
Children and Youth Behavioral Health Work Group

Children and Youth Behavioral Health Work Group (CYBHWG) Notes

November 17, 2022

<input checked="" type="checkbox"/>	Representative Lisa Callan, Co-Chair	<input checked="" type="checkbox"/>	Libby Hein	<input checked="" type="checkbox"/>	Mary McGauhey
<input checked="" type="checkbox"/>	Keri Waterland, Co-Chair	<input checked="" type="checkbox"/>	Dr. Robert Hilt	<input type="checkbox"/>	Cindy Myers
<input checked="" type="checkbox"/>	Hannah Adira (alternate)	<input checked="" type="checkbox"/>	Kristin Houser	<input checked="" type="checkbox"/>	Michele Roberts
<input checked="" type="checkbox"/>	Javiera (Javi) Barria-Opitz	<input checked="" type="checkbox"/>	Avreayl Jacobson	<input checked="" type="checkbox"/>	Joel Ryan
<input checked="" type="checkbox"/>	Dr. Avanti Bergquist	<input checked="" type="checkbox"/>	Barb Jones	<input checked="" type="checkbox"/>	Noah Seidel
<input type="checkbox"/>	Shelly Bogart	<input type="checkbox"/>	Andrew Joseph Jr.	<input checked="" type="checkbox"/>	Mary Stone-Smith
<input type="checkbox"/>	Representative Michelle Caldier	<input checked="" type="checkbox"/>	Kim Justice	<input checked="" type="checkbox"/>	Representative My-Linh Thai
<input checked="" type="checkbox"/>	Diana Cockrell	<input checked="" type="checkbox"/>	Michelle Karnath	<input type="checkbox"/>	Dr. Eric Trupin
<input checked="" type="checkbox"/>	Lee Collyer	<input type="checkbox"/>	Kaur Preet	<input type="checkbox"/>	Senator Judy Warnick
<input checked="" type="checkbox"/>	Elizabeth De La Luz	<input checked="" type="checkbox"/>	Judy King	<input checked="" type="checkbox"/>	Lillian Williamson
<input checked="" type="checkbox"/>	Representative Carolyn Eslick	<input checked="" type="checkbox"/>	Amber Leaders	<input type="checkbox"/>	Senator Claire Wilson
<input checked="" type="checkbox"/>	Dr. Thatcher Felt	<input type="checkbox"/>	Bridget Lecheile	<input type="checkbox"/>	Dr. Larry Wissow
<input checked="" type="checkbox"/>	Summer Hammons	<input checked="" type="checkbox"/>	Laurie Lippold	<input type="checkbox"/>	Jackie Yee

Teen Link

Mosen Haksar, [Teen Link](#)

See TVW recording (8:40); see page 4 for slides

Highlights:

- The Teen Link hotline is answered by teens that have at least 50 hours of training prior to taking calls; they receive ongoing training.
- This is a unique model with teens volunteering their time from their daily schedule to answer phone calls, texts, and chats to assist other teens. As we have learned, teens relate better to other teens.
- Teen Link has some volunteers that identify as LGBTQ and some that speak multiple languages.
- Peers answering and responding to the chats, calls, and text, are working with professional staff that monitor the line and coach the teens as needed.
- Volunteers do not to give advice but share stories and resources.
- Teens are asked to work 2 shifts a month, for approx. 8 hours.
- The program has outreach specialists to provide teen outreach activities, school outreach and collaboration with school counselors.
- Teen Link also has a useful program on suicide prevention for students.
- This program is not just for teens; parents are able to access resources for themselves.
- Program has a substance use clinician that goes to schools to provide substance use prevention classes for the students. This can be requested by the schools, if the distance of the school is too far, class may be done via zoom.
- Working with 988 line for high acuity calls; will call 988 or crisis triage line behind the scenes.
- You can find other informational booklets and other resources, including in other languages on the [Teen Link website](#).

Children and Youth Behavioral Health Work Group

Agency and legislative landscape

See TVW recording (39:45)

Highlights:

- Agencies have submitted decision packages to the Governor's office for consideration in the budget.
- The economic forecast is predicted to be less than expected so anticipating that there will not be a lot of new revenue to work with in the 2023 session.

Statements of Support

See TVW recording (51:05); see page 18 for statements of support

Statements of support were presented by subgroup leads and voted on by consensus; members voted to accept all statements of supports that were presented.

Chat:

[Department of Children Youth and Families \(DCYF\) 2023 submitted budget requests](#)

To access agency decision packages, visit [Office of Finance Management \(OFM\) website](#)

Public Comment

See TVW recording (1:19)

- Without adequate Social Emotional Learning (SEL) programming and well-trained staff, schools are struggling to uphold the civil rights of their students. Discrimination related to race, sexuality, and disability is significantly disrupting the educational environment in many schools I hear about. I see a need for anti-bullying to be an intentional priority of SEL and Multi-Tiered System of Supports (MTSS) Tier 1 work.
- Appreciate the consideration for a continued funding source for behavioral health and mental health work that has been done through the Association of Educational Service Districts (AESD) network. Currently we are serving 51 school districts; ongoing funding would allow to continue and expand the work.
- The Attorney General's office has released a request for proposal to determine a vendor to run the tip line and staff a call center. Please distribute this link to the [Request for Proposal \(RFP\) for the WA Youth Safety & Wellbeing Tipline](#).
- Would like to see an analysis done to determine how parents find resources for children ages 0-5. Need a collaborative mental health service; currently we have an array of services that are not connected. Hard to find a provider to meet specialty needs for children. An analysis would help us better understand where parents are looking for services and how we can expand to get resources out to parents and families.

Breakout group: 2022 debrief / ideas for 2023

See TVW recording (1:40); see page 20 for the report

All attendees had the opportunity to debrief on the 2022 processes and bring new ideas forward for 2023 during the breakout session. Attendees were divided into two separate categories that consisted of members and non-members with targeted questions for each.

Children and Youth Behavioral Health Work Group

Resources:

[“Talk. They Hear You.”](#), by Substance Abuse and Mental Health Services Administration (SAMHSA)

[Department of Health \(DOH\) Facebook event for the first tribal and indigenous specific 988 suicide and crisis prevention line in the nation](#)

[Related Services in School and Beyond can Support a Child’s Development and Learning](#), by Partnership for Action, Voices for Empowerment (PAVE)

[School-Based Health Center Program](#), by Healthier Washington collaboration Portal



What is Teen Link

An Overview of Crisis Connections' Youth Services Programs

Shaun Witcher | Teen Link Substance Use Prevention Clinician



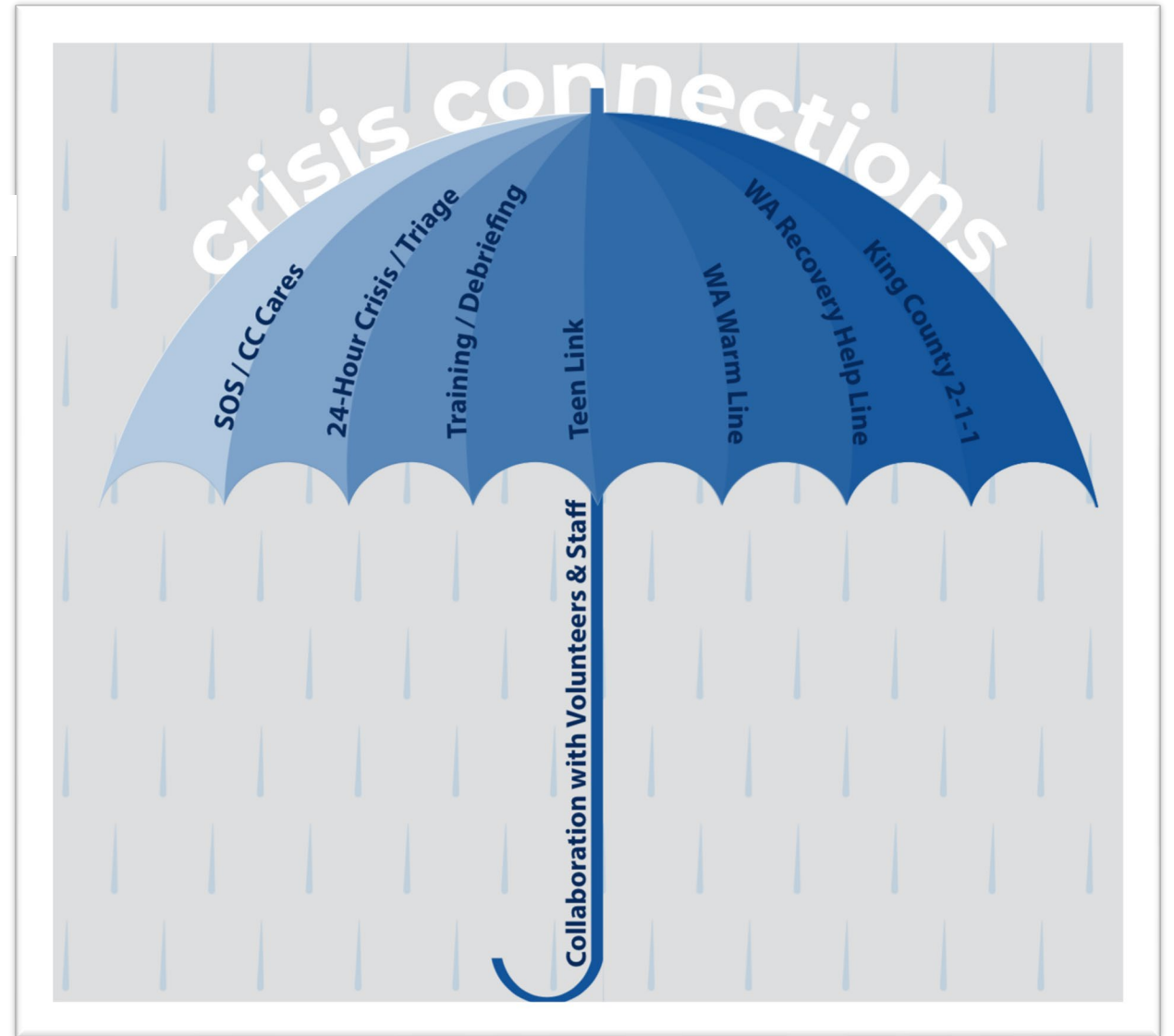
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support • resources • training

formerly known as crisis clinic

CC Support Services

- Teen Link
- SOS / CC Cares
- 24-hour Crisis / Triage
- Training / Debriefing
- WA Warm Line
- WA Recovery Help Line
- King Country 2-1-1



Teen Link Overview



- ▶ Toll free 1.866.TEENLINK (833.6546)
- ▶ Call, Text, & Chat | www.teenlink.org
- ▶ Peer-support line for teens, by teens
- ▶ Every evening, 6-10 pm
- ▶ Founded in 1996 for King County, statewide service since 2011
- ▶ Confidential w/ mandated reporting
- ▶ Fully accredited by Contact USA

Why Teens Contact Teen Link



- ▶ **Teens call, text and chat about**
 - ▶ Conflict/Stress at School
 - ▶ Friendships & Relationships
 - ▶ Self-Harm
 - ▶ Substance Use
 - ▶ Suicide
 - ▶ LGBTQ Identity & Acceptance
 - ▶ Loneliness, Isolation, Depression
 - ▶ Abuse
 - ▶ Disordered Eating
- ▶ **Empowerment Model**
 - ▶ **No 'musts' or 'shoulds'**
 - ▶ Volunteers trained to use active listening

Our Volunteers Make it Possible

“In a generation that’s both talking more about mental health and experiencing more mental health issues, I’m proud to serve the community through Teen Link.”

- Teen Link Volunteer

- ▶ **Youth Outreach Specialist**
 - ▶ Must be between the ages 13 and 20
- ▶ **Youth Crisis Specialist (Help Line)**
 - ▶ Must be between the ages 15 and 20
 - ▶ 50 hour training
- ▶ **Youth Crisis Mentor**
 - ▶ Must be over 20 with relevant experience
 - ▶ Background or training

*Visit teenlink.org for more about volunteering



Not *Just* a Teen Line

Additional Youth Services from Teen Link



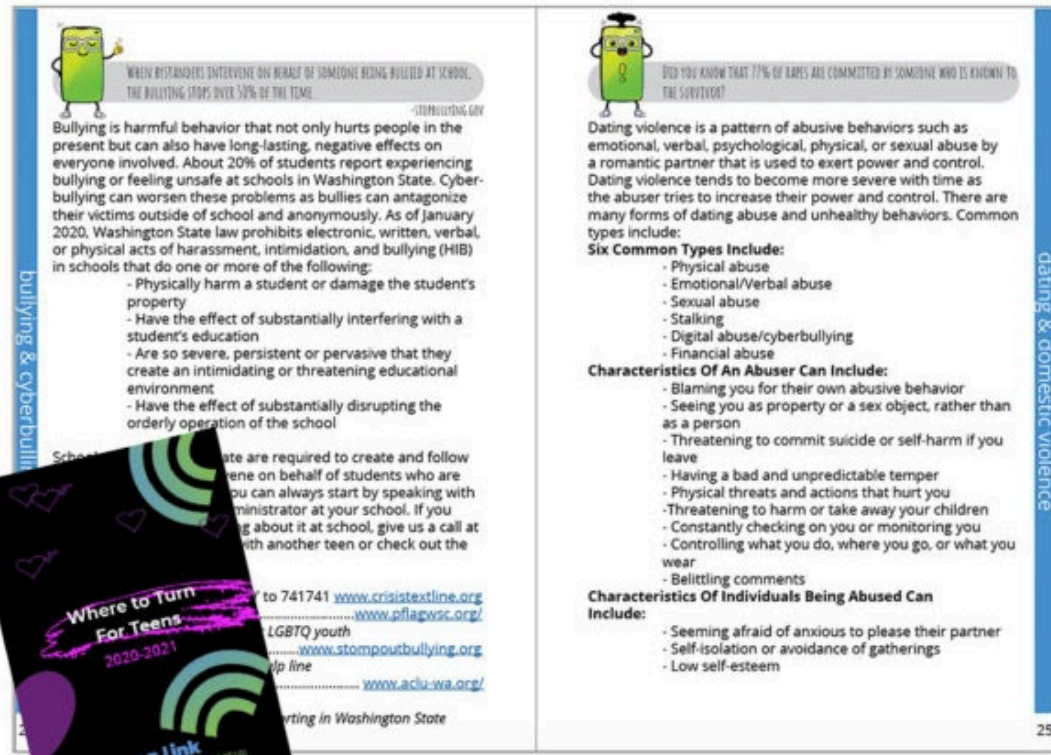
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Substance Use Prevention Line



- ▶ Same #, ext. 2 (1-866-833-6546 x2)
- ▶ Open to teens & adults worried about teens
- ▶ Monday-Friday, 2-10pm
- ▶ Substance Use Clinicians Discuss:
 - ▶ Strategies to prevent drug use
 - ▶ Drug education materials
 - ▶ How to talk about drug use
 - ▶ Referrals for treatment
 - ▶ Case consultation
 - ▶ Resource referrals

Where to Turn for Teens Booklets



▶ Youth resources for:

- ▶ Dating & Domestic Violence
- ▶ Shelter, food
- ▶ Employment & Job Training
- ▶ LGBTQI+ Services
- ▶ Substance use
- ▶ Self-harm

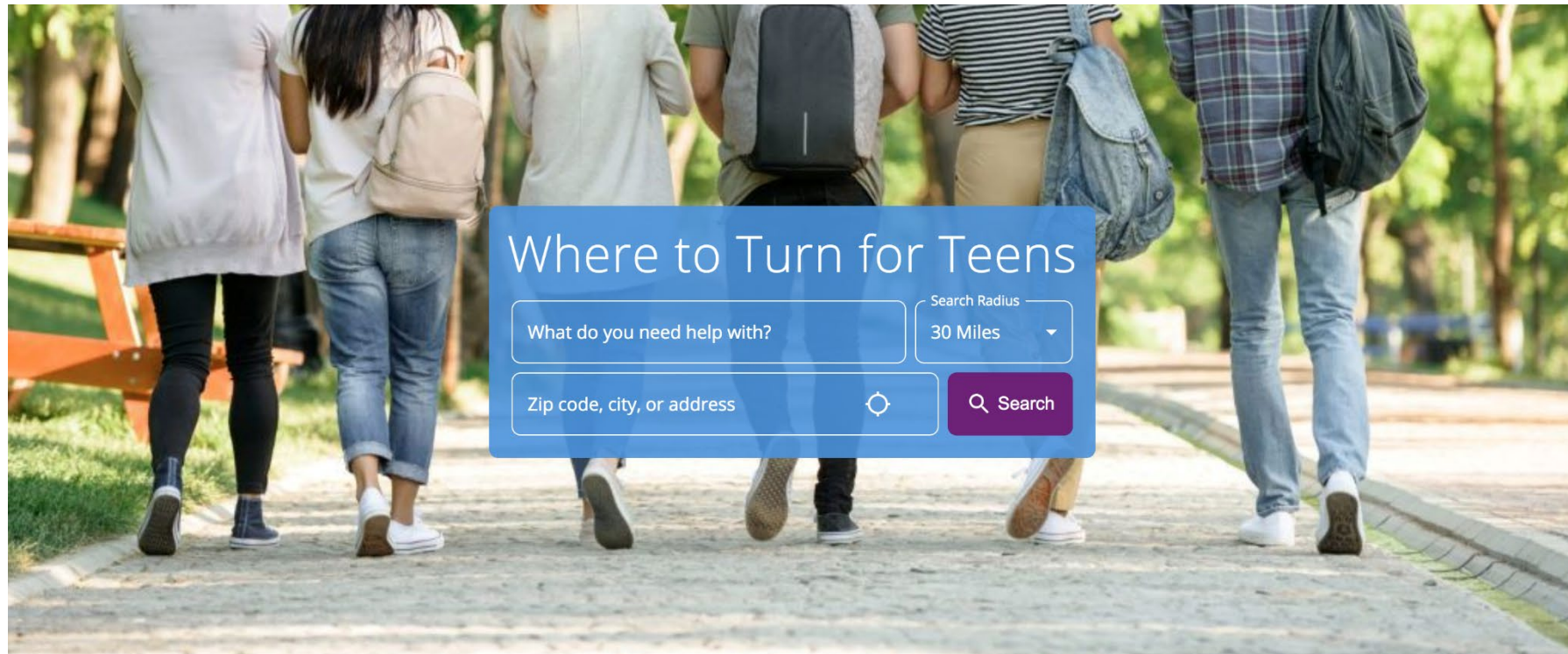
▶ Distributed to over 30,000 teens every year

▶ English and Spanish

- ▶ To order: info@crisisconnections.org

Where to Turn for Teens Online!

search.teenlink.org



Where to Turn for Teens Online!

Search Service by Category



Alcohol, Drugs, and Substance Use

Counseling/Treatment

Support Groups



Mental Health

Youth & Family Counseling

Eating Disorders

Grief & Loss

Suicide & Self-harm

Wraparound/WISE



Physical Health

Physical Health Concerns

Birth Control and Pregnancy

STI Testing, Treatment, and Information



Abuse and Maltreatment of Minors

Abuse

Bullying & Cyberbullying

Dating & Domestic Violence



Legal Services and Community Support

Youth Enrichment

Anger Management

Gang & Violence Prevention

Legal Services

Rape & Sexual Harassment/Assault



Shelter, Food & Hygiene

Shelter

Drop-in Center

Transitional Housing

Food

Digital Materials



- ▶ Digital versions also available at our website
 - ▶ *Where to Turn for Teens*
 - ▶ Posters
 - ▶ Teen Link Flyers
 - ▶ Suicide Prevention Training Info
 - ▶ Half & Quarter Page Flyers
 - ▶ Substance Use Prevention Info
- ▶ Get Involved at teenlink.org!

Youth Training



2nd

Suicide is the second leading cause of death for youth between the ages 10 and 24

- ▶ **Suicide Prevention for Students**
 - ▶ Discussion-based training
 - ▶ Open & honest conversation encouraged
 - ▶ Students learn about warning signs for suicide and how to help
 - ▶ Educated over 3,000 youth in King County in 2020



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Questions?

Shaun Witcher, SUDPT - Substance Use Prevention Clinician

☎ 866.833.6546 x2 or 206.333.8751

✉ switcher@crisisconnections.org

2901 3rd Ave, Suite 100 | Seattle, WA 98121

Frequently Asked Questions

▶ How many calls do you get?

- ▶ Teen Link responded to 1,303 calls, texts, and chats in 2020

▶ Do people have to give their name or other info when they call?

- ▶ Nope! Callers only have to share what they feel comfortable with

▶ What do people call about most?

- ▶ Friends
- ▶ Family
- ▶ Sexual identity

▶ Who are the volunteers?

- ▶ Volunteers come from all over King County
 - ▶ Tacoma, Issaquah, Shoreline, Burien, Bellevue, UW, and more!

Proposed statements of support for 2023 legislative session

Support the expansion of school-based health centers (SBHCs) to increase access to behavioral health care in academic settings

The Subcommittee recommends increased funding for the SBHC Program at Department of Health (DOH) in order to expand access to physical and behavioral health care in schools through an integrated SBHC model of care. The SBHC program was established in 2021 through passage of [HB 1225](#). The program provides grant funding—and partners to provide training and technical assistance—to SBHCs providing integrated medical, behavioral health, and other health care services in schools.

Submitted by: School-based Behavioral Health & Suicide Prevention subgroup

Support legislative efforts to improve behavioral health workforce recruitment and retention

Support recommendations from groups like the Workforce Board as well as other efforts to the advance the behavioral health workforce to better meet the needs of children, youth and families.

Submitted by: Workforce & Rates subgroup

Required Supervision Hours for Licensed Social Workers – National Assoc. of Social Workers

Support legislation that reduces the required experience hours for a Clinical Social Worker license from 4,000 to 3,000. This will align social workers with requirements from mental health counselors and marriage & family therapists licensed under the same statute. This 25% reduction will also reduce a barrier to the profession.

Proposed by: Laurie Lippold

Support the 2022 legislative recommendations for promoting and expanding social emotional learning (SEL) implementation proposed by Office of Superintendent of Public Instruction's [SEL Advisory Committee](#)

The SEL Advisory Committee met regularly over the course of the 2021–22 school year to promote and expand social emotional learning. As a result of these discussions, the Committee proposed the following six recommendations to the legislature:

1. Build statewide infrastructure for equitable social emotional learning (SEL)
2. Build cross-community and cross-agency alignment
3. Build adult capacity
4. Develop partnerships for creating safe and supportive environments through SEL
5. Develop safeguards around assessing SEL
6. Increase capacity of the Social Emotional Learning Advisory Committee

Proposed by: Lee Collyer & Representative My-Linh Thai

Social Emotional Learning – Committee for Children

Support legislation to add social, emotional, behavioral, and mental health wellness skills to the definition of basic education and require all students be provided instruction in them. Additionally, the legislation will expand the use of multi-tiered systems of support in districts and creates a center for excellence for schools to rely on for technical assistance.

Proposed by: Laurie Lippold

Expand and maintain student behavioral and mental health services

In the wake of the global pandemic, Washington used Elementary and Secondary School Emergency Relief (ESSER) funds for the Behavioral Health COVID Project to provide regional and school-based direct behavioral and mental health services to students who need them the most. We have worked with the UW SMART center to support statewide training and evaluation for this work. ESSER funding will come to an end in 2023. Maintaining this program will allow continuity of direct services to students in the 51 schools statewide. Expansion would help bring on at least 30 additional sites across the state, especially small and rural districts.

Proposed by: Jackie Yee

Improve child health and readiness to learn with daily access to healthy food

Provide funding to the Office of the Superintendent of Public Instruction to provide free school meals to all children in Washington State. According to the Washington State Food Security Survey (UWSPH, 2021), one-third of households with children had low or very low food security, and about half of all households with children relied on food assistance before and during COVID-19.

Proposed by: Kristin Houser

Youth Behavioral Health Grant

Recommendation: Budget \$2,000,000

This grant allows licensed youth shelters to provide behavioral health services onsite to youth in crisis.

Proposed by: Kim Justice

Homeless Youth Program Model

Recommendation: Budget \$250,000

Also referred to as “System of Care grants,” this funding supports the state’s goal in SSB 6560 (2018) that young people exit public systems of care to stable housing. It serves young people exiting inpatient behavioral health treatment facilities, foster care, the juvenile justice system, and programs operated by the Office of Homeless Youth.

Proposed by: Kim Justice

Children and youth Behavioral Health Work Group (CYBHWG)

Breakout groups – CYBHWG meeting (November 17, 2022)

During the November 17th CYBHWG meeting, both the work group members and attendees from the public were asked to offer feedback on the 2022 decision-making process and offer ideas for 2023. Specific questions were asked with common themes and gaps identified.

Summary

Key findings

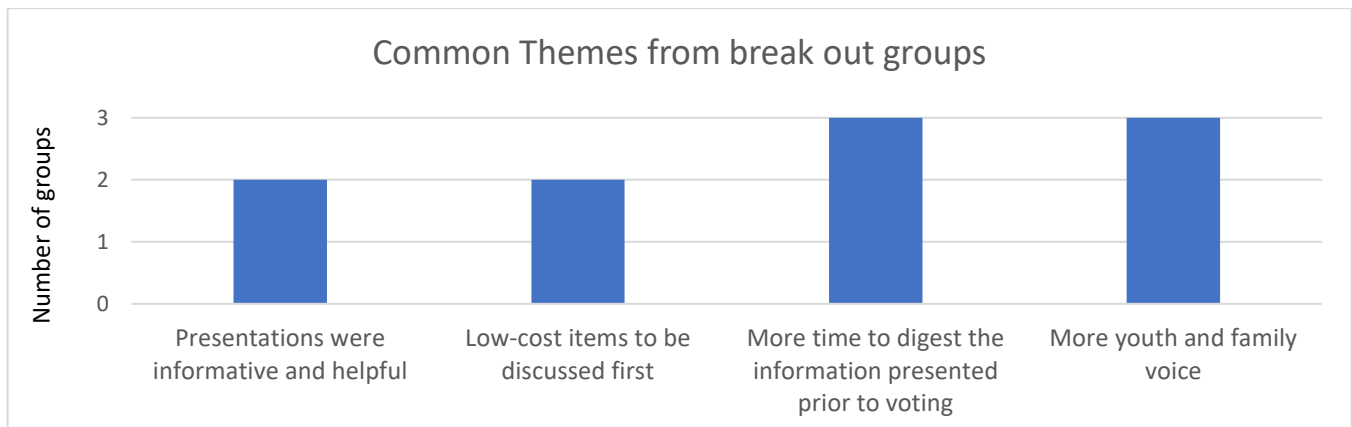
Identified Gaps

- More time is needed for discussion on potential recommendations prior to voting, especially if there are a lot of recommendations to present.
- Need guidelines to identify what to truly consider when voting on potential recommendations.
- Need to define recommendation categories.
- Need to define terminology for attendees, as some are not as familiar with the information.
- Important to reflect on the status of previous priorities and achievements to connect and build on past work.
- Identified the following groups or people missing from the process: private practitioners and direct service workforce from the behavioral health system, autism support specialists, behavioral health and mental health practitioners, tribal representatives in and across all groups and more youth and family voice.

Ideas for improvements

- Calendar of all meetings, including subgroups.
- Provide contact information at WG meetings for attendees interested in joining the subgroups.
- Look at opportunities to connect more, or before subgroups are really elevating their own ideas.
- Look at the bundling of recommendations – is this helpful or not, as people may not support all of the bundled recommendations.
- Increase discussion time prior to voting on potential recommendations; break into two meetings.
- Define recommendation categories, such as Legacy.
- Timeline and terminology handouts for attendees that are not as familiar with the work.
- Low-cost items could be the first things discussed in the big review of possible priorities.

Common themes



Detailed responses from breakout groups

CYBHWG member feedback

What is your take-aways from this year's decision-making process?

- Zoom allowed access to people not able to travel to centralized meeting places.
- Leadership is open to input from attendee's and public with new information.
- Provided clear instructions during meetings – meetings were well managed even during moments of crisis.
- Kudos to staff for providing continuity of directions.
- Presentations were awesome very informative and helpful – members can see them tied to legislation
- Once the voting was figured out, it went well.
- Appreciated the opportunity to speak to the proposals; There needs to be time to ask questions.
- The late additional meeting didn't allow for more engagement.
- Still surprised by how the vote came out (related to workforce issues).
- We could have a requirement that folks have to identify how an item benefits the whole system.
- There were so many issues it was hard to prioritize.
- Had to choose among so many good options.
- Need more time to get more information and have more discussion (about the issues).
- It might be good to have more consistent operating 'rules' for the subcommittees.
- How do we connect what we're doing with the strategic plan?
- We should revisit the voting process – perhaps look at a high cost and low-cost items and think about prioritizing differently according to cost.
- How do we keep the substance of the recommendations, the high level of support there is, etc. apparent when they are brought to the full group?
- We really need the strategic plan to scope out the needs and time frame of the issues.
- Voting once figured out, seemed to go well.
- Maybe could look at the bundling process. Because of the bundling found wouldn't support some things that would have otherwise supported.
- Re workforce, we could have focused on what was low or no-cost that could have raised in priority this session.
- Liked the presentations, which are helpful.
- Reports from the subgroups didn't necessarily match the presentations for something that was a late proposal (as in the hospital boarding issue).
- Legacy item versus new item differentiation was a little confusing for members as a concept.

What suggestions do you have for next year's decision-making process?

- Sub-groups: Primary mechanism for decision making seems to be radically democratic (work group members voting), but it's unclear how priorities come from the subgroups
- Analytic lens: Would be helpful to have a clear analytic lens, beyond just cost – want to consider theory of change, feasibility, and impact, especially impact on “consumers.” Also want to consider what is short term vs long term, what is high cost and low cost. Can we use some of these to create different levels or tiers?
- Strategic Plan
Hope that Strategic Plan process will help with some of this, especially because it has money and law behind it. but still unclear if the Strategic Plan is a one-time thing, or if it is creating a new model for how decisions are made going forward.
Hope that Strategic Plan process will incorporate the voices of every person in Washington, but also lack of clarity about how the current contracted consulting group is planning to do this. Some folks

have experienced non-responsiveness from KAI. It is still early days but hope for more engagement and communication.

Input vs knowledge management: Nobody wants to rehash stuff that we already know. How are we being strategic about what we're asking?

- Real dialogue: We need more debate and less polite public consensus – we are little shy about this. We need to have psychological safety to do this - you need to know what you're going to say isn't going to have real repercussions and know the rules for dialogue and debate. There is a sense that I'm not going to publicly disagree with a recommendation, because of my respect for relationships and politics – but I might have some concerns about it.
- Next year would like more time for discussion before the voting. Presentation times varied regarding different topics. We didn't have much discussion time/reflection time on the topic's presentations.
- As a new group member, was a lot to get used to with all the timelines and terminology.
- Could use two meetings, separating the presentations from the voting
- Items discussed near to last in voting get short shrift
- Low-cost items maybe could be the first things to be discussed in the big review of possible priorities, to not give those items short-shrift.
- Would like to have a calendar of all meetings – main ones and sub-committee's showing dates of meetings time commitment required and what dates will require presentation of work and voting
- Provide information on subgroups with contact information available to everyone at regular meetings - so anyone with an interest can join. Would be important to include contact information as well as subcommittee names.

Public feedback

Are there issues you think the CYBHWG should prioritize or focus on in 2023?

- Recommendation is to ensure that the recommendations align to the current P-25 Behavioral Health strategic plan under development.
- Continue to move interventions up stream to prevent more serious disorders. And to support all kids/youth in health skill development.
- Create a statewide adolescent/youth BH system of care to decrease need for "Tier 3" services by supporting less restrictive interventions and levels of care. How do we fund this in a sustainable way? How to increase resiliency via relationships? Universal access? School based?
- Is there a role for block grant funding here?
- groups independently spend time talking about priorities, but is there opportunity to connect more/earlier, before folks are really elevating their own idea/s. Feels like a scarcity mindset. Competition. (As a workgroup, how are we informing and collaborating? Where is the connection? How are we coordinating, is there room for improvement across the subgroups?)
- Is there opportunity in 2023 to give time/energy to reflecting back on group priorities and achievements from last couple of years? How to connect and build on past work, rather than jumping to new proposals. What past proposals were implemented and what has impact been, any surprises or unintended consequences? Any disappointments? Why? If problem is still a priority problem but solution was not "successful", is there a different approach? Need for more of an overall or broader strategy.
- Is this the right group to be elevating all the workforce challenges? And potential solutions?
Depends perhaps on what the solution is/are for the workforce issues. Often one of the solutions that is elevated is rates and Medicaid rates and so perhaps yes, this workgroup is the right group. And, because this workgroup has had demonstrated success in advocating for and getting increased in Medicaid rates.
- I would like to see them dive into the WISe services – it's a statewide program but it's run by different providers in every area of the state. The training is consistent, however there is still a huge inconsistency in how those services are received by folks throughout the state. I would just love to see more training and oversight thrown into that program, which fits into the whole FYSPRT system.

- A couple people brought up Bright Futures, there is a program called Healthy Steps about how to operationalize the Bright Futures model for screenings, to identify when a child needs additional help. It embeds a coordinator in a primary care practice, and I think this should be looked at as a model to increase access to care. Just trying to find all the different potential models that can help kids access care. As a parent of two children, it's really shocking to me how hard it is to get behavioral health for your children! I'm sure pediatricians would be really excited to have some help.
- I'm curious about better understanding telehealth supports for youth in Washington, and companies that can provide that sort of service. I think we should look at how those are embedded and how they can help enable access to additional care when it's needed, or communities where access is challenging. Also, how we distinguish good care through telehealth from poor care through telehealth.

Are there people or groups that you don't see at the table in these meetings or the subgroup meetings that you think should be there?

- Private practitioner workforce from the behavioral health system.
- Autism support specialists, practitioners.
- Tribal representatives in and across all groups.
- I would like to see more family representation. I know they recently received some funding for families to attend, so I would like to see that broadcasted more widely so that people know how to access it. I work for WSCC, a family org. I know there's funding available, but I don't know how to direct people to access it. I know I have community members who are interested in coming to the table, but it's a lot of time so having funding available is important, but so is knowing how to access it.
- More youth and family voice. I've been in meetings where we hear from youth directly and it carries so much weight