon to 1 p.m.

Join us to learn more about *TRANSFORM – **T**rauma and **R**acism **A**ddressed by **N**avigating **S**ystemic **F**orms of **O**ppression using **R**esilience **M**ethods.*

Dr. Won-Fong Lau Johnson, Director of the National Center for Child Traumatic Stress, and other members of the development team, will share their work developing a holistic and culturally responsive learning tool for youth and adults to address trauma, racism, and the intersection of the two.

Wednesday, June 16, 2 to 5 p.m.

Next Children and Youth Behavioral Health Work Group meeting

Please e-mail cybhwg@hca.wa.gov to be added to the mailing list for these meetings or any of the subgroups.

Children and Youth Behavioral Health WorkGroup

Update: Recommendations for the 2021 legislative session

Prioritized recommendations

Priority 1:

- ✓ Inclusion of the 2020 budget proviso [SB 6168, Sec. 211(78), 2020] to increase Medicaid rates for behavioral health services to retain workforce and ensure access. (Passed in 2020 legislative session for 2021 fiscal year; then vetoed as part of pandemic response.)
Senate Bill 5092 (operating budget):
 - \$6.5M General Funds-State (GFS)/\$17.509M total (includes federal funding through Medicaid). For children and adults, increases provider rates for behavioral health services by 15% (not to exceed the Medicaid rate) for individual, family and group therapy related to a primary medical diagnosis; assessment, and other behavioral health supports, effective October 1, 2021.
 - \$17.016M GFS/\$55.041M total. Continue 2% increase in Medicaid reimbursements that was provided in April 2021 to community behavioral health providers contracted through managed care organizations, with HCA employing mechanisms such as directed payment to assure that providers receive these increases.
- ✓ Continue funding the “Washington State Mental Health Referral Service for Children and Teens” which helps families find providers that accept their insurance, and PAL for Moms, which supports physicians treating post-partum depression.
House Bill 1325 establishes these services as permanent programs.
Senate Bill 5092 provides funding:

- ✓ **Priority 2:** Expand youth mobile crisis services statewide and ensure existing teams can meet increased demand.
Senate Bill 5092: \$25.848M GFS/\$38.579M total for adult and youth mobile crisis services.*
A minimum of 6 new youth teams will be established so each region has at least one by June 30, 2022.

- ✓ **Priority 3:** Change Medicaid policy to match best practices for mental health assessment and diagnosis of children 0-5, including allowing 3-5 sessions for intake/assessment, in children’s homes and other natural settings.
House Bill 1325 and Senate Bill 5092 (funding): \$1.079M GF/\$1.257M Total.

- ✓ **Priority 4:** Establish a workgroup to develop a behavioral health teaching clinic enhancement rate.
Senate Bill 5092: \$150K GFS/Total. HCA to convene a work group to develop a recommended teaching clinic enhancement rate for behavioral health agencies training and supervising students and those seeking their certification or license.

Priority 5:

- ✓ Expand the Student Loan Repayment Program and reduce existing barriers within the program.
Senate Bill 5092: \$8.25M GFS/Total. Provides additional funds for behavioral health students.
- ✓ Preserve and expand existing investments in infant and early childhood mental health consultation.
Senate Bill 5092 and the Fair Start Act (Senate Bill 5237): \$2.4M GFS/Total. Adds 6 additional mental health consultants.
- ✓ Establish a complex needs fund to expand access to consultant support for behavioral health challenges of children ages 0-5.
Senate Bill 5092 and the Fair Start Act (Senate Bill 5237): \$5.07 GFS/\$9.674 Total. Includes support for childcare and ECEAP, and early ECEAP providers.

- ✓ **Priority 6:** Direct the Health Care Authority (HCA) to explore Medicaid waiver options for respite care for youth with behavioral health challenges, without adversely impacting the respite waivers for children and youth in the foster care system and for children and families enrolled with the Developmental Disabilities Administration (DDA).
Senate Bill 5092: \$150,000 GFS/Total.
- **Priority 7:** Expand availability of youth and family peer services across the continuum of care, reduce barriers to entry and retention, enhance diversity, and ensure peers are supported in their recovery.
Senate Bill 5092 provides the following (with no specifications around adult vs. children, youth and family peer services):
 - *\$1.762M in one-time funding to maintain and increase resources for peer support programs (adult and youth) and for HCA to contract with an organization to assist with recruitment with a specific focus on black, indigenous and people of color communities.*
 - *\$250,000 for HCA to contract for the development of a specialized 40-hour crisis response training curriculum and conduct at least one statewide training session in FY 2022 and one statewide training session in FY 2023.*
 - *\$500,000 to establish an emotional support program for individuals employed as peer specialists.*

Statements of support and CYBHWG work *(not prioritized)*

- ✓ Work with the Behavioral Health Apprenticeship Coalition to develop and implement a registered behavioral health apprenticeship model.
Senate Bill 5092: \$1.6M GFS/Total for Labor and Industries, in coordination with the Washington State Apprenticeship Training Council, to establish behavioral health apprenticeship programs.
- Engage with and support the Workforce Training and Education Coordinating Board's efforts to address barriers to employment created by background checks.
Senate Bill 5092: \$100,000 GF-Federal for HCA to convene a task force to examine impacts and changes proposed to the use of criminal background checks in behavioral health settings, with the goal of reducing barriers to developing and retaining a robust behavioral health workforce while maintaining patient safety measures.
- Remove clinical barriers to postpartum mood and anxiety screening by supporting the Washington Chapter of the American Academy of Pediatrics' "learning collaborative".
Legislation not required; work is underway.
- Support the Multi-tiered Systems of Support (MTSS) decision package submitted by the Office of Superintendent of Public Instruction (OSPI).
Senate Bill 5092: \$760K GFS/Total (partial funding).
- Increase staffing levels in schools to support students' social-emotional health by supporting the "Building Staffing Capacity to Support Student Well-Being" decision package submitted by OSPI.
Senate Bill 5092: \$51.568M (partial funding). Funding for an additional .5 FTE per prototypical school for high-needs schools, beginning in the 2022-2023 school year.
- Improve transitional care for youth discharging from inpatient behavioral health and juvenile justice settings by supporting the work of the Senate Bill 6560 work group.
No legislation introduced in 2021 legislative session.
- ✓ Support efforts to ensure that quality, affordable childcare is available and accessible (workforce issue).
Senate Bill 5092 and the Fair Start Act (Senate Bill 5237):
 - *Progressively expand eligibility for families for the Working Connections Child Care Program (WCCC) over a six-year period.*
 - *Progressively lowers families' copayments based on income for WCCC over a two-year period.*
 - *As of July 1, 2021, increases childcare subsidy base rates to the 85th percentile of market for licensed or certified providers.*
 - *As of July 1, 2026, expands eligibility for the Early Childhood Education and Assistance Program (ECEAP).*
 - *For the 2021-22 school year, ECEAP rates must be set at a level at least 10% higher than 2019-21 rates.*

- ✓ Support development of a state implementation plan for the national 988 behavioral health crisis line, scheduled to go live in Washington in July 2022.
House Bill 1477 and Senate Bill 5092 (funding). Most funding provided through a telecommunications excise tax. Includes: Development, technology, and operations costs; development and operations of a tribal crisis line; and a requirement, beginning in 2023, that health plans and medical assistance programs provide coverage for next day appointments for enrollees experiencing urgent, symptomatic behavioral health conditions.
- ✓ Support current efforts to assess and improve telehealth, including audio-only, to reduce racial and income disparities in behavioral health service access and ensure that virtual services are clinically effective and provide relief to children and families. Recommend review of data and research focused on prenatal to age 25 and development of standards of practice, with stakeholders, as well as a requirement that providers publicize the Washington Lifeline. (The Washington Lifeline program offers free wireless services and cell phones to low-income families and individuals.)
Senate Bill 5092: \$410,000 GFS/Total for HCA to contract with the Washington State Behavioral Health Institute to review current and emerging data and research and make recommendations related to standards of care and best practices for virtual behavioral health services to children from prenatal stages through age 25.
- ✓ Support legislation requiring continuing education for behavioral health professionals in the provision of culturally responsive treatment.
Senate Bill 5228 and Senate Bill 5092 (funding): \$187K GFS/Total. Requires professions licensed under Title 18 RCW to complete health equity continuing education training at least once every 4 years, using standards and criteria based on available research and evidence.
- Support Representative Lauren Davis' bill to create a Peer Support Specialist credential, allowing peers to serve individuals with commercial insurance and work directly for hospitals and correctional institutions.
- ✓ The CYBHWG continues to support learning from the current partial hospitalization (PH) and intensive outpatient (IOP) pilot about how they may become part of the service continuum. (Added 12/23/2020.)
Senate Bill 5092: 8.5M GFS/Total to expand capacity for the Intensive Outpatient/Partial Hospitalization pilots.

Youth Behavioral Health

Available Resources

- 1) [COVID-19 Behavioral Health Toolbox for Families](#)
- 2) [Behavioral Health Group Impact Reference Guide](#): section on [families and children](#)
- 3) Infographics:
 - a. [Helping kids to wear cloth face coverings](#)
 - b. [Supporting kids and teens during coronavirus](#)
 - c. [Young adults](#)
- 4) Supporting Young Adults in College through COVID-19: A Guide for Parents, Educators, Mentors and Counselors
 - a. English, [8.5x11](#) or [11x17](#)
 - b. Spanish, [8.5x11](#) or [11x17](#)
- 5) Blog: [Coming of age in a pandemic \(August 7, 2020\)](#)
- 6) *Coping with COVID* Podcast:
 - a. [Exhausted Families](#) (also a [blog](#))
 - b. [Developing Resilience](#) (also a [blog](#))
 - c. [Healthy Communication](#) (also a [blog](#))
 - d. [Grief and loss](#) (also a [blog](#))
 - e. [Depression and anxiety](#) (also a [blog](#))
- 7) [COVID-19 Guidance for Educators: Recognizing and Reporting Child Abuse and Neglect in Online Education Settings](#): Updated March '21
- 8) Provider alert regarding increased concern of suicide risk in youth during COVID-19 (attached pdf)
- 9) Monthly youth situation reports:
 - a. [April 2021](#)

In Progress Resources

- 1) **Back-to-School THINK Toolbox - Teaching with Healthcare Informed Neurological Strategies for Kids**: This toolbox will provide behavioral health tips and resources on how to navigate some of the emotional responses that educators, coaches, parents, caregivers, and students may experience as they return to in-person school during the COVID-19 pandemic. This resource will help educators and other school staff with their own adjustment to returning to in-person school, as well as parents and caregivers.

Planned Activities

- 1) DOH Youth Behavioral Health Communications Campaign
- 2) Offer PsySTART to schools
- 3) Train and deploy graduate students to offer Trauma-Focused Cognitive Behavioral Therapy
- 4) Seek funding to implement other BH Youth Surge recommendations

Presentations

The Behavioral Health Strike Team offers presentations upon request.

Training

- 1) **Health Support Team (HST):** Designed to enhance peer support for the general public and among all types of workers, including healthcare, behavioral health, social work, customer service, support staff, etc. It provides a behavioral health curriculum specific to disaster response. The training is 3 hours long and can help colleagues provide more informed support to their team.
 - a. 3 pilot youth trainings offered in Dec '20. 23 total participants.
 - b. Offering 2 trainings for young adults in May '21. Conducted outreach to community and technical colleges and 4-year universities.
- 2) **anticipate. plan. cope. (APC):** APC is a 30-minute training designed to assist parents beyond fact sheets as they cope during the COVID-19 pandemic. This training helps inoculate against stress by empowering parents to map and manage challenges proactively.
 - a. 3 pilot train-the-trainer trainings offered Jan-Feb 2021. Attended by K-12 school counselors and social workers. 68 total number of attendees.
 - b. Additional APC train-the-trainer trainings planned for Aug-Sept '21

Youth Mental Health Awareness Campaign

Washington State Coronavirus Response (COVID-19)



Background

The COVID-19 pandemic has deeply impacted the health and well-being of Washingtonians—and young people are most vulnerable. Many are feeling higher levels of stress, anxiety, and hopelessness. Because their brains are still developing these emotions can feel stronger, and because they haven’t had many life experiences yet to put things into perspective, it may feel even more overwhelming. In addition, COVID-19 has forced youth to be apart from important emotional supports like friends, extended family, teachers, and coaches who can help them work through their feelings in healthy ways.

The Washington State Department of Health (DOH) launched campaigns to help youth, ages 12 to 17, through this difficult time by supporting their mental health. These efforts reach youth directly, as well as through their parents/guardians.



Instagram/Snapchat ad

Youth

This campaign recognizes that it’s “okay to not be okay” right now, encourages healthy ways to cope (e.g., meditation, get outdoors, journaling, body movement, etc.), and provides resources for those who need more help. Ads take youth to the *You Can* website, which has blogs on [COVID-19 and mental health](#), [healthy ways to take on stress](#), and [helping a friend in need](#), as well as [videos and other materials for managing stress](#). DOH also developed ads to promote [Teen Link](#), a Washington-based organization that has a free, confidential help line for young people. Youth who are struggling with feelings of stress, anxiety, isolation—or just want to talk with someone—can connect with a trained youth volunteer.

The statewide ad buy reaches youth while they use social media, watch videos, listen to streaming radio, and search for information online.

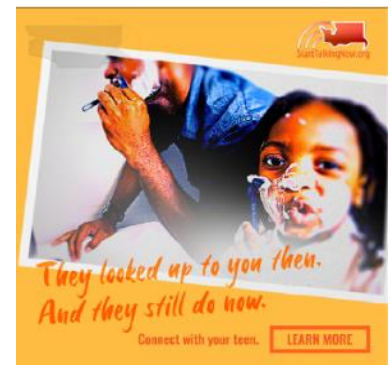
Parents/Guardians

This campaign encourages parents to check in with their teens, talk with them, and help them manage their emotions and deal with stress in healthy ways.



Creative for pizza box topper

The website shares signs of when a teen is struggling, reminds parents to take care of themselves too, and gives resources for additional help. Outreach includes a mix of English and Spanish ads across broadcast and digital radio, social media, digital video platforms, and websites popular with parents.



Facebook ad

To encourage having fun conversations, the campaign partnered with pizza restaurants to share conversation starters on pizza box tops. All ads take parents to [Start Talking Now](#) for more information. Social content and a flyer with campaign messaging will be available in multiple languages.

5/14/21 CYBHWG Chat Log – Edited

Emergency Declaration – Surge Planning

- The Youth Communications Campaign would be a great thing to share with CYBHWG.
- One possibility would be to do this at least for some practices in the context of a learning collaborative that would allow practices to do the adaptation.
- Another option, in terms of training primary care providers on TF-CBT, is to continue to build focus and infrastructure around Trauma Informed Approaches training for Primary Care. Coordinated Care has been working on the through our Foster Care Centers of Excellence (COE), currently Harborview Pediatrics Clinic and Excelsior Wellness in Spokane, with CHC Tacoma's Foster Care and Adoption Clinic coming online as our 3rd COE in the next month. There is a Foster Care Centers of Excellence Quarterly Provider Collaborative where current Foster Care COE providers and other interested providers are welcome to join, and much of the focus is Trauma Informed Care and sharing best practices

Mission & Vision

- When and where they need it is a great way to say it, Rep. Callan.
- I agree, Rep. Callan. I like your suggestion of adding 'equitable'.
- I love "when and where"
- I think we need to consider how relational health/familial wellbeing could be included.
- Timely is KEY for the vision.
- I think it would be good to specifically call out racial equity
- So hard to overcome some of the barriers Rep. Callan mentioned to get our youth the services they need.
- There is no mention of families, but certainly children's mental health impacts the whole family
- I love the idea of normalizing
- I agree – we must add FAMILY!
- Yes to adding families!
- I also love the idea of adding family/community
- For sure adding families/parents
- I see family mentioned in the mission, but not in the vision. Can we add "and their families" in the vision? I also like to see behavioral health paired with support for well-being.
- Yes...to including family voice
- Possible addition to Visionto high-quality BH supports and care"
- Perhaps support for ensuring the voices of lived experience are present when developing/recommending; specifically the voices of young people who have or are seeking/have experience receiving services
- CI through we added "infants" in the Vision? So it would read 'infants, children, youth....etc.
- Yes! Lived experience and Family voice is critical.
- I agree lived experience is needed and should be supported in this forum. Glad to be here – lots of good information!

- I agree with lived experience. I also vote that relational health applies to all of our children and youth, even beyond infants.
- Yes to stipends – and infrastructure to make it possible seamlessly!

Public Comment

- **James J. Mazza (he, his, him):** If anyone want to read about what the emotion regulation curriculum looks like, here is the link: <https://dbtinschools.com/dbt-steps-a>
- **Kristie Lund, she/her:** Yes, lived experience is an essential voice that needs to be at the table. Totally agree with stipends!
- **Jim Theofelis:** Yes to lived experience! Yes to stipends for parents and young people.
- **Janice Schutz:** This is where family and parent partners can make big difference!

Subgroup reports

If you are interested in joining a subgroup, send us e-mail at cybhwg@hca.wa.gov and we will add you to the mailing list. There is a brief description of each subgroup in the orientation packet.

- **Judy King:** The discussion and linkages and integration is really powerful across promotion, prevention, intervention and treatment.
- **Jamie Elzea:** Sarah, I'm so hopeful for how the integrated health piece can so powerfully support families and babies from the very beginning! I love that this subgroup is launching this year.
- **Avreayl Jacobson:** Thanks Sarah for remembering and uplifting the P-5 family needs and remembering the importance of supporting parents in those early years of life for their newborns and toddlers!
- **Thatcher Felt:** So exciting to hear all the work coming out of the BHI subgroup. This is truly pivotal efforts to improve BH needs in the real world. How great that CYBHWG has added this group to our effort.
- **Jamie Elzea:** Thank you so much Rep Callan and MaryAnne for your ongoing leadership. I really believe this interim has the opportunity for the strongest launch yet for subgroups, and your great insights and supports have and will continue to have a big impact on the work that id one between now and next session.
- **Mary Stone-Smith:** Is it possible to discuss Medicaid BH coverage for undocumented youth? Physical healthcare is covered – Behavioral health is excluded. Many of our farmworker families and others need help for their children and youth. We receive a substantial number of requests for WISE but it is not covered.
- **Jackie Yee:** As a new member I am excited to hear all of these opportunities for our youth and families. I really hope that this work expands and moves us towards to a full spectrum of care for Washington youth impacted by SUD. We are so limited in our resources around residential and detox for our youth...even more so for our youth with co-occurring. I also think fully funding SUD services will help retain staff who leave this field from burn out and heart break.