

**CYBHWG Youth & Young Adult Continuum of Care (YYACC)  
subgroup**

Thursday, September 16, 2021  
4:00 – 5:30 p.m.

Agenda Items	Notes
Introducing Healthy Minds Healthy Futures	<p><b>Peggy Dolane</b></p> <ul style="list-style-type: none"><li>• Healthy Minds Healthy Futures<ul style="list-style-type: none"><li>○ Increasing access to behavioral health services with young adults</li><li>○ Meet every Saturday morning at 10 a.m.; anyone is welcome to stop by and drop in</li></ul></li><li>• Who is this group? What do they believe?<ul style="list-style-type: none"><li>○ A family based behavioral health support group, specifically supporting youth that are most at risk (BIPOC)</li><li>○ Establishes that families are important and critical for the best behavioral health outcomes for youth</li><li>○ No parent should have to relinquish their parental rights for their child to receive the proper behavioral health treatment</li></ul></li><li>• What is Behavioral Health?<ul style="list-style-type: none"><li>○ BH for adults = Recovery (recovery from mental illness + substance use disorder)</li><li>○ Children do not recover; they develop in their lives with the behavioral health issue</li><li>○ Schools often get left out of the discussion table/groups in regards to behavioral health for youth, but it is important to try to get them to be a part of the discussion</li></ul></li><li>• What impacts development of emotional regulation?<ul style="list-style-type: none"><li>○ How do we motivate a student to stay in school, when they have issues that make it harder for them navigate to the world of school that we have developed?</li></ul></li><li>• 2021 priorities<ul style="list-style-type: none"><li>▪ Parent portal provides on time information and access</li><li>▪ Family centered care</li><li>▪ Safe transition to adult independence</li><li>▪ No youth jail (evaluation and placement to replace youth correction facilities)</li></ul></li><li>• Ideal Future State: Access and infrastructure</li></ul>

	<ul style="list-style-type: none"> <li>○ Website to best direct parents in need to the numbers to provide them access to resources they can use (Parent Portal and Tool Kit)</li> <li>○ SB 5412: Family Care Act</li> <li>○ Need to have a whole family assessment not just the child</li> <li>○ Treatment for the whole family is treatment for the child</li> <li>○ Will review policies that include the right to have a family for a child</li> <li>○ How do we create united policies with so many oversight committees working separately?</li> <li>● Future Vision             <ul style="list-style-type: none"> <li>○ Bridge between ages 13 and 25; brain not developed until age 25.</li> <li>○ Parent portal &amp; tool kit:</li> <li>○ How do we get access to free resources – like books.</li> <li>○ Parenting resources.</li> <li>○ Chatbot: How do you know which number to call?</li> <li>○ Child Referral Assist – people don’t know about it. What if people don’t need to be on a waiting list because they could go to the schools for help?</li> <li>○ If you filled stuff out, what if you could have it sent to your primary care provider so you didn’t have to repeat it?</li> </ul> </li> </ul> <p><b>Discussion</b></p> <ul style="list-style-type: none"> <li>● 35% of kids who have experienced trauma have IEPs.</li> <li>● System set up for kids who are normal functioning; how do we meet the needs of kids who aren’t typically functioning?</li> <li>● Parent group – 1000+ - Facebook – parents who feel they are not getting help for their children.</li> <li>● Success story: More beds (Monroe) – crisis responders informed in FIT; hospital released youth suicidal for 12 hours or more, Insurance approved. Doctor recommended. Family supported.</li> <li>● 82 beds; 295 school districts – what if there were 295 placement centers outside of the home that would keep people in schools.</li> </ul>
<p>Survey results (Google doc)</p>	<p><b>Survey Results (Google Docs)</b>  <i>See page 30 for survey results.</i></p> <ul style="list-style-type: none"> <li>● 13 responses total to the survey</li> </ul>
<p>Breakout groups</p>	<p>What’s your top priority for YYACC recommendations for the 2022 legislative session?</p> <p><b>Breakout Group 1</b></p> <ul style="list-style-type: none"> <li>● Somewhere youth can go for a break with counseling support, outdoor recreation, a place where they can stabilize and get away from family system</li> <li>● Support for family reconciliation</li> <li>● Not discharging youth from behavioral health care into homelessness</li> </ul>

- Increasing Children’s Long-term Inpatient Program (CLIP) services
- Ongoing issues with age of consent and a parent not being able to help a youth
- System change on peer coordination of the Behavioral Health system, required for any Behavioral Health system support that they would always document everything about you and that organization can link together
  - Close link referral, whenever a patient is seen, primary care has to be notified and this helps address the problem of the revolving door

**Breakout Group 2**

- Impact of deinstitutionalization, sending kids out of state, encouraging parents for voluntary placement but there’s no place for kids to go. Children’s Justice Conference – liked the idea of a Chatbot. Agencies need external facing systems. Automate crisis response system. Create an auto ad that comes up if you have location info.
- Anxious to see the implementation of family resource centers. Loop info back to primary care so we knew all the resources the child received in the past. Would give us a huge advantage in helping that child and family. Google search – family resource center.
- Collaborate with BHI group.

**Breakout Group 3**

- Step down housing ( MH Recovery Housing) with appropriate/comprehensive services similar to group home setting that JR uses and available to all youth not just those in DCYF services
- Age of consent barriers---it is difficult for parents to help/support/collaborate with providers when their child turns 13 and can refuse to sign a ROI and/or refuse care
- Wraparound with Intensive Services (WISe) is not enough. Only available for those on Medicaid. Needs to be more accessible. Providing wraparound services could be an option that doesn’t require a crisis to access and is not solely based on having a diagnosis.
- Peer services (both parent and youth) are critical and needed at all levels of care.

**Breakout Group 4**

- Some kids end up going back to the same community, or returning to home, which is not a good place for them; same triggers are there.
- What does family crisis look like for the whole family? Must treat the whole family.
- Hard to balance homelessness, look at the cause and then apply appropriate resources.
- Important to keep natural supports – same support through whole process.

<p>Whole group discussion</p>	<ul style="list-style-type: none"> <li>• Tie respite beds to families with homelessness.</li> </ul> <p><b>Group 1:</b></p> <ul style="list-style-type: none"> <li>▪ Universal access to Dialectical Behavior Therapy (DBT)</li> <li>▪ Fixing WISE and CORRS</li> <li>▪ Yes to improving communications</li> <li>▪ Some place that youth could go for a break from family – counseling support, outdoor rec, ping pong tables, less clinical setting where they could stabilize.</li> <li>▪ Support for family reconciliation.</li> <li>▪ SB 6560 work – not discharging youth into homelessness.</li> </ul> <p><b>Group 2:</b></p> <ul style="list-style-type: none"> <li>▪ Step-down housing with array of services for reentry into community (like moving from JR to a group home).</li> <li>▪ Ongoing issues with age of consent – parents not being able to get help for young person.</li> <li>▪ WISE sometimes not enough.</li> <li>▪ Workforce shortage – could we also include a model where you don't have to get to this breaking point to get services? Not just Medicaid.</li> <li>▪ Wrap-around program for kids who don't have a diagnosis.</li> <li>▪ Need more youth and parent peers.</li> </ul> <p><b>Group 3:</b></p> <ul style="list-style-type: none"> <li>▪ Increase in tech services – ad space in Google – auto ad to show resources in your area.</li> <li>▪ Two items on pie chart for BH services to address homelessness and housing for those exiting.</li> <li>▪ System change – based on IT and communication – care coordination in BH system so resources someone receives are in shared source. What's your insurance? Do you need an appointment? Closed loop referral. Address revolving door.</li> </ul> <p><b>Group 4:</b></p> <ul style="list-style-type: none"> <li>▪ Focus on homelessness – exiting systems of care – both are linked with respite care</li> </ul> <p><b>Chat:</b></p> <ul style="list-style-type: none"> <li>▪ A safe place for youth to go is important</li> <li>▪ Education and rent support for youth in school is our current model toward independence for youthMatt – Link to safe and supportive transition to stable housing for youth ages 16-25 report:  <a href="https://www.hca.wa.gov/assets/program/safe-and-supportive-transition-for-stable-housing-for-transistion-aged-youth-20210701.pdf">https://www.hca.wa.gov/assets/program/safe-and-supportive-transition-for-stable-housing-for-transistion-aged-youth-20210701.pdf</a></li> </ul>
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*Children and Youth Behavioral Health Work Group – Youth and Young Adult Continuum of Care*

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**Attendees**

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|---|--|
| Kevin Black, Senate Committee Services  | Representative My Linh Thai, Washington State<br>Legislature |
| Rachel Burke, Health Care Authority (HCA)   | Laurie Lippold, Partners for Our Children                    |
| Nicole Calhoun  | Cammie Perretta, HCA   |
| David Callahan, Youth/Young Advocate  | Deborah Pineda   |
| Diana Cockrell, HCA   | Whitney Qeral, DCYF  |
| Representative Lauren Davis, Washington State<br>Legislature                        | Penny Quist, Parent Advocate                                 |
| Matt Davis, Office of Homeless Youth  | Wendy Skarra, DCYF   |
| Peggy Dolane, Parent Advocate   | Jim Theofelis, NorthStar Advocates                           |
| Representative Carolyn Eslick, Washington Legislature                               | Liz Venuto, HCA  |
| Elisa Fu, Department of Children, Youth and<br>Families (DCYF)                      | Nicole Calhoun, Excelsior Wellness Center                    |
| Andrew Hill, Excelsior Wellness Center  | Cindi Wiek, HCA  |
| Charlotte Janovyak, Legislative staff   | Lillian Williamson, Youth/Young adult                        |
| Kim Justice, Office of Homeless Youth   | Cesar Zatarain, HCA  |
| Michelle Karnath, Clark County Juvenile Court,<br>Statewide FYSPRT tri-lead, Parent |  |
| Annette Klinefelter, AKI  |  |

# Introducing



**Healthy Minds**  
**Healthy Futures**

YYACC, September 16, 2021

# Agenda

- ▶ Overview Healthy Minds Healthy Futures
- ▶ Who we are and why we exist
- ▶ 3 Priorities

# We Believe

- Our state lacks a comprehensive family behavioral healthcare **infrastructure** to adequately care for our most vulnerable youth.
- A primary caregiver's right to make **medically necessary decisions** for their minor children must be recognized and supported by those assisting families in their education and healthcare treatment.
- **Youth** have the right to seek treatment without parental consent
- Family-centered/natural support systems are **best practice** for positive life outcomes.
- Parents/primary caregivers are a **critical asset** for recovery.
- Dependent children and young adults develop behavioral health **decision-making capacity on a continuum**; for some vulnerable children standard consequences and corrections do not deter impulsivity
- We need more **trauma-informed residential centers** located in nature and in community, instead of more juvenile jail cells.
- No parent should have to **relinquish their parental rights** for their child to receive adequate behavioral health care.



## We collaborate with:

- ▶ NAMI
- ▶ Washington Recovery Alliance
- ▶ ARC
- ▶ League of Education Voters
- ▶ PAVE
- ▶ SEL for WA
- ▶ Black Lives Matter
- ▶ No Youth Jail
- ▶ WAAA
- ▶ Changes Parent Support Groups
- ▶ Equity in Education Alliance
- ▶ Special Education PTAs
- ▶ FYSPRTs
- ▶ Birth-5
- ▶ Partners for our Children
- ▶ CCYJ
- ▶ WSCC
- ▶ The COPE Project: A Common Voice

# What is Behavioral Health?

Ages 25+

Adults **Recover** from

BH = Mental Illness + Substance Use Disorder  
(including process disorder)

**Say “yes” to recovery!**

▶ Children, Adolescents & Young Adults **develop in stages**

▶ 0-5      safety      pt/ot

▶ 5-12      family skills      SEL

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▶ 13-17      guidance      DBT

▶ 18-25      independence      parent skills

Neuro-atypical **developmental** challenges:

- ▶ Sensory processing disorder/Interoception
- ▶ Anosognosia
- ▶ Attachment disorders
- ▶ Emotional regulation
- ▶ Language processing
- ▶ Executive function delays
- ▶ Trauma

**Service Silos:**

Schools (FAPE/IEP), HCA, NGOs, PCP, DD, JR, ARY, FIT, CHINS, PT/OT, Children’s Clinics, BHRD, DCYF, JR, et al.

# Who falls through the cracks?

developmental capacity for emotional regulation

What impacts  
development of  
emotional regulation?



# Developmental capacity contraindications: diagnoses or life events

- ▶ Behavioral intervention required in school including repeated episodes of school refusal/truancy
- ▶ Eloping incidents (i.e. running away)
- ▶ Illegal substance use of any kind (including tobacco)
- ▶ Perpetrates physical violence in the home or community
- ▶ Preadolescent (9-14) anti-social behavior including oppositional behavior, aggression, theft, physical fighting, fire setting, bullying and vandalism
- ▶ Indications of serious mental health condition onset, ex. dramatic drop in school performance
- ▶ Prior history of hospitalizations or juvenile justice involvement
- ▶ More than one law enforcement intervention
- ▶ Prior suicide attempts, repeated self-harm
- ▶ Behaviors that contribute to unintentional injuries and violence
- ▶ Sexual behaviors related to unintended pregnancy and sexually transmitted infections, including HIV infection and involvement in CSEC outside the home

# Developmental capacity contraindications: diagnoses or life events

- ▶ Attachment Disorders (inc. RAD)
- ▶ FASD or suspected fetal trauma
- ▶ Significant life trauma
- ▶ Foster care placement or adoption
- ▶ Family homelessness
- ▶ Early episode psychosis
- ▶ ODD, DMDD, Conduct Disorder
- ▶ Autism
- ▶ Minor does **not** meet Washington's "Mature Minor Standard" as defined by meeting one or more of these criteria:
  - ▶ The youth is living apart from their parents or guardians and is managing their own affairs
  - ▶ The youth is able to provide reliable information and make important decisions with good insight and judgment
  - ▶ The youth is financially independent from parents or guardians or is involved in a work-training program
  - ▶ The youth has sufficient training and experience to make knowing and intelligent healthcare decisions
  - ▶ The youth demonstrates the general conduct of an adult

# Developmental capacity: caveats

- ▶ There is no prohibition that an adolescent seeking care must have parent consent. This only pertains to Family Initiated Treatment.
- ▶ Not required when the parent refuses involvement, if there are clear clinical indications to the contrary exist and are documented in the treatment record, or if there is identified sexual abuse in home.
- ▶ The minor has been emancipated from the parent for at least 90 days.

# This is what youth “agency” looks like.

A sixteen year old daughter, sister, niece, cousin, granddaughter, and friend “choosing” to live in a tent, outside in the cold with an abusive 27 year old “boyfriend”. She texts her mom to ask if she should go to the hospital for her face. Yet, she is declared capable of declining medical and mental health care without her parents consent or knowledge.

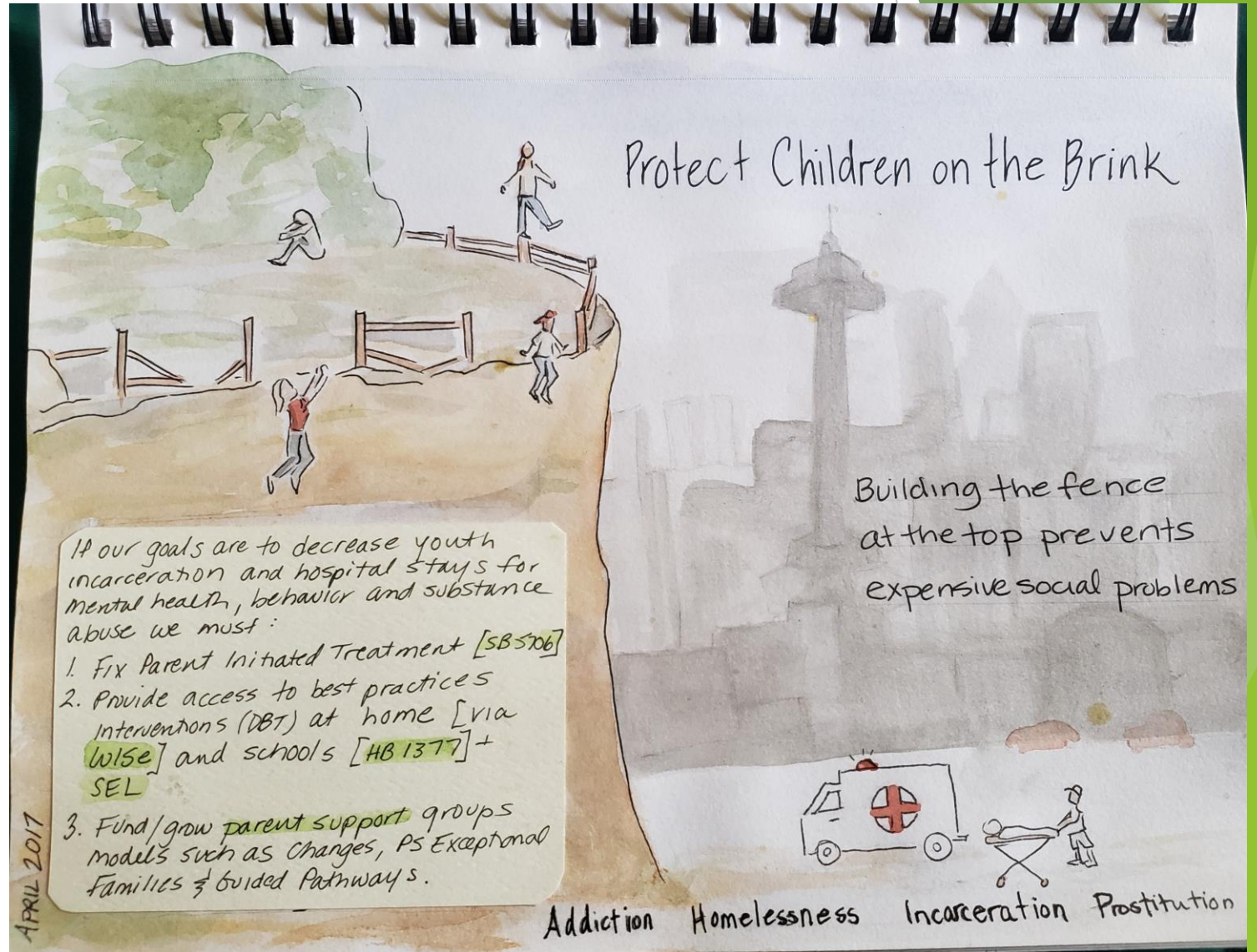
She determines she no longer needs to be hospitalized and is discharged with medication and a follow up plan, after informing medical staff that she will be going back to her tent and most likely not fulfill her follow up because she has the right to decline. Her parents are required to pick her up at the hospital at discharge or be charged with abandonment.



# HMHF Priorities

# BH Infrastructure

Creating a vision for preventative care



# Healthy Minds Healthy Futures

Formerly YBHA-WA <http://bit.ly/YBHA>

Join us in creating a healthy future for Washington State



## 3 Priorities 2021-2022

- Pass Family Care Act: SB 5412
- Reimagine residential treatment (295 beds)
- Build Parent Tool Kit/Access Portal

### Accomplishments to date:

Adolescent Behavioral Health Care Act (HB 1874 & 2883)  
Inclusion of 18-25 in youth behavioral health policy discussions

#### We Believe:

- Our state lacks a comprehensive family behavioral healthcare infrastructure to adequately care for our most vulnerable youth.
- A primary caregiver's right to make medically necessary decisions for their minor children must be recognized and supported by those assisting families in their education and healthcare treatment.
- Youth have the right to seek treatment without parental consent.
- Family-centered/natural support systems are best practice for positive life outcomes. Parents/primary caregivers are a critical asset for recovery.
- Dependent children and young adults develop behavioral health decision-making capacity on a continuum; for some vulnerable children standard consequences and corrections do not deter impulsivity
- We need more trauma-informed residential centers located in nature and in community, instead of more juvenile jail cells.
- No parent should have to relinquish their parental rights for their child to receive adequate behavioral health care.

### 5412 Family Care Act

#### A family in treatment is a child in treatment.

SB 5412 requires child-serving systems to center families in their work. If passed, Health Care Authority (HCA) and DSHS (JJ, DD & CPS) must review policies to ensure they nurture and protect relationships of primary caregivers and their children, helping them develop into independent and safe young adults.

#### Why is this important:

- 18-25 year olds are at the highest risk to develop severe mental illnesses and family support is critical to their long-term survival.
- Nurturing, healthy family relationships are the pathway to healing.
- It's a basic human right for a child to grow up and be supported by their family.

### Reimagine residential treatment

In-patient waitlists for children's behavioral healthcare are inhumane.

#### 295 school districts: 295 residential beds

How do we provide as many beds as school districts? Transformative thinking. What if Echo Glen offered snowboarding and weekly outdoor recreation? There's nothing stopping us from creating a comprehensive family behavioral health infrastructure with braided state, Medicaid, private insurance, and foundation supports.

### Parent Portal & Tool Kit

Parenting children, youth, and young adults with emotional regulation problems is not intuitive. The Parent Portal & Tool Kit will seamlessly connect families to their community's behavioral health and education infrastructure.



### Our Proposed Solution:

Triage	I & R	Parenting
988	Intake Form	Skills
Chatbox	Screening	Groups
24/7 ISS	FAQ's	Books
	OMBUDS	Classes

# 2021 Priorities

Parent Portal

SB 5412 Family Care Act

Reimagine Residential Treatment

(Parent Support)

# Ideal Future State: access & infrastructure

Parent Portal provides on time information and access

Family centered care

Safe transition to adult independence

No youth jail (evaluation & placement)

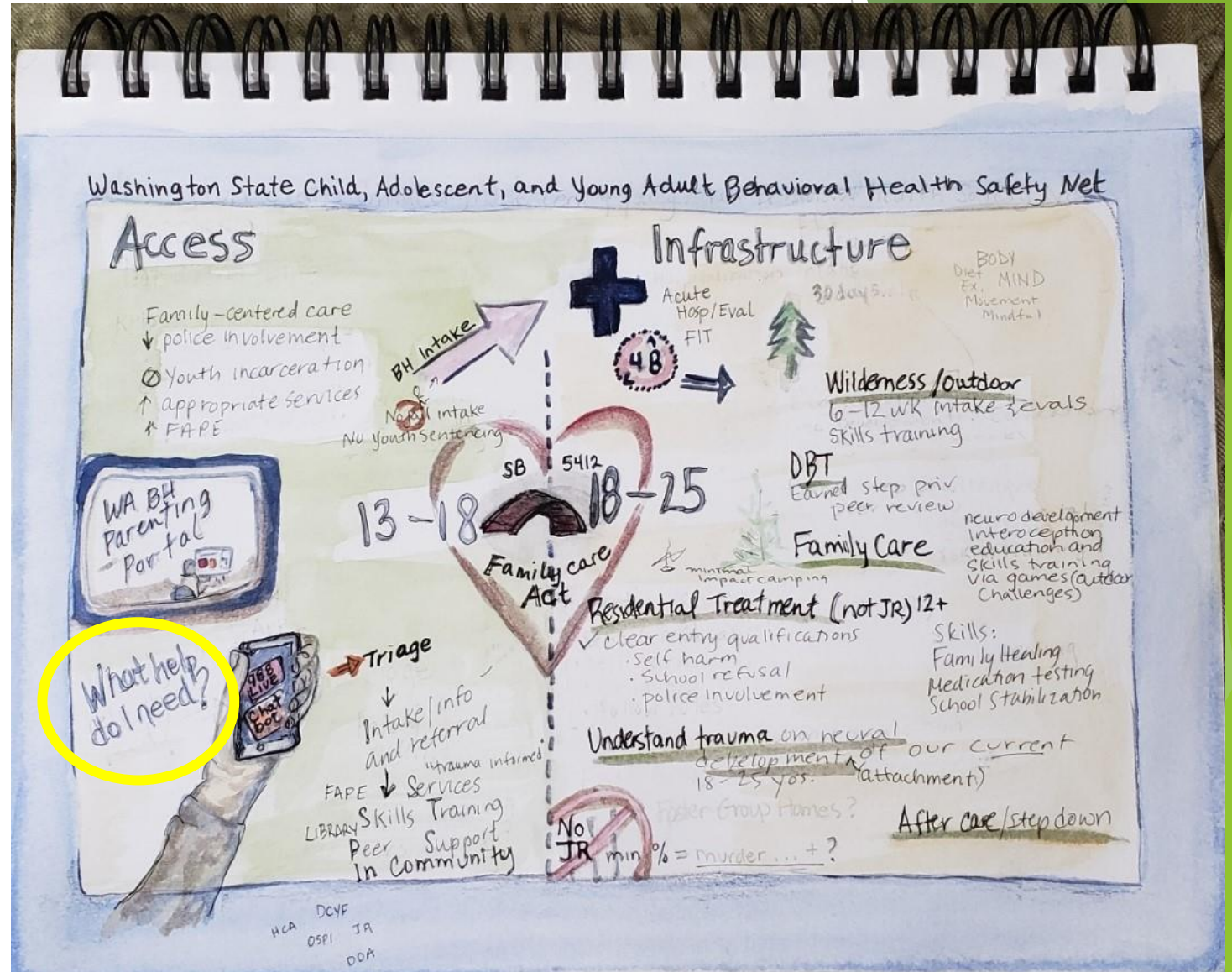
Behavioral health evaluation includes educational evaluation (FAPE)

Wilderness therapy not hospital beds

Trauma, DBT & Attachment training

Robust WISE, i/o & partial hospitalization options, & aftercare

295 beds



# Parent Portal & Tool Kit

Washington State Mental Health Summit

**Delayed:** May 17, 2022

Husky Union Building

# Infrastructure's Cornerstone: access

## Parent Portal & Tool Kit

Parenting children, youth, and young adults with emotional regulation problems is not intuitive. The Parent Portal & Tool Kit will seamlessly connect families to their community's behavioral health and education infrastructure.



## Our Proposed Solution:

### Triage

988

Chatbox

24/7 ISS

### I & R

Intake Form

Screening

FAQ's

OMBUDS

### Parenting

Skills

Groups

Books

Classes

Next step: beginning planning meetings later this month

# 5412: Family Care Act

# SB 5412: Family Care Act

- ▶ We hope SB 5412 will
  - ▶ allow vulnerable people an advocate who knows them well, including their medical history, and can help with unexpected side effects
  - ▶ strengthen family bonds so that the person in crisis has long term support
  - ▶ shift to whole family assessments when a child is evaluated and provide referrals other family members impacted by the situation

“A child in treatment is a family in treatment...  
a family in treatment is a child in treatment.” Penny Quist



# SB 5412: Family Care Act

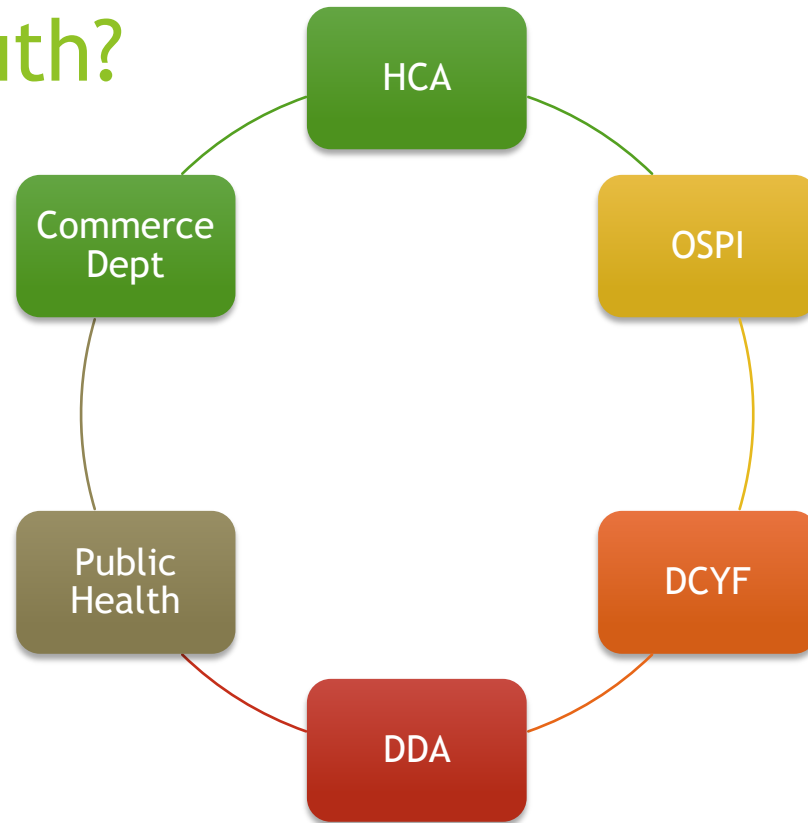
- ▶ 5412 will require the Health Care Authority (HCA) and Department of Social and Health Services (DSHS) to develop policies that **protect significant relationships in the lives of children, youth and young adults.**
- ▶ Young people who are experiencing behavioral health emergencies are vulnerable. Current HCA client rights do not include the right for a child to have a family.
- ▶ When we exclude families within our child-serving systems, we are undermine their natural supports.
- ▶ The Family Care Act moves our child-serving systems towards centering families in the work.
- ▶ Allowing people who love them to be part of their care team just makes sense.
- ▶ The need for bill identified was by parents of children who fall through the cracks.

*Prime sponsor: Senator Warnick: **2<sup>nd</sup> substitute coming out soon***

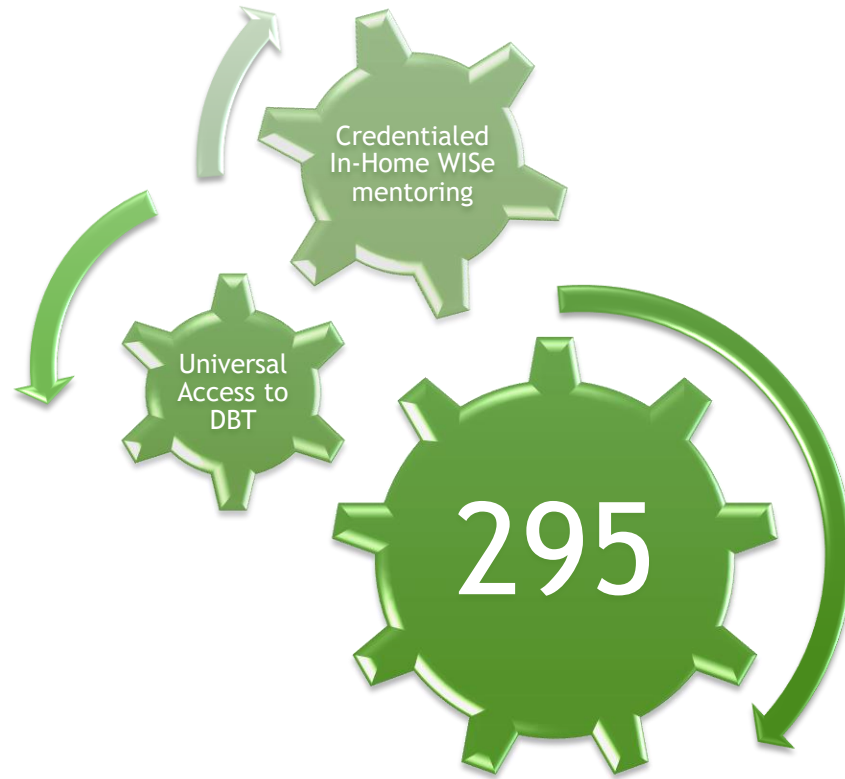
# How do we create united policies with so many oversight bodies and workgroups?

- ▶ Children & Youth Behavioral Health Work Group (joint legislative)
- ▶ Behavioral Health Advisory Board (HCA)
- ▶ DCYF Oversight Board
- ▶ Children, Youth and Families Oversight Board
- ▶ FYSPRTS
- ▶ ACHs
- ▶ Public Health Committees including Gov's Interagency Council on Health Disparities
- ▶ Regional ASOs, BHRDs and advisory groups and councils
- ▶ Gov's Commerce Department Office of Youth Homeless Committee
- ▶ Youth Move/Cities Rise
- ▶ DCYF Behavioral Health and JR re-entry, Juvenile Justice Partnership,
- ▶ Governor's Committee on Disability Issues & Employment (GCDE), Developmental Disabilities Council
- ▶ Family Medicine
- ▶ State board of education committees including early learning, special education advisory boards, school safety, etc.
- ▶ Governor's workgroups on Poverty Reduction, Police use of force, improvement in state hospitals
- ▶ Local school boards, individual school principals

Who has the vision for a comprehensive family behavioral health infrastructure centered on our most vulnerable BIPOC & disabled youth?



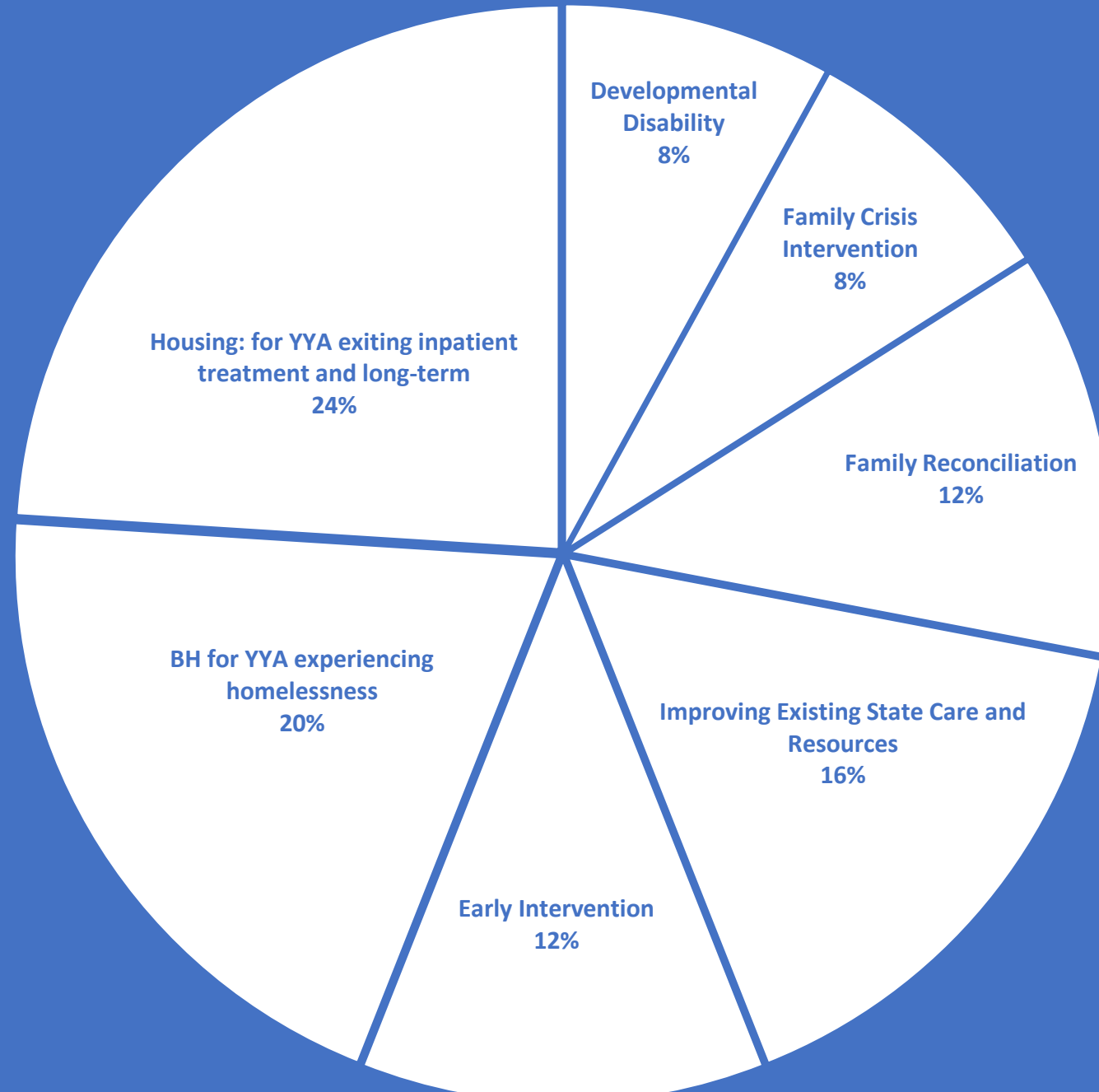
Key Infrastructure: 295 trauma-informed residential centers located in nature and in community, instead of juvenile jail cells, ARY & CHINS





# Healthy Minds Healthy Futures

# YYACC SURVEY RESPONSES



# Upcoming Presentations:



IMPROVEMENTS TO HCA INFORMATION-  
SHARING/COMMUNICATIONS



NEUROPSYCH EVALUATIONS (FYSVRT)