



Children and Youth Behavioral Health Work Group (CYBHWG)

July 11, 2024

Strategic Plan update

Health Management Associates (HMA)

See TVW recording (09:58), see page 3 for slides

Highlights

- A future vision with updates on work streams was shared with attendees.
- An overview of the project and what to expect next was presented to the group.

Youth homeless prevention

Isaac Fall, Office of Homeless Youth, Department of Commerce

See TVW recording (57:49), see page 24 for slides

Highlights

- The Strategic Plan on Youth Homelessness Prevention from Washington State Department of Commerce was shared with attendees to bring awareness of plan needs, gather feedback and look for ways to support and collaborate in the work.

Systems and leverage

Chris Soderquist

See TVW recording (1:38:20), see page 40 for slides

Highlights

- Attendees learned of ways to look at leverage points within the system through systems mapping and use this lens to view proposed recommendations for system improvements as we work toward a behavioral health system that will serve all Washingtonians when and where they need it.
- A large group discussion took place with examples given around leveraging systems and structure, adaptive challenges and how to look at leveraging routine problems through system mapping.

Subgroup updates

See TVW recording (2:05:40)

Workforce & Rates (W&R) (2:06:00)

- The subgroup has been hearing from professional organization who have priorities coming up to address duplicate efforts.
- The W&R subgroup is collaborating with all the other subgroups to learn of workforce issues to bring forward.
- W&R is getting ready to present the final recommendations for CYBHWG member vote.



School-based Behavioral Health Suicide Prevention Subgroup (SBBHSP) (2:15:00)

- Earlier this summer the school-based subgroup hosted a series of workshops through May and June, to learn more about issues, asking for attendees to share thoughts, ideas, and concerns, then compiled the information into common themes to consider.
- Looking at recommendations to move forward that will increase supports in schools, including but not limited to school counselors, psychologists, social workers and nurses.
- The subgroup is collaborating with the W&R subgroup on workforce priorities.

Prenatal through 5 Relational Health (P5RH) (2:10:35)

- This subgroup is meeting twice a month.
- They have been learning and exploring the key topics across the Prenatal through 5 space.
- The subgroup is collaborating with the workforce & rates subgroup to share the Prenatal through 5 workforce issues to make sure work is not duplicated.
- Working toward final recommendation presentation to the CYBHWG for the members to vote on which recommendations to move forward in the legislative report.

Youth and Young Adult Continuum of Care (YYACC) (2:19:40)

- The subgroup has been working toward finalizing recommendations to bring forward to the CYBHWG for member vote to determine which recommendations to include in the final report.
- Some topics of consideration are transitional age youth, complex needs, and youth and young adult service access for these areas.
- The YYACC has been collaborating with the W&R subgroup on workforce issues.

Behavioral Health Integration (BHI) (2:22:45)

- The subgroup is looking at ways to improve resources that are not efficient for behavioral health coordination, management and navigation.
- The subgroup is working to finalize recommendations to bring forward to the CYBHWG for member vote.

Crisis Response Improvement Strategy (CRIS)

Kashi Arora, Seattle Children's

See TVW recording (2:27:10), see page 65 for slides

Highlights

- Updates were shared from the most recent CRIS committee meeting that focused on youth crisis which included stories about lived experiences to inform the crisis system.

Public Comment

See TVW recording (2:40:00)

No public comment

Closing

[Watch on TVW](#)

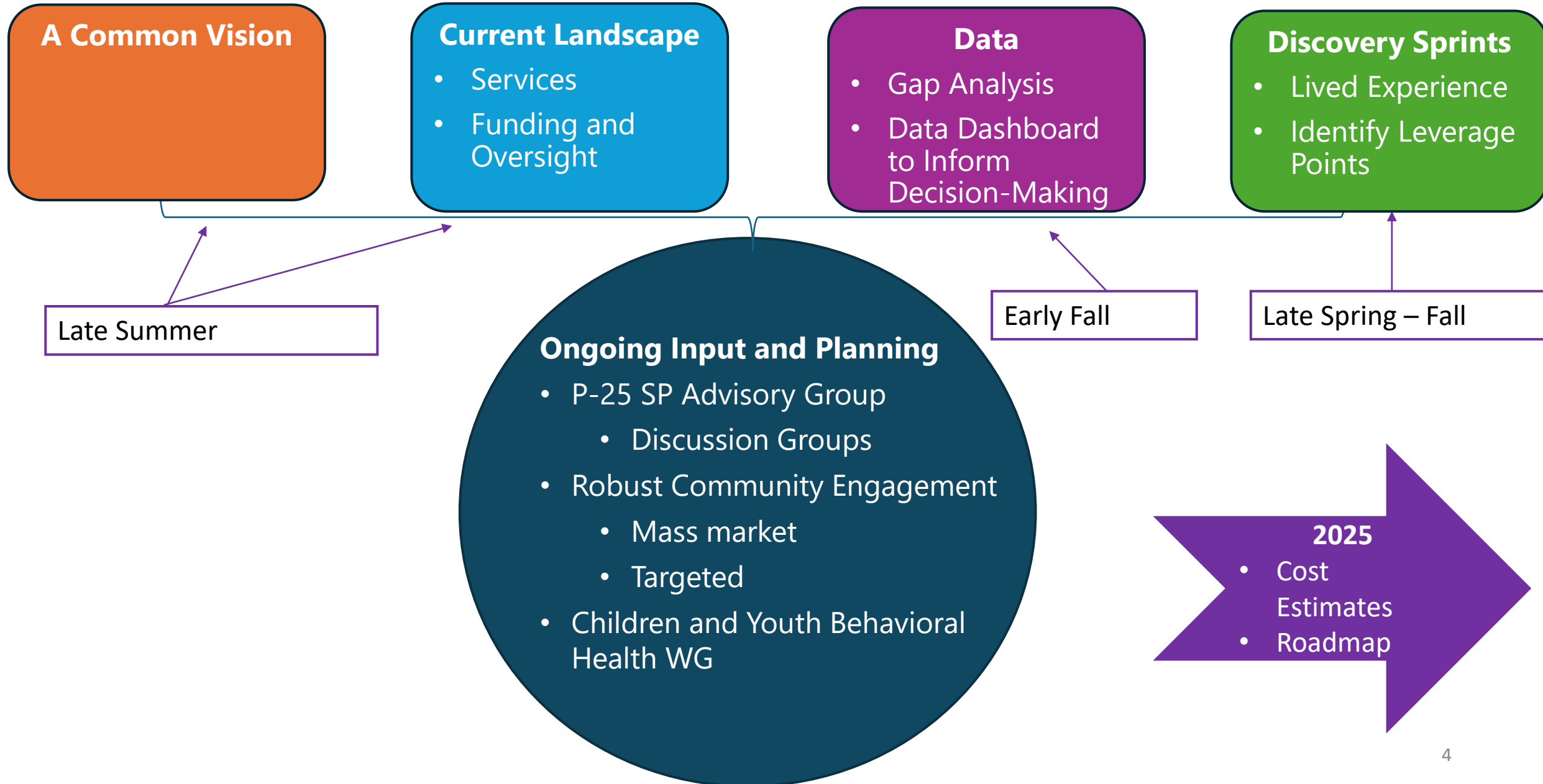
Prenatal – 25 Strategic Plan Advisory Group

Children and Youth Behavioral
Health Work Group

July 11, 2024



Building the Strategic Plan



Work Stream Updates

P-25 SP Advisory Group

- New expanded group met in June
- Discussion groups launched
 - Parents and Caregivers
 - Youth and Young Adults
 - Providers and System Partners
 - Two meetings of each have been held, will continue monthly
- Exploring other ways to engage youth and young adults

Discovery Sprints

- Scoping conversations on four topics
- Discovery phase:
 - Support for behavioral health during pregnancy
 - Connecting kids to services in schools
- Continuing to hone:
 - Transitional age youth
 - Discharge to community after hospitalization or crisis

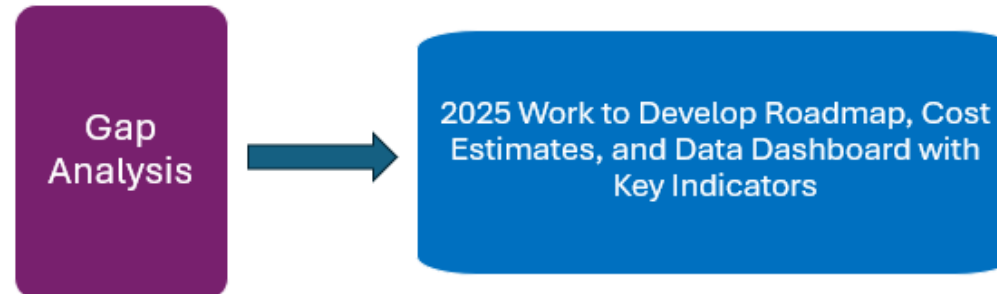
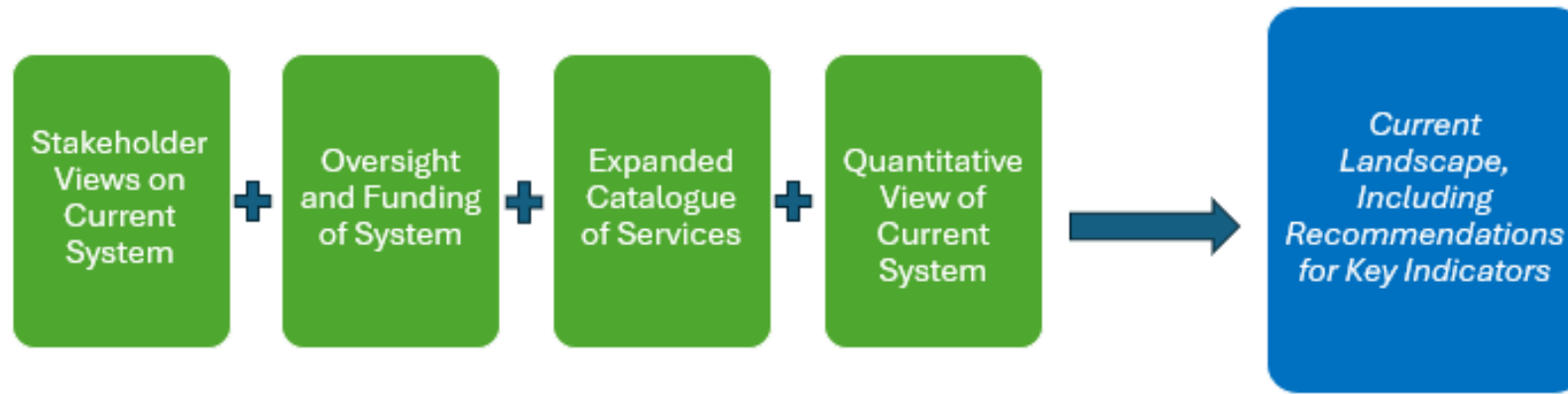
Landscape Analysis

- Two components
 1. Catalog of existing services
 - State programs
 - Local programs
 - BH-ASOs
 - County services
 - ACHs
 - Commercially insured
 - School-based/ESDs
 2. Oversight and funding of system(s)

Quantitative Data

- Two Goals
 - Understand gaps
 - Develop dashboard
- Series of scoping conversations with partner agencies to:
 - Identify and categorize ideal service array
 - Identify corresponding data sources

Building a Roadmap



Questions and Discussion

Landscape Analysis

- Two Components
 1. Catalog of existing services
 - State programs
 - Local programs
 - BH-ASOs
 - County services
 - ACHs
 - Commercially insured
 - School-based/ESDs
 2. Oversight and funding of system(s)

Do you have other recommendations about expanding the catalogue of services?

What are the key questions you would like answered with respect to oversight and funding to help guide future strategy?

Deep Dive

A Common Vision



VISION FOR THE FUTURE



Informed by children, youth, and families



All doors lead to help



Offers services to meet everyone's needs



Equitable, anti-racist, and culturally and linguistically responsive



Changes in response to new information



Invests in prevention and well-being



Includes families and communities as key contributors to well-being



Every Washingtonian understands how mental health affects well-being and how to recognize when children and youth need help.

Funding and systems work together so that services can be seamless, accessible and adaptable to the individual's changing needs.

Children, youth, and caregivers can connect to services in the community settings where they spend time.

Services are available when needed. When needs change, individuals can transition easily to different services that meet their needs.

Services are available for the range of mental health and substance use challenges, and for children and youth with diverse developmental needs.

Services are available for all ages/stages, all cultural and language needs, and across all geographies.

Vision for the Future

Informed by children, youth, and families



All doors lead to help



Offers services to meet everyone's needs



Includes families and communities as key contributors to well-being



Invests in prevention and well-being



Changes in response to new information



Equitable, anti-racist, and culturally and linguistically responsive





Informed by children, youth, and families

Description:

The support each child, youth, and caregiver receives is based on what they say they need, and they have a voice in directing their care.

All aspects of the system design and operations, from how information is shared to the informal supports and programs available, are informed by input from children, youth, and caregivers. Children, youth, and caregivers are partners in setting policy and in developing and improving programs and services.



All doors lead to help

Description:

Regardless of where a child, youth, or caregiver first seeks or is identified as needing help, they are connected to services that meet their needs. The adults in the lives of children and youth have the knowledge and tools to recognize concerns early, and screening and care navigation are available in the community settings where children and youth spend time. When a child, youth, or caregiver needs support, it's obvious where to go to get it. If an individual or caregiver doesn't know where to go for help, someone in their support system does.



Offers services to meet everyone's needs

Description:

Services and supports that fit a child, youth, or caregiver's age, stage, and individual needs are available throughout Washington state, when and where they are needed. Access to care isn't limited by the child, youth, or caregiver's health insurance. When needs change, the type of care an individual or caregiver is receiving can be dialed up (with more frequent or intensive services), dialed down (with less intensive support), or adjusted in other ways to better meet the child, youth, or caregiver's needs.



Equitable, anti-racist, and culturally and linguistically responsive

Description:

When a child, youth, or caregiver seeks help, there is support to access care in their language— when they make a phone call or walk in the door, and when they are receiving services and support. The people who are offering services and support have respect for the child/youth and family culture and work to ensure that any treatment or plan of action fits within cultural and family values and practices.

Investments are made to develop and retain a workforce that reflects the population served. Workforce strategies reflect an understanding of systemic inequities and historical trauma.



Changes in response to new information

Description:

Information about how well programs and services are meeting the needs of children, youth, and families is collected to help make decisions about how to change and improve services. This includes numbers-based as well as story-based data, such as the experience of how children, youth, and families access services across Washington.



Invests in prevention and well-being

Description:

All children, youth, and families can get information and support early. By providing broad access to prevention-oriented education and early intervention services, children, youth, and families can access the tools and supports they need to thrive. Support is accessible when concerns first arise – without a diagnosis.



Includes families and communities as key contributors to well-being

Description:

Service design and implementation recognizes the critical role that families and communities play in the mental health of children and youth. From screening and assessment to informal supports and treatment services, families are viewed as key partners in promoting the well-being of their child/youth and strengths and challenges are viewed within the context of family and community.

Draft Common Vision: Discussion

Draft Common Vision

- Does this vision encompass the values and principles we've discussed?
- Is this something that is understandable and can be used to help bring people together in a common effort?



Summer/Fall Regional Listening Event Updates

Goals:

1. Gather in person, real time input from youth and young adults, parents and caregivers, and members of the workforce, including input on 1) gaps in the current continuum and 2) the proposed vision.
2. Deepen connection with partners across the state, to build networks for ongoing community engagement.

Events will include:

- Focus groups and community conversations with families and youth/youth adults, as well as individual and group interviews (e.g., with members of the behavioral health workforce).
- Activities and settings that are unique to each region. The goal is to design a set of activities that align with community needs and preferences.

Tentative locations:

- Northwest (Whatcom, Skagit Counties)
- Northeast (Spokane/Stevens Counties)
- Southeast (Walla Walla/Garfield Counties)
- Central West/Southwest TBD

2024 P-25 Strategic Plan Advisory Group & Discussion Group Meetings

Date	Time	Meeting
Wednesday, July 17 th	10 – 11:30 AM PST	Parents/Caregivers Discussion Group
	4 – 5:30 PM PST	Youth/Young Adults Discussion Group
Thursday, July 18 th	1 – 2:30 PM PST	System Partners Discussion Group
Wednesday, August 21 st	10 – 11:30 AM PST	Parents/Caregivers Discussion Group
	4 – 5:30 PM PST	Youth/Young Adults Discussion Group
Thursday, August 22 nd	1 – 2:30 PM PST	System Partners Discussion Group
Monday, September 9 th	2:30 – 5:30 PM PST	P25 SPAG
Wednesday, September 18 th	10 – 11:30 AM PST	Parents/Caregivers Discussion Group
	4 – 5:30 PM PST	Youth/Young Adults Discussion Group
Thursday, September 19 th	1 – 2:30 PM PST	System Partners Discussion Group
Wednesday, October 16 th	10 – 11:30 AM PST	Parents/Caregivers Discussion Group
	4 – 5:30 PM PST	Youth/Young Adults Discussion Group
Thursday, October 17 th	1 – 2:30 PM PST	System Partners Discussion Group
Wednesday, November 20 th	10 – 11:30 AM PST	Parents/Caregivers Discussion Group
	4 – 5:30 PM PST	Youth/Young Adults Discussion Group
Thursday, November 21 st	1 – 2:30 PM PST	System Partners Discussion Group
Monday, December 9 th	2:30 – 5:30 PM	P25 SPAG
Wednesday, December 18 th	10 – 11:30 AM PST	Parents/Caregivers Discussion Group
	4 – 5:30 PM PST	Youth/Young Adults Discussion Group
Thursday, December 19 th	1 – 2:30 PM PST	System Partners Discussion Group



August Meeting

- **Discovery Sprints**
- **Landscape Analysis**
- **Data**

Strategic Plan on Youth Homelessness Prevention

CYBHWG

Isaac Fall

PREVENTION MANAGER

07/11/2024



Washington State
Department of
Commerce

Agenda

- Background on the work
- Formation of the Steering Committee
- Overview of both the Preliminary Strategic Plan and Final Strategic Plan on Youth Homelessness Prevention
- Where we're at now
- How this all relates to the CYBHWG

Background

In 2020, the WA State Legislature invited the Office of Homeless Youth to create a strategic plan on the prevention of youth homelessness. This work was a collaborative effort between three different organizations and a steering committee comprised of 20 lived experts of youth homelessness and caregivers.

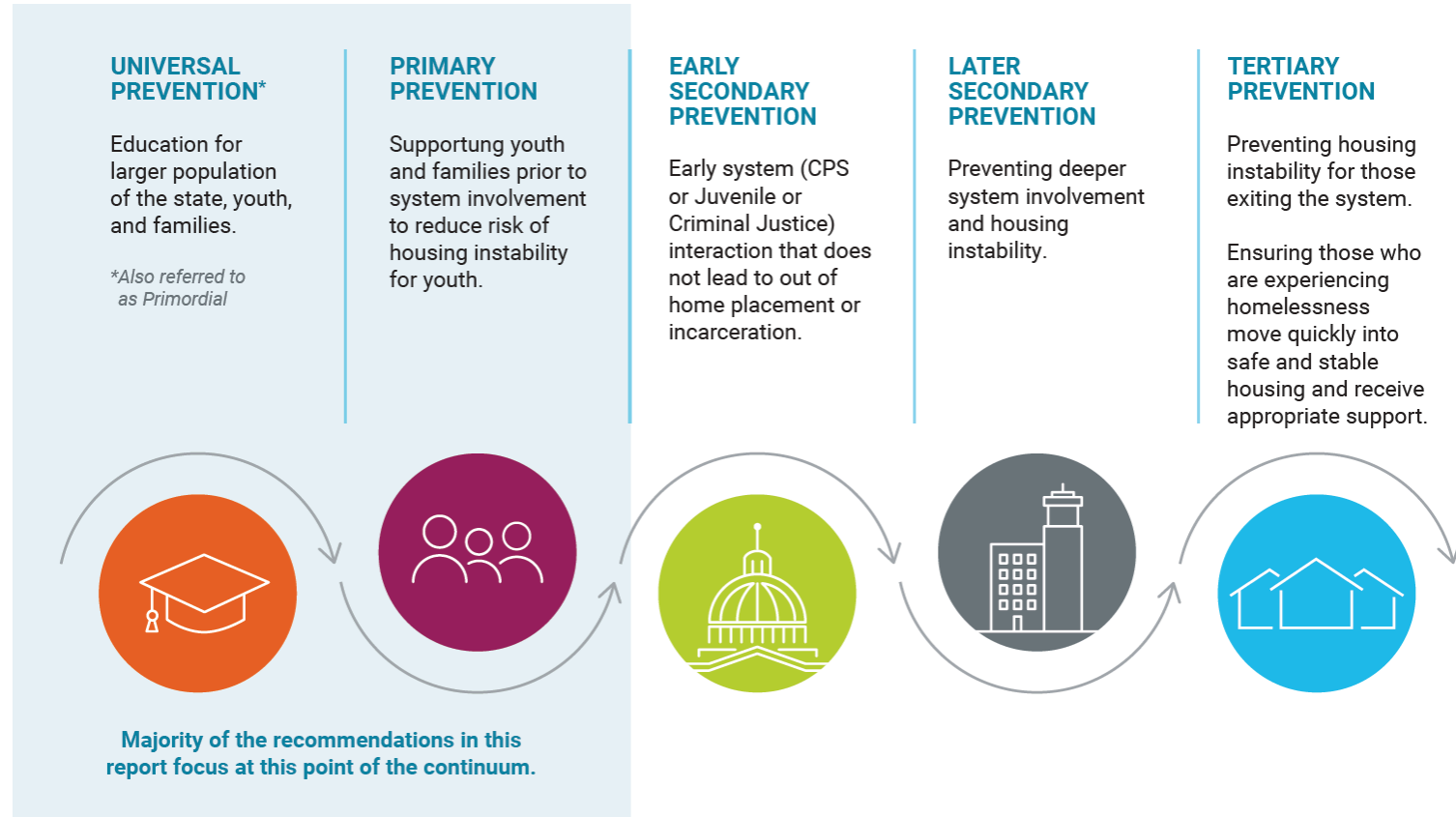
Steering Committee



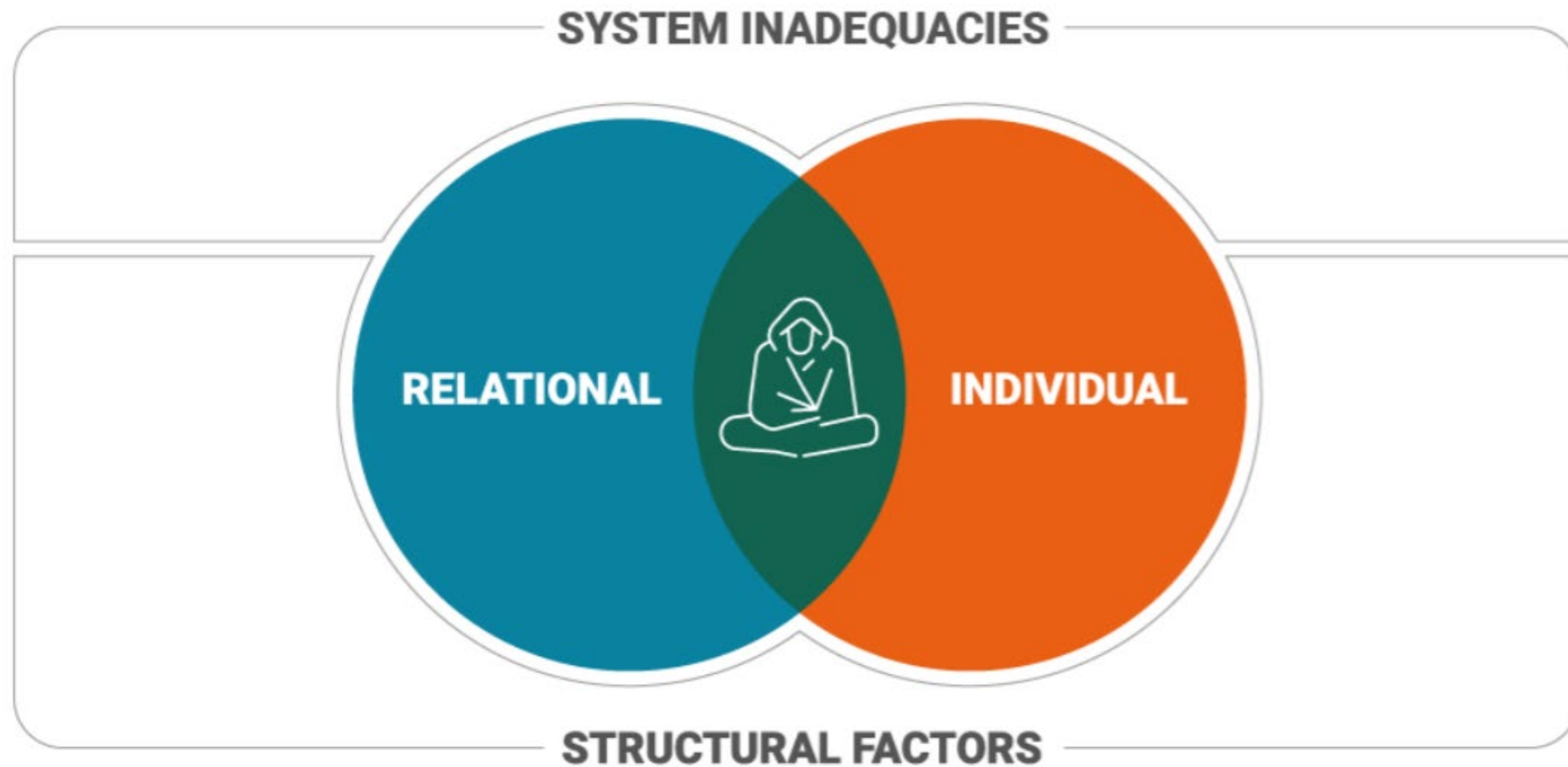
Intersectional recruitment

- Urban & rural
- Youth & caregivers
- More youth than caregivers
- Queer
- Trans
- Neurodivergent
- Mental health considerations
- 95% BIPOC
- Black
- Indigenous
- Asian
- Pacific Islander/
Native Hawaiian
- Latin (o/a/x)

The prevention continuum



Root causes of youth homelessness



System gaps

- Primary prevention services related to family crisis support are not funded and available consistently. Families have to interact with formal systems to get help.
- Siloes across different agencies and departments create a system of disconnected services that youth and families have to navigate.
- Schools can play a role in primary prevention but do not have the resources to do so.
- Programs and services currently in place to serve youth and families are not working for communities of color.
- Youth labeled as "high functioning" autistic slip through the system siloes without receiving appropriate supportive services.
- Programs, services and expectations designed for able-bodied, neuro-typical youth are not appropriate to effectively serve autistic youth.
- Funding and policies to address homelessness are focused on tertiary prevention, causing a lack of services and supports for caregivers in the early stages of a crisis.
- Prevention programs lack flexible and integrated funding streams.

What the data tells us

- Youth of color and LGBTQ2 youth experience homelessness at disproportionately compared to their white, straight, cis peers.
- Neurodivergent youth are disproportionately represented in housing unstable youth.
- Youth homelessness is prevalent in both urban and rural areas.
- Youth serving organizations are predominantly in urban area and do not represent the demographics of the youth they serve
- Youth of color and QTPOC youth don't feel welcomed or served in many of the organizations

Pillars and recommendations

PILLARS

RECOMMENDATIONS

Supporting whole family well-being

- Invest in youth and family well-being
- Prevent the separation of families and youth
- Meet the health and wellness needs of minors

Universal support for basic human rights

- Support housing stability
- Support whole health and well-being of communities across the state
- Ensure youth people have access to information they need
- Create pathways for economic security

Mitigating racism and trauma in systems that serve families

- Require education and training on systemic racism in government systems
- Design services to meet the needs of marginalized communities
- Eliminate racial bias in systems

Shifting resources to BIPOC communities

- Direct state funding to By and For organizations
- Ensure the workforce reflects the demographics of those served

High priority recommendations

- A new service system for family well-being – that has a non punitive single entry point to preventative services.
- Change zoning laws – to enable more diverse and dense housing.
- Job opportunities and support for lived experts disproportionately impacted by homelessness and lack of access to entry level jobs
- Stigma free respite for caregivers and youth in the community.
- Different options for parental consent in housing for minors.

High priority recommendations cont.

- Focus on anti-racism in government policy, programs and procedures.
- Increase state agency level collaboration on funding to prevent siloed funding requirements around prevention.
- State funded housing for pregnant and parenting teens and young adults.
- Comprehensive relationship education serving families and youth.
- Create entry level jobs in collaboration with private sector industries in the state.

Youth Homelessness Prevention Proviso

Engrossed Substitute Senate Bill 5187 (2023) directs the Office of Homeless Youth and DCYF to co-lead a prevention workgroup. The workgroup focus is on preventing youth and young adult homelessness and other negative outcomes. Workgroup membership must include identified state agencies, community-based organizations, and young people and families with lived experience of housing instability, child welfare involvement, justice system involvement, or inpatient behavioral health involvement.

The workgroup guides implementation of:

- State's strategic plan on prevention of youth homelessness
- Substitute Senate Bill 6560 (2018)
- Engrossed Second Substitute Senate Bill 5290 (2019)
- Efforts to reform the Family Reconciliation Services program
- And other initiatives addressing the prevention of youth homelessness

\$200,000/year is provided to OHY to facilitate the participation of lived experts.

Currently

- Rebuilding Steering Committee
- Landscape analysis
- Ramping up implementation efforts with formation of Prevention Workgroup and webinar series

Behavioral health related recommendations

- Improve and fund access to therapy for everyone in WA state. Support culturally relevant therapy practices for BIPOC, neurodivergent and LGBTQ2+ communities.
- Stigma-free universal screen of neurodivergence to ensure that youth of color are not misdiagnosed when they are neurodivergent.
- Fund and develop more culturally led treatment centers where families can heal together.
- Increase the age limit of youth BH treatment centers to 21 years.
- Co-design training and increase awareness in the private sector on adverse childhood experiences (ACEs), impact of stress on the brain, trauma and needs of neurodivergent and trans, queer, and two-spirit.



Washington State
Department of
Commerce

Thank you for your partnership!

Isaac Fall

PREVENTION MANAGER

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PONTIFEX
consulting

Mapping the Children & Youth Behavioral Health Ecosystem

Value and Approach

Presented to the
WA CYBH Working Group

July 11, 2024

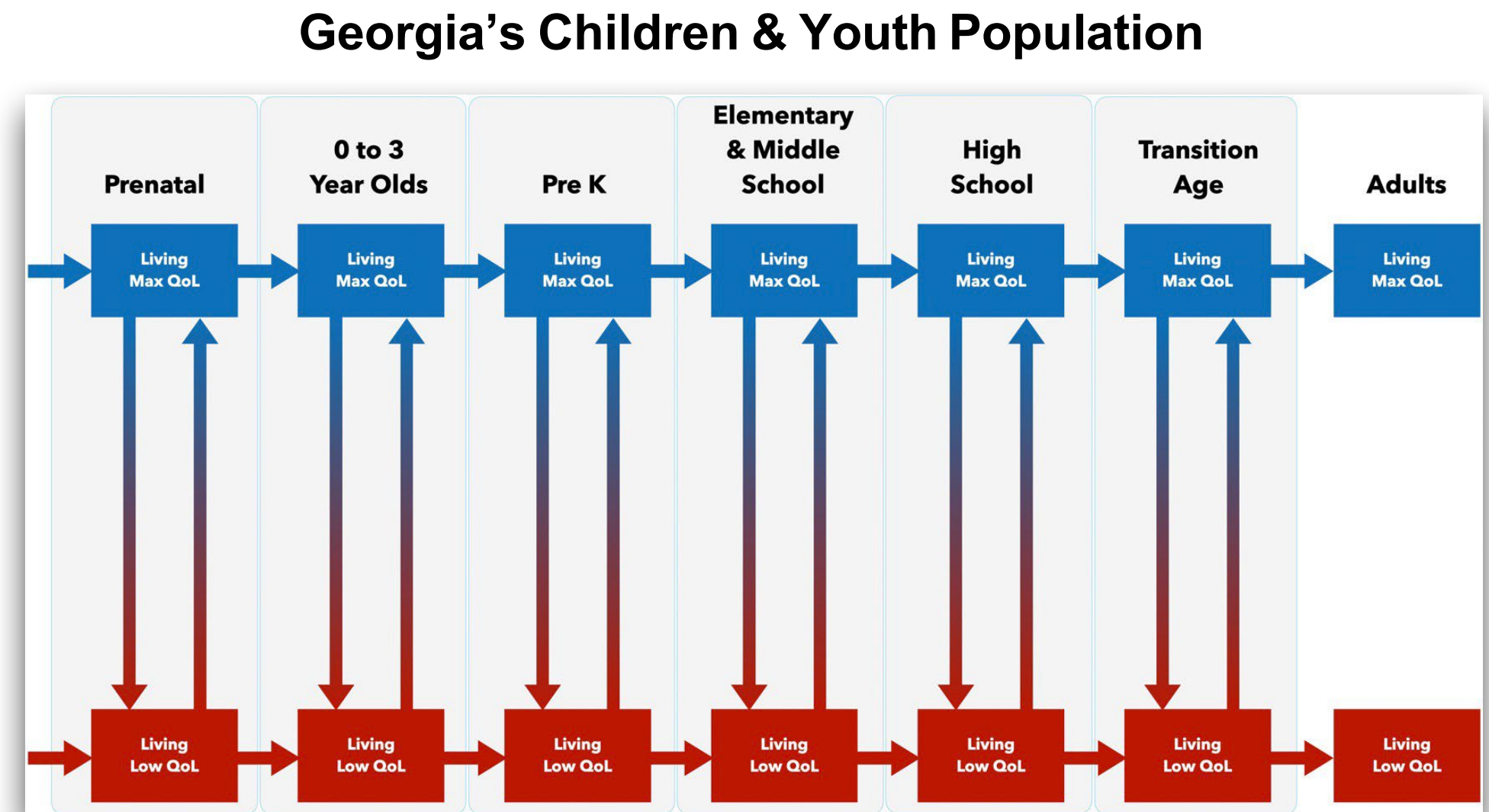
Chris Soderquist
Pontifex Consulting

Context

Purpose and Process



- Why build ecosystem maps?
- How do they improve strategy development?
- What are typical long-term impacts?



Ecosystem Map —Children & Youth Behavioral Health

Mapping GA's Strategy for Children & Youth Behavioral Health

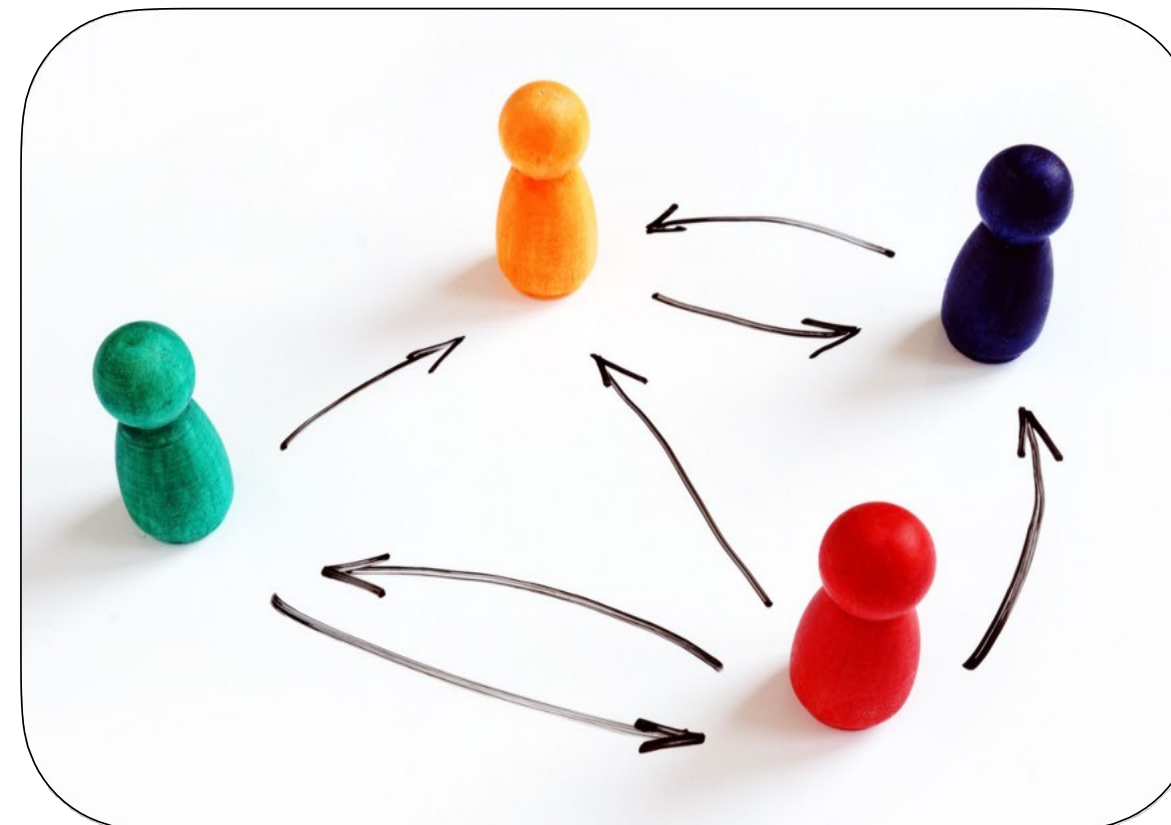


State Agencies:

Georgia Department of...

- Behavioral Health and Developmental Disabilities
- Community Health
- Early Care and Learning Education
- Human Services Division of Family and Children Services
- Juvenile Justice
- Public Health

Georgia Vocational Rehabilitation Agency



Partner Organizations:

Amerigroup Community Care
CareSource
The Carter Center
Center of Excellence for Children's Behavioral Health,
Georgia State University
Center for Leadership in Disability, Georgia State University
Children's Healthcare of Atlanta
Georgia Alliance of Therapeutic Services for Children and Families
Georgia Chapter of the American Academy of Pediatrics
Georgia Appleseed
Georgia Association of Community Service Boards
Georgia Early Education Alliance for Ready Students (GEEARS)
Georgia Parent Support Network
Get Georgia Reading
Mental Health America, Georgia
National Alliance on Mental Illness (NAMI), Georgia
Peach State
Resilient Georgia
Together Georgia
United Way of Greater Atlanta
View Point Health CME
Voices for Georgia's Children
WellCare
WinGeorgia CME

Consulting Member:

Centers for Disease Control and Prevention

- Interagency Directors' Team (2013)
- Met several months —*without* agreement on a **strategy**
- Division Director describes **stumbling blocks**
- Georgia Health Policy Center — backbone organization — provided capacity building
 - ✓ Adaptive Leadership
 - ✓ Systems Thinking

Stumbling Blocks*

Progress stalled because...

- ✓ Lack of a **shared Goal**
- ✓ **Multiple Priorities**
- ✓ Macro vs. Micro
- ✓ Lack of Resources
- ✓ **Difficulty Focusing**
- ✓ Interagency Road Bumps (individual goals vs. collective goals, changing environments)

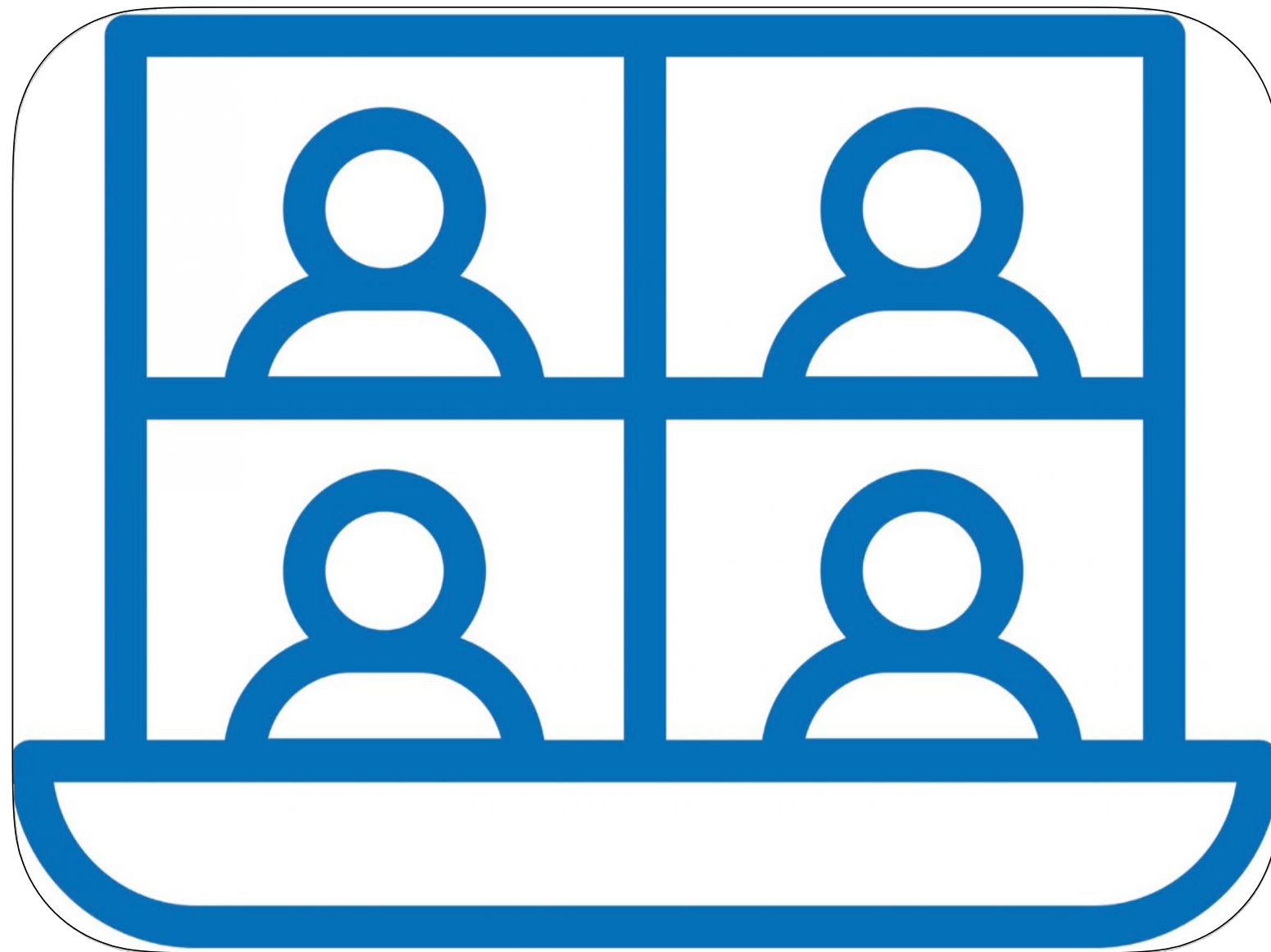


***Monica Johnson, Interim Commissioner** Department of Behavioral Health and Developmental Disabilities
System of Care Academy (2013)

Mapping the Ecosystem

Initial Mapping Effort





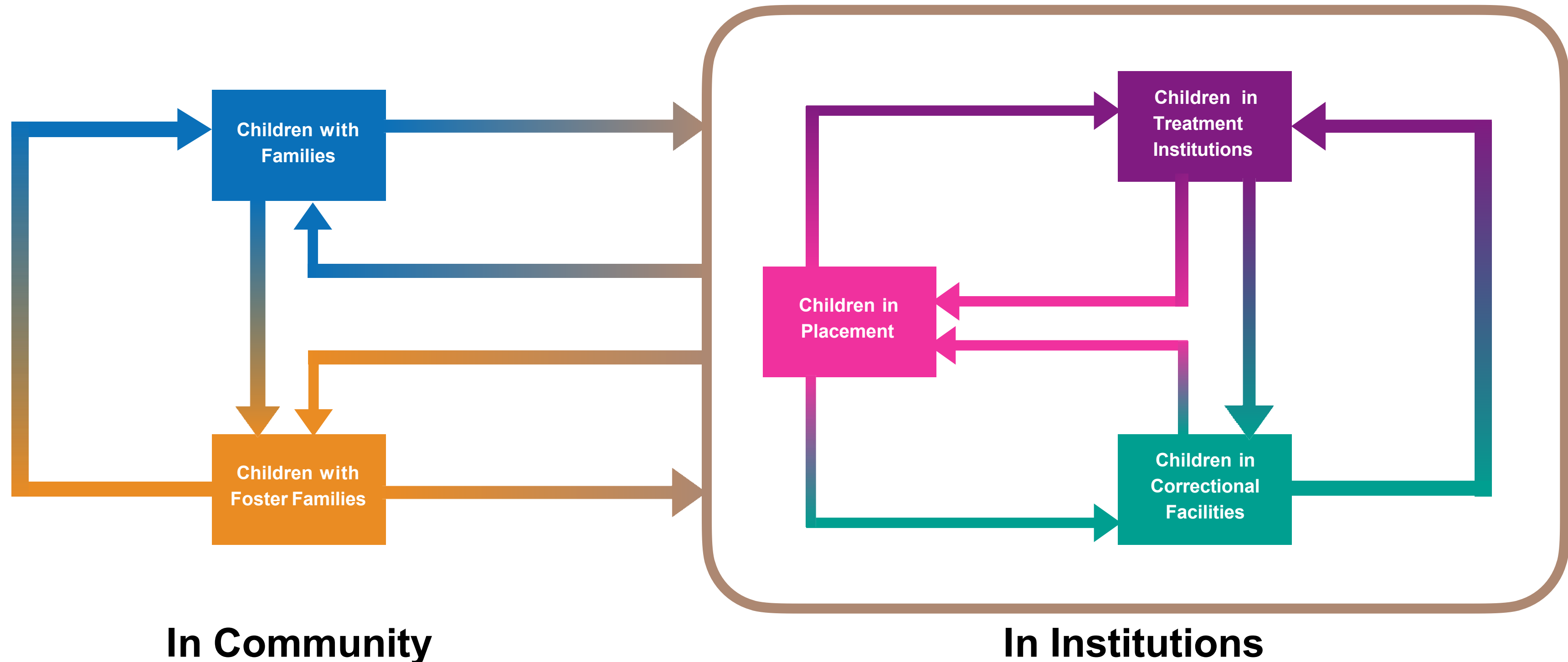
Interviews with State Agencies:

Georgia Department of...

- Behavioral Health and Developmental Disabilities
- Community Health
- Early Care and Learning Education
- Human Services Division of Family and Children Services
- Juvenile Justice
- Public Health

Georgia Vocational Rehabilitation Agency

Plus other members of the IDT



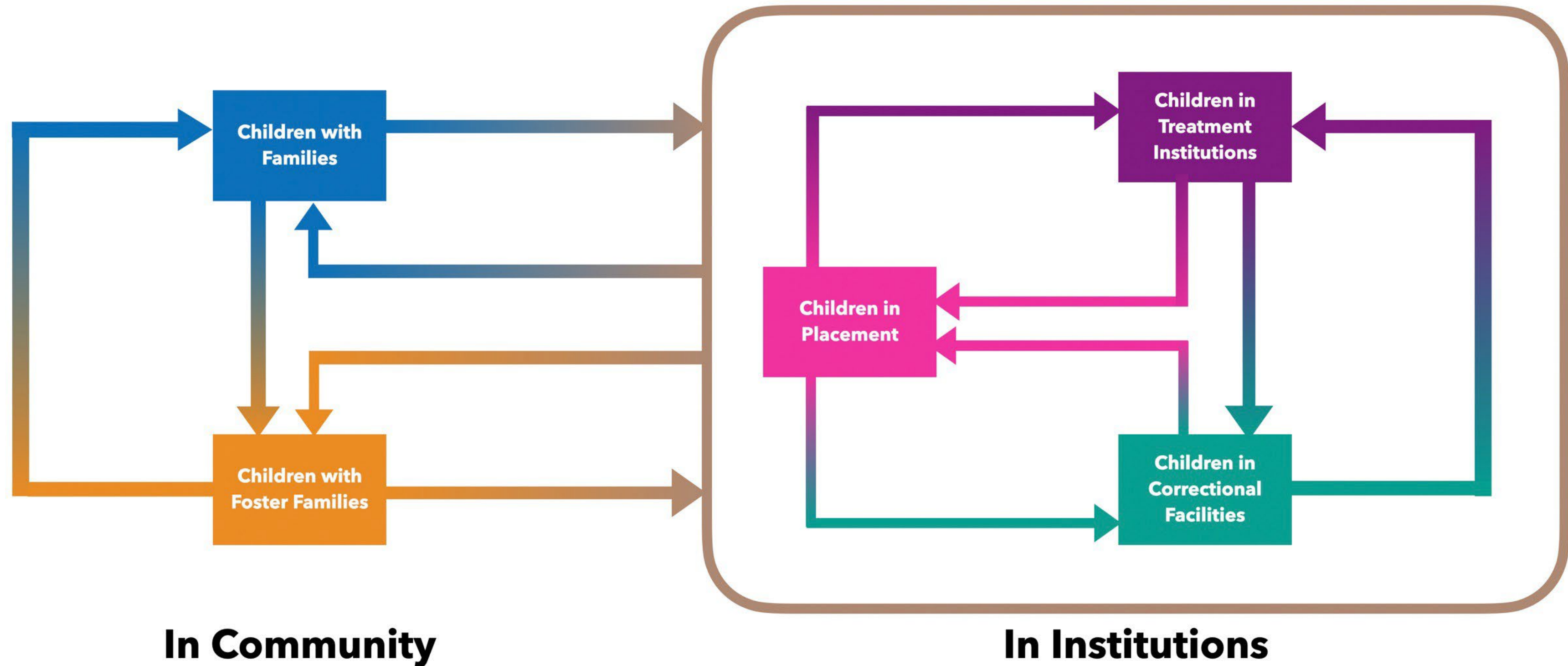
Implicit Goal = Keep children in community

47

48

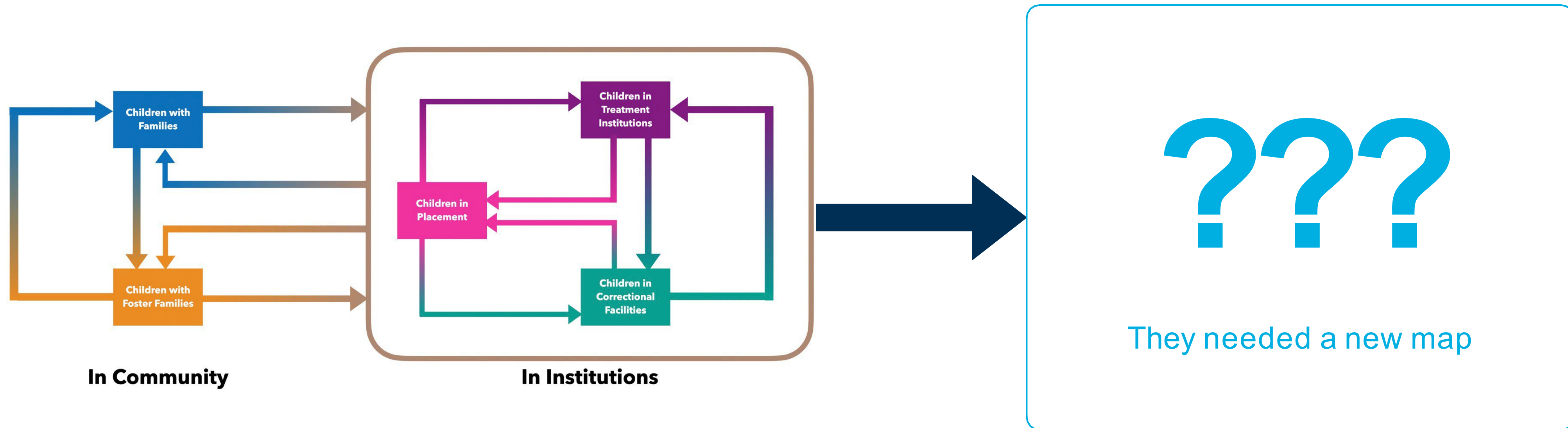
This map was *provider-centric*

IDT members argued their services needed more support and funding



This map was *provider-centric*
IDT members argued their services needed more support and funding

Mapping the Ecosystem: Take 1

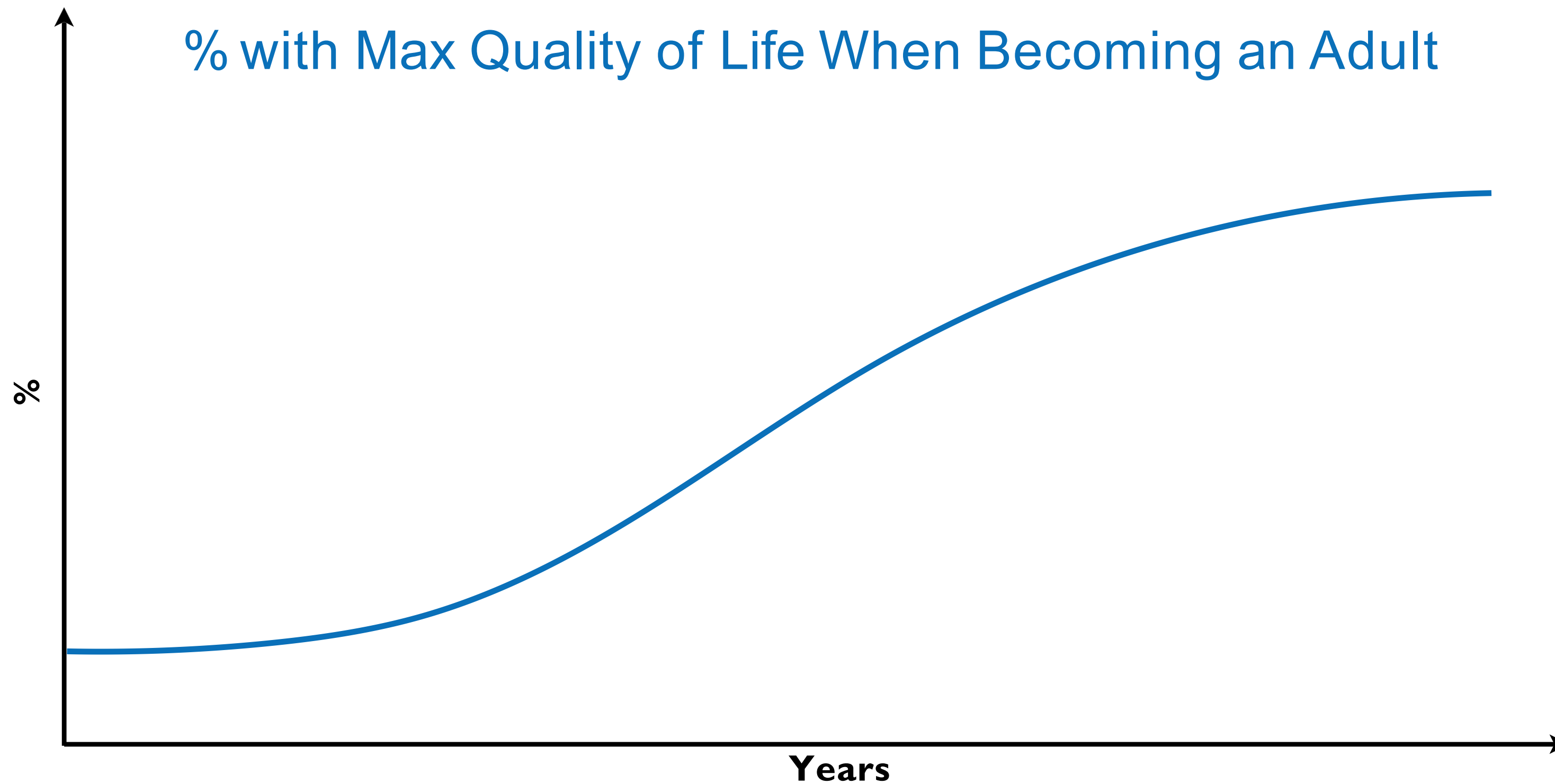


“We can't solve problems by using the same kind of thinking we used when we created them.”
—Albert Einstein

Mapping the Ecosystem

Mapping the Ecosystem —Take 2



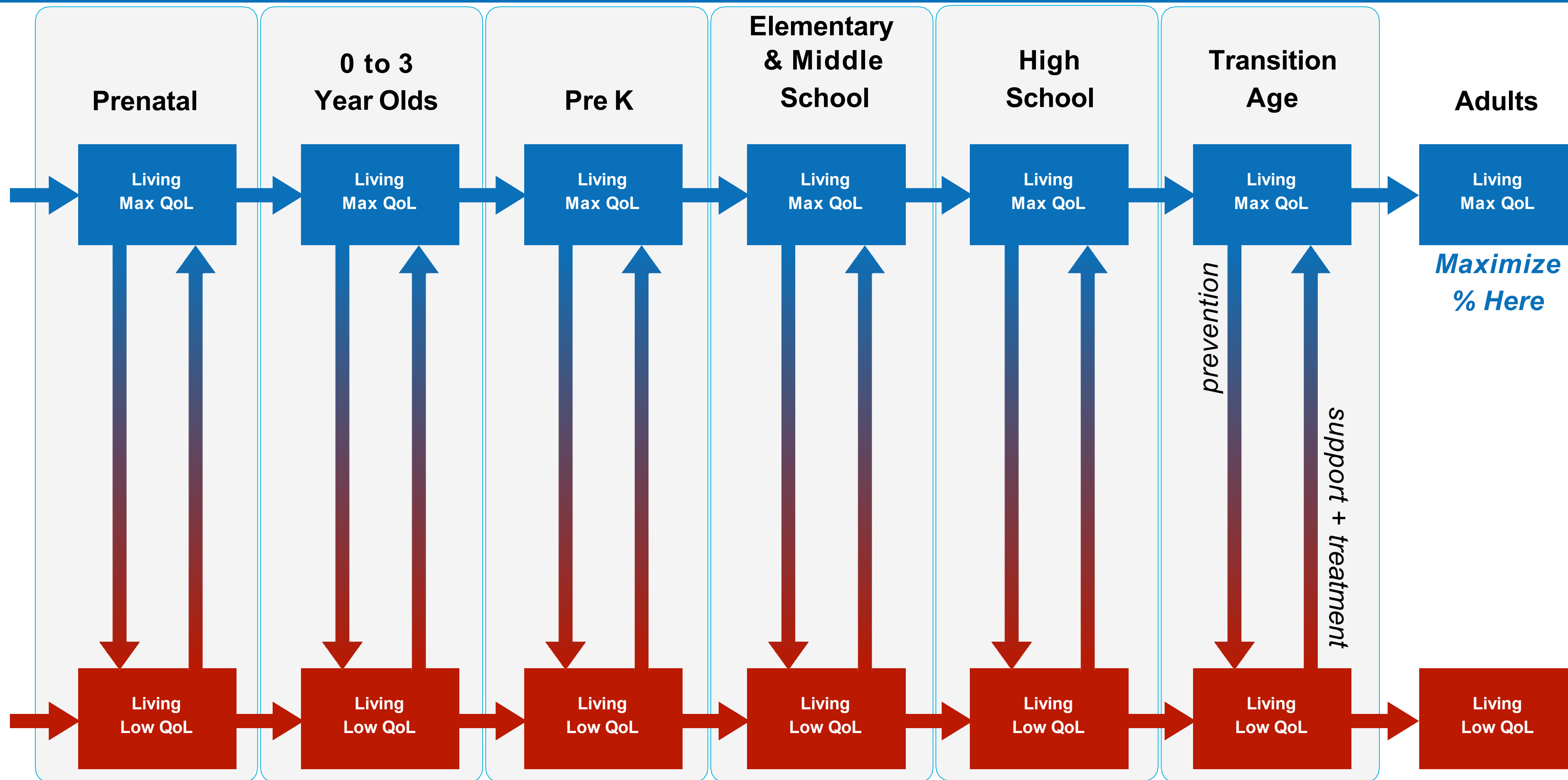


52

51

Max Quality of Life =
Capable of living alone, holding a job, and other life functions to the best of physical capabilities

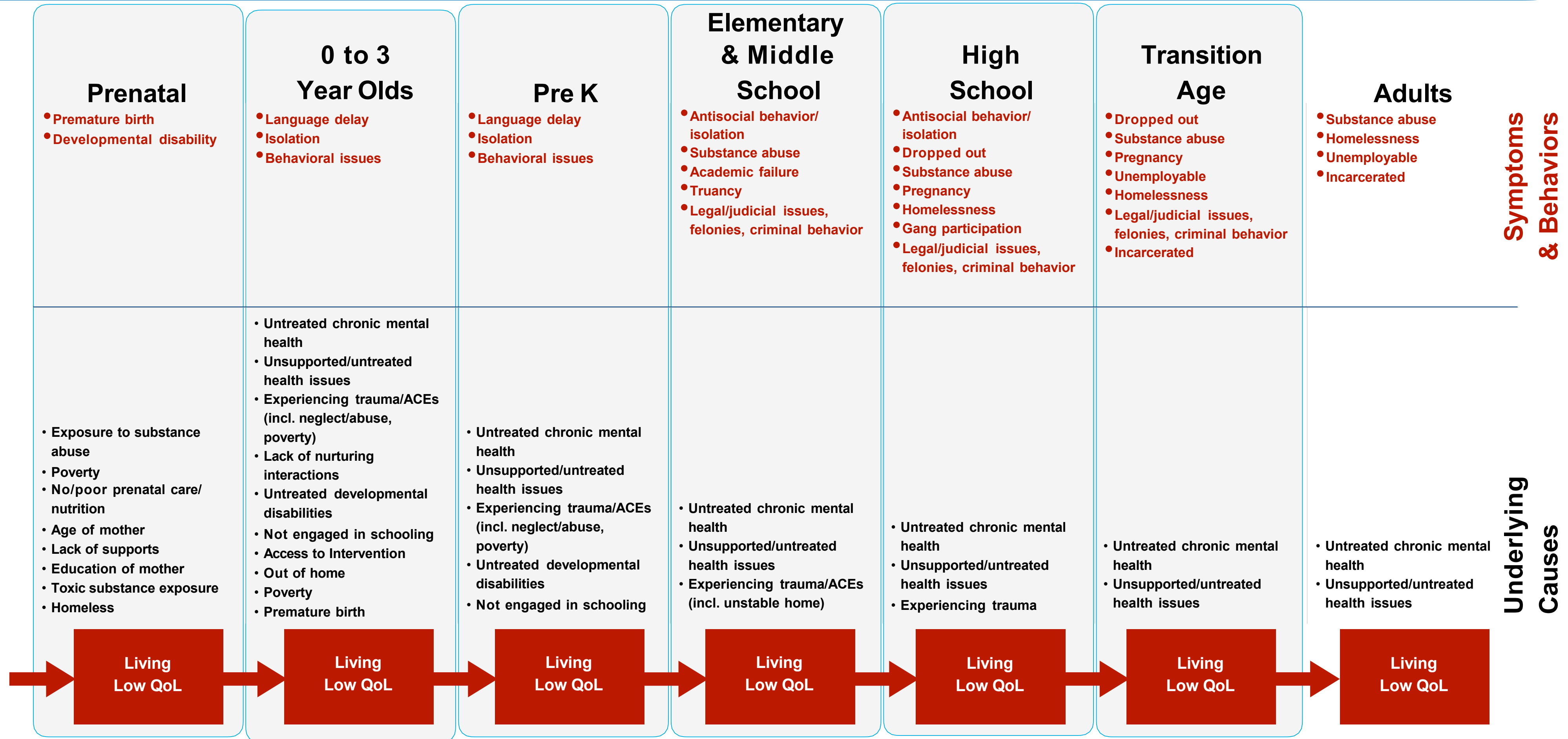
Taking a Developmental Perspective —Population management



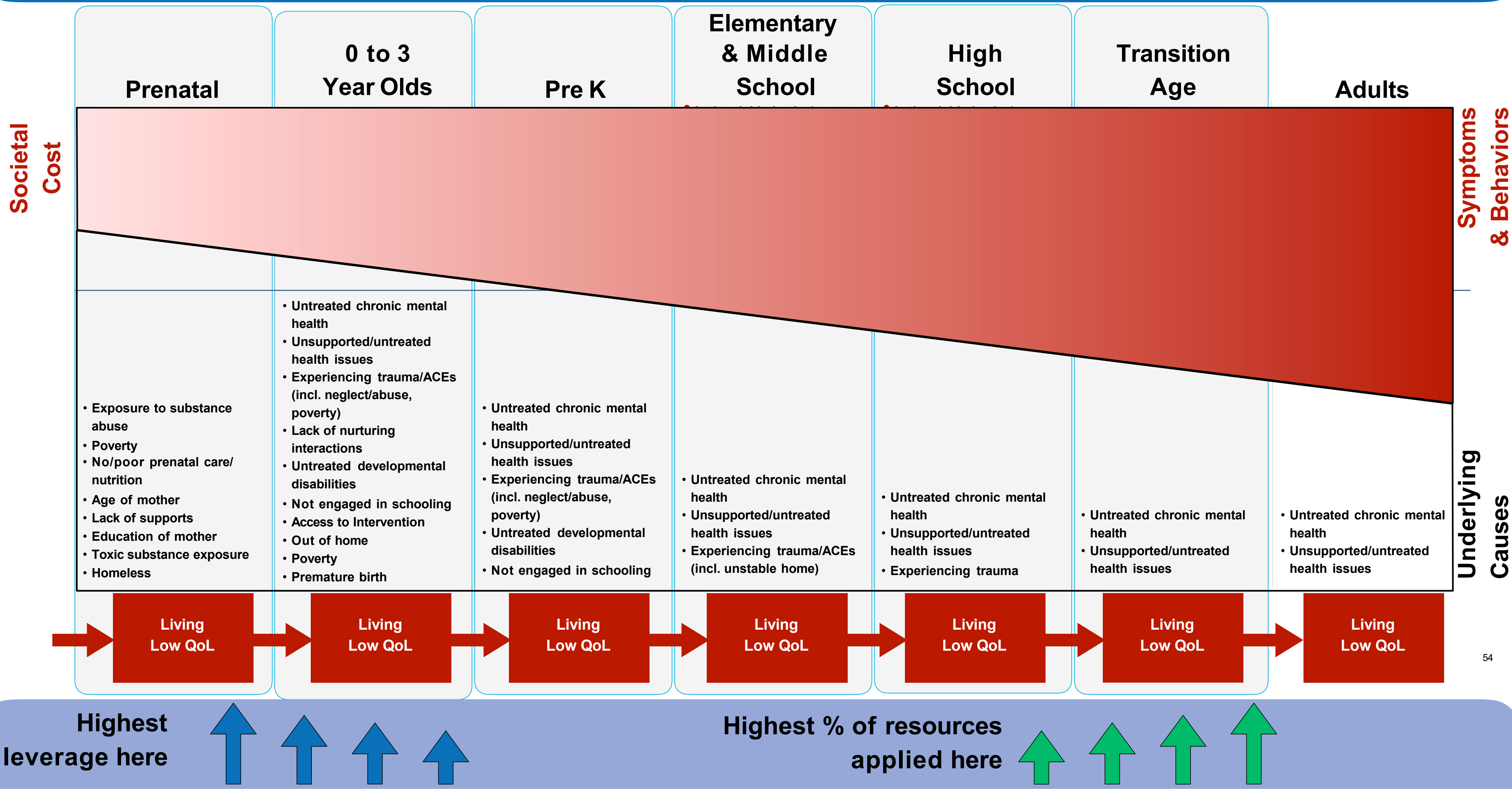
This map was *population-centric*

Agencies / providers could see how they must collaborate across age ranges

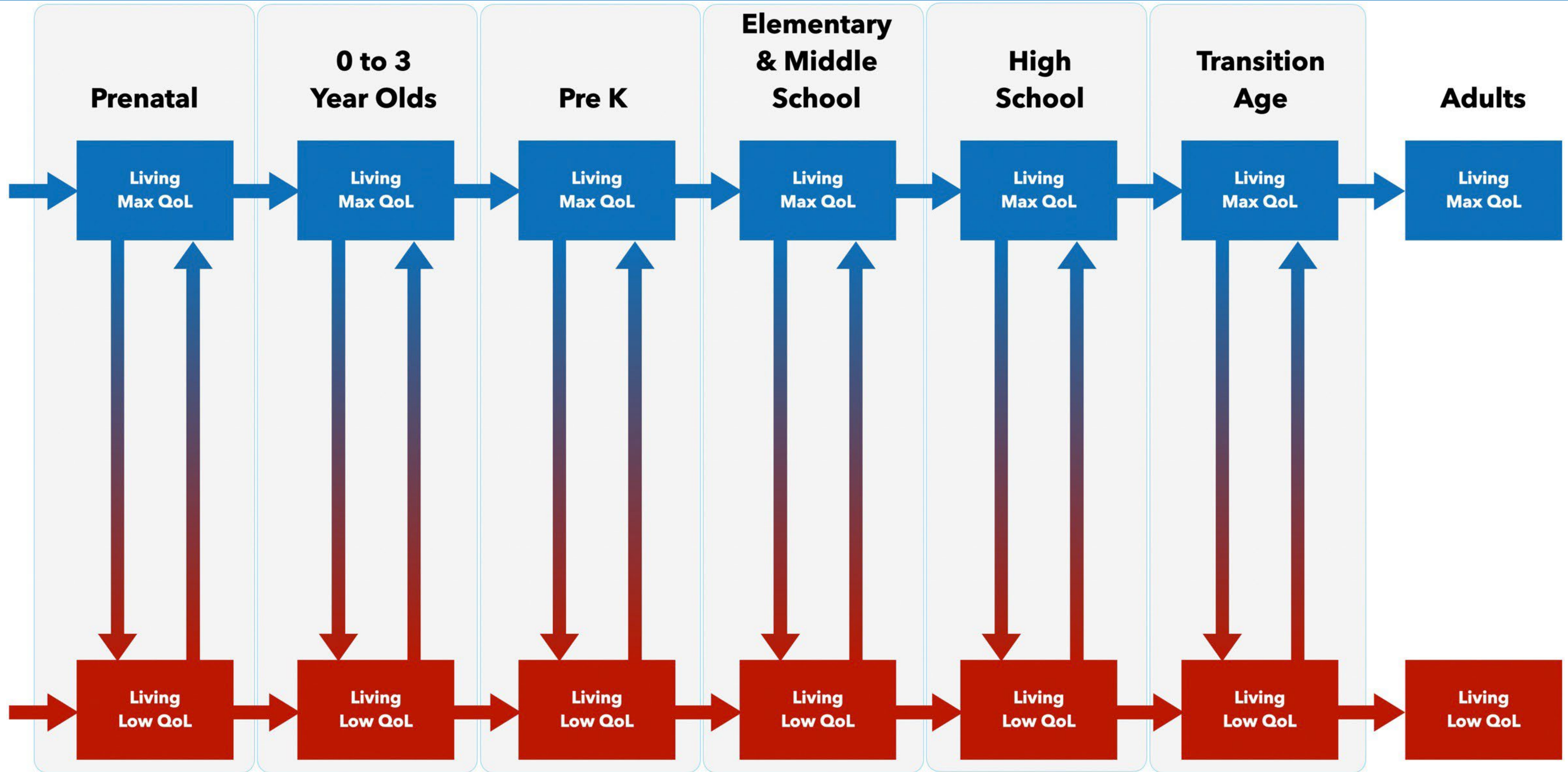
Taking a Developmental Perspective —Symptoms and causes

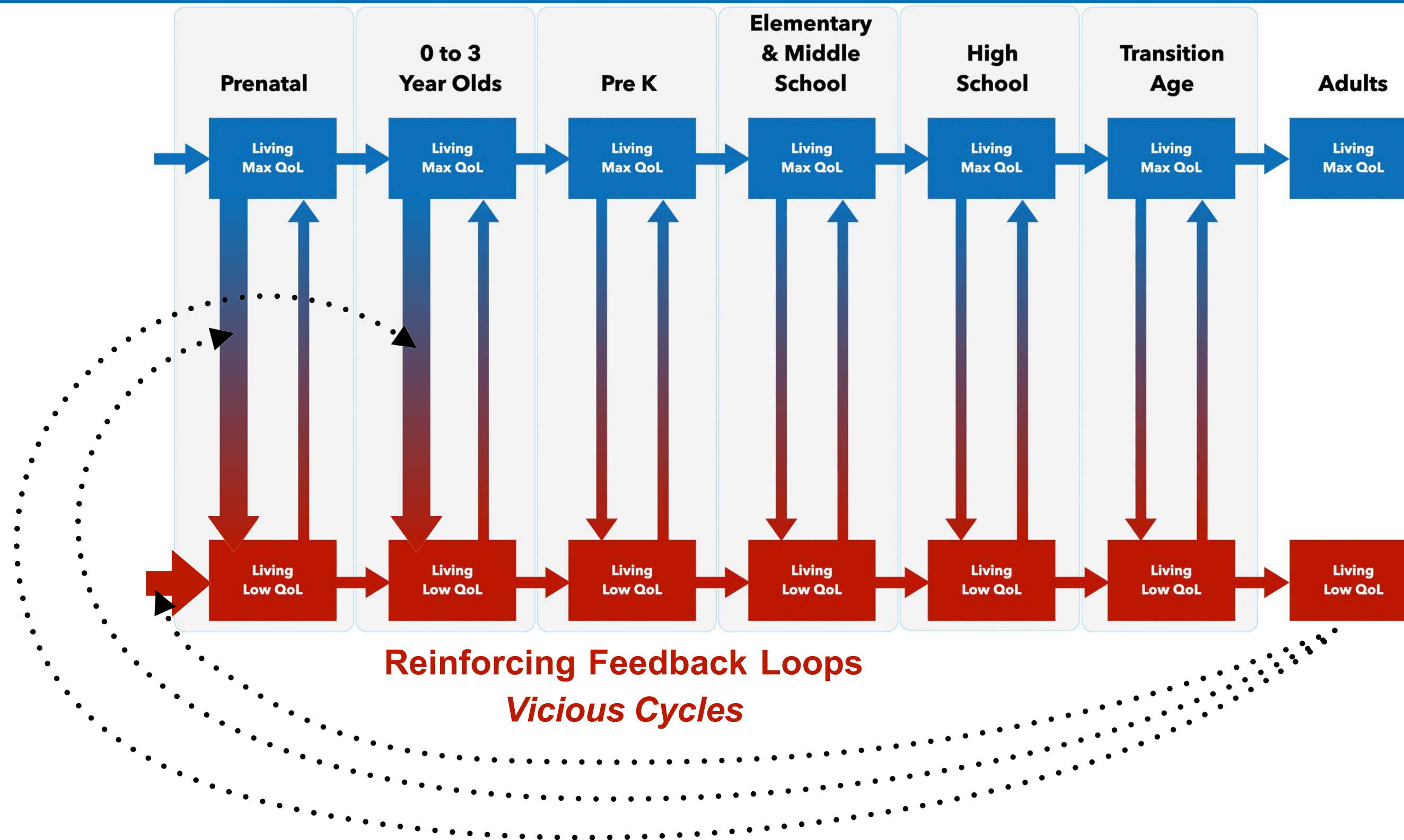


Taking a Developmental Perspective



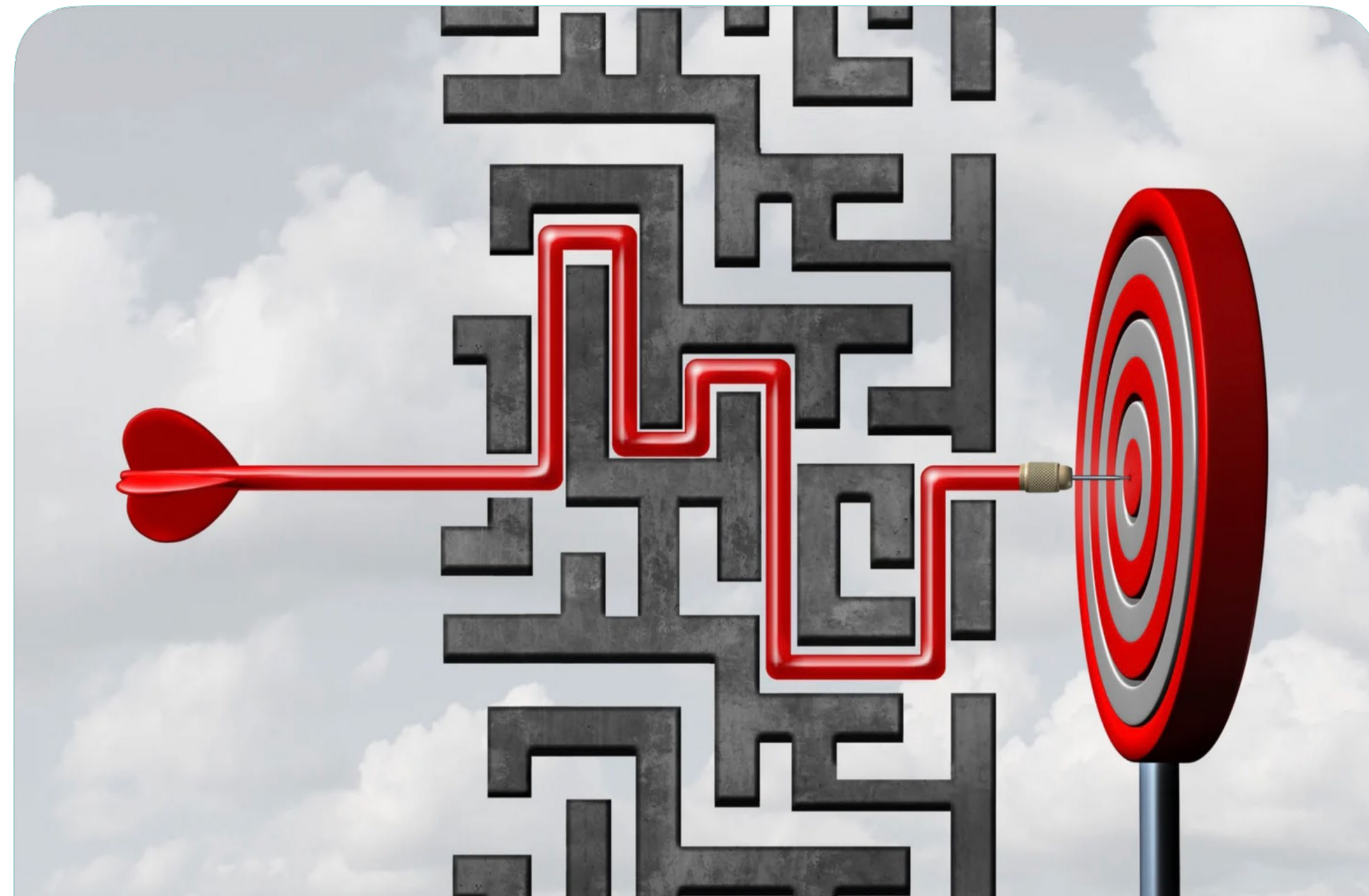
Taking a Developmental Perspective



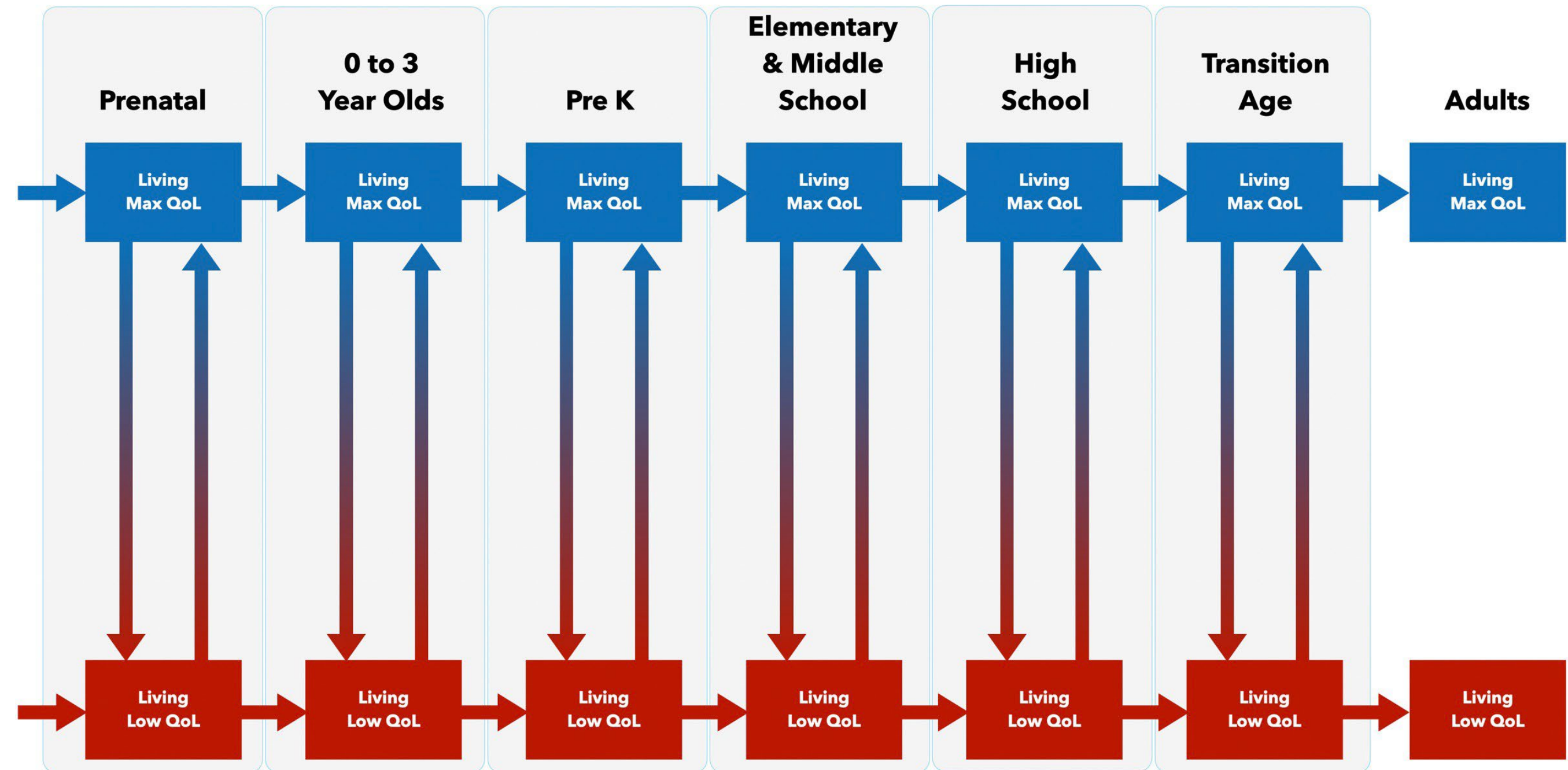


Developing Strategy

Applying the Map



What additional system forces — policies, resources, structures — are identifiable on this map that contribute to those **negative dynamics**?



The Team Used the Map to Propose Potential Interventions

Propose a specific intervention for each *and* answer the following?

Indicators	What would be some immediate action items?	How soon after implementation starts before this indicator would be noticeably improved? How measured?	Who has this information?	How easy is it to get?
All children reading proficiently on grade-level by end of 3rd grade (NAEP scores)				
Fewer children needing DD services (% of pop or % of target pop?)				
Decreased substance abuse				
Decreased foster care need				
On-time HS graduation				
Lower unemployment rate				
Living in the community (not institutionalized – hospital, jail, etc... or homeless)				

Long-term Impacts

How the Mapping Effort Continues





Built a stronger sense of **purpose**, **cohesion** and mission for the Inter-agency Directors Team (IDT).



The map has been central to several iterations of the SOC State Plan with increasing efforts specifically addressing **infant** and **early childhood mental health**.



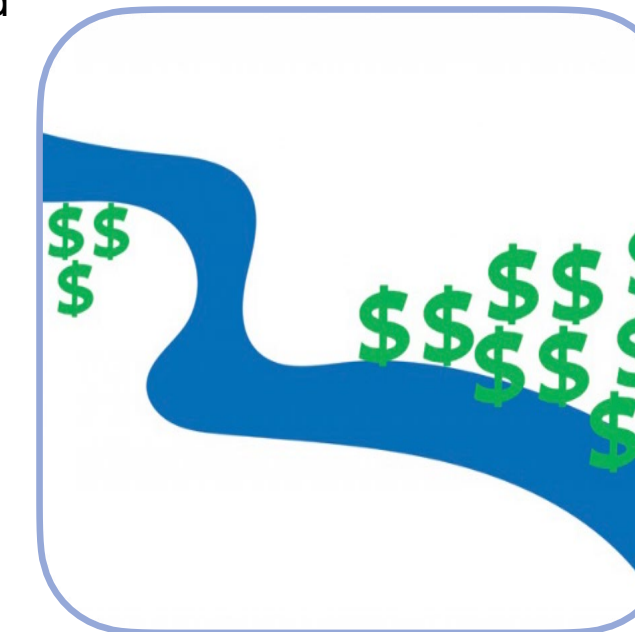
The IDT's visibility and purpose have grown under the leadership of an Executive Director; the IDT has been rebranded as **Mindworks Georgia** and is directly involved in multiple children's behavioral health initiatives throughout the state.



The IDT collaborative viewed children with mental health challenges as their children and **their collective challenge** to address —*rather than the mission of any one single agency*.



They more deeply understood the importance of **starting early** with infants and young children to prevent and address mental health challenges.



Agencies realized more funds were being expended later when youth were older and in crisis — rather than **upstream** for more **preventive efforts** with younger ages.

The map has been shared with legislators interested in better understanding children's behavioral health challenges *within* the state's behavioral health ecosystem.

- Ecosystem maps provide bird's eye view of the “**whole**” system
- The process gets everyone on the **same page** —seeing the interconnections
- Maps can locate **highest leverage interventions** —where policies and investments can have maximum impact
- They not only help build strategy, they help **communicate** it —they generate buy-in for recommendations





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CRIS Committee Updates for CYBHWG

7.11.2024

CRIS Committee Meeting 6.18.2024

Youth Crisis Focused

- ▶ All meetings start with someone sharing their lived experience.
- ▶ Youth crisis meeting included presentations from:
 - ▶ Washington's three 988 Call Centers
 - ▶ Health Care Authority re: Youth Mobile Response and Stabilization Services (MRSS)
 - ▶ *Note: similar info was presented at the CYBHWG Meeting on 6.6.2024*
- ▶ Recording Here: <https://www.youtube.com/watch?v=y-apQXVqnQM&feature=youtu.be>
- ▶ Slides from CRIS Committee Meeting:
<https://www.hca.wa.gov/assets/program/cris-committee-meeting-presentation-20240618.pdf>

Youth Crisis Panel

► Panelists

- Dianne Boyd - clinical director, Childrens Crisis Outreach Response System (CCORS)
 - Starleen Maharaj-Lewis - lived experience
 - Sue Rash - clinical supervisor, CCORS
 - Dr. Alysha Thompson - clinical director, Seattle Children's Psychiatry and Behavioral Medicine Unit (PBMU)
 - Facilitator: Kashi Arora - program director, Seattle Children's Behavioral Health Service Line
- Powerful example of lived experience from parent who had called 988 for support less than a week before the meeting. (In the recording on YouTube its 1:36:19-1:41:32)

Youth Crisis Panel

- ▶ What are the unique needs of children/youth in crisis (as opposed to adults)?
 - ▶ There are lots of youth experiencing crisis.
 - ▶ How do we define “crisis”? Concerns we are defining “crisis” for 988 as suicidal ideation only. Youth experience other types of crises - aggression, “externalizing behaviors”, and running away. Families experience crisis in trying to manage youth behaviors.
 - ▶ Still feels like the only place to go is the ED
 - ▶ The system is confusing for families and for youth in crisis.
 - ▶ Youth are frequently interdependent on family members and on multiple systems - education, housing, juvenile justice, etc.
- ▶ The CRIS Committee advises on how to build a crisis response system and 988 hotline for WA. How should we approach building a system that supports youth?
 - ▶ Ensure connection to the right resource immediately, straight through to mobile response.
 - ▶ Make sure kids/families don’t need to call multiple times.
 - ▶ Parent panelist requested scripted language to help her get the right thing (shouldn’t we build a system that doesn’t require parents to know a script?)
 - ▶ Increased use of peers across the board.
 - ▶ Ensuring call takers can provide info to those walking into the situation (mobile responders) so they are well-informed.

Youth Crisis Panel

- ▶ What's one key takeaway about youth and transition-aged youth you'd like CRIS to know?
 - ▶ We still have gaps in our systems to support families. How can we build additional system supports (i.e. respite) to fill gaps?
 - ▶ There is still a lack of breadth in terms of services youth can access depending on their insurance and needs. Connection to care is critical.
 - ▶ Crisis continuum is the “front door” to other services - where the resources to connect to?
 - ▶ Access to care. Calling 988 and not getting help will create/perpetuate distrust in the system.
 - ▶ Follow-up after the 988 call would have been very supportive. We say we're doing that, but that's not the lived experience.
 - ▶ Youth are part of systems and we have to support caregivers. “People shouldn't have to be experts to navigate the system.”
 - ▶ Crisis has multiple definitions, not just suicidal ideation.
 - ▶ We currently have a system that makes youth “fail out” of specific services before they can access the next level of care, which is really challenging.

Questions from CRIS Committee

- ▶ What are the supports for the siblings of the youth in crisis?
- ▶ What does “a safe place to be” look like? What services are available in this part of the system? How can we make sure these spaces are actually safe?
- ▶ How can we make the CRIS Committee meetings more accessible for youth so we can hear directly from them?

Reactions from CRIS Committee

- ▶ Everything resonated deeply. 988 is serving as a bit of a gatekeeper to getting resources like mobile response. There’s a scarcity mentality about resources/services.
- ▶ Challenging for call takers to know where to refer and to know how to navigate the systems. Discussion about 911 and 988 and first responders - linkages aren’t always there.
- ▶ Discussion about licensing for facilities (to ensure safety).
- ▶ How are we capturing data? What are we marking as “success”?
- ▶ Differences between vision for 988 and the reality. We need oversight to ensure quality improvement.
- ▶ The system needs to be responsive in how it needs to be able to take feedback and adapt. We’re hearing these stories because people had advocates. What happens to those who don’t have advocates?