Notes

Children and Youth Behavioral Health Work Group (CYBHWG)

May 2, 2024

CYBHWG seeking new members

- A parent who has a child aged 5 or younger and has received or needed mental health and/or substance use services.
- 2 young people (ages 13-29) who have received or needed mental health and/or substance use services.
- A provider of culturally and linguistically appropriate health services to traditionally underserved communities.
- A representative from an Educational Service District (ESD).

Prenatal – 25 Strategic Plan Advisory Group update, part 1: Strategic Plan principles

See TVW recording (12:06), see page 7 for slides

Highlights

- The Strategic Plan Advisory Group was a CYBHWG recommendation.
- The Advisory group is in the second year of an ongoing process and using the multiple lessons learned from year one to build on, as well as the community collective to problem solve together.
- In addition to giving Washingtonians hope for the future of behavioral health in our state, the strategic plan is important from a legislative and policy perspective because it will help continue to align the relationship over time, as well as give executives and legislators budget.
- The Strategic Plan is a combination of a shared vision and a plan of action.
- Vision includes a robust, equitable behavioral health continuum of care designed by the children, youth and families it serves
- The CYBHWG will be the platform of implementing initiatives once the strategic plan is finalized
- The Strategic Plan key principles were shared with the group to use for the next exercise and collect feedback from the members.

Break out group report out: part 1

See TVW recording (1:33:45)

Highlights

Do the principles capture what they need to?

- Informed and driven by Children, Youth & families and is evidence based.

- Strategic Plan Advisory Group is defined for youth and families, identifying service delivery for this target population.
- Wonder about the ability to access and exclusion for this work
- No wrong door is good, but who are the most vulnerable communities (e.g., LGBTQ+ and trans) sometimes there is no wrong door but not always.
- Principles honor the system of care values.
- Outcomes and levers that are nimble enough… like the outcomes being nimble
- Holds prevention and current crisis at the same time.
- Equity lens – at the very top.
- Community based.

If not, what is missing?

- Need to talk about outcomes and collecting data – it's not called out.
- Need all sides of the picture, including the qualitative data around people's lived experience.
- Frustrated with private/commercial insurance. It's very difficult to find services
    - Service plans really limit who folks can see;
    - There are unrealistic time limits; *and*
    - It's hard for families to find care.
- More specific language about designing a system for p-25 is needed.
- We need a system that has the resources for families and to provide the services needed.
- Need to figure out what we mean by prevention.
    - The best way to focus on prevention is to better ensure that there is family support (economic, home visiting, parenting, etc.). And we need the resources to pay for such supports.
- Continuum of care – people who are ready and seeking help, young people who are struggling and have no door
- Dialable – menu of services, funding – who's looking at this? Does it have to do with money, or just take dialable out.
- People need access and resources at the earliest point possible.
- The Behavioral Health system should be insurance blind and specialize in serving prenatal-25.
- The system should use the research that is available… what we do should be value add… look at and use data.
- Foster care and homeless youth need additional support, not just the same general services as everyone else.
- Patients and families need to be informed where to go to access care, targeting the earliest point of service and for us to not assume patients know how to access care.
- The system has to provide access to care (counseling and medication management) services in service deserts which currently exist
- There needs to be more caregiver support for kids with disruptive/aggressive behavior, with substance abuse, or with major developmental impairments
- Within the plan, phrases like "help that looks like help" and "no wrong door" need to be better defined.
    - "No wrong door" feels jargon Ish – does that make sense to families/those seeking support?

- No addressing equity. Services that reflect culture a missing a purposeful statement of equity.
- What does "Help that looks like help" mean?
    - Does the "help" include the family?

Prenatal – 25 Strategic Plan Advisory Group update, part 2: The approach

See TVW recording (35:48), see page 11 for slides

Highlights:

- The goal of the approach is to ensure a robust engagement effort that results in an actionable Strategic Plan.
- Several work streams in this work to all intended to achieve in the principles previously outlined, designed to engage individuals and community across the state.
- Strategic Plan Advisory Group is the large hub for the work and will report to the CYBHWG regularly about progress and ultimately make recommendations by the work group.
- The 3 subgroups for this work include 1) YYA 2)parent caregivers 3)providers – open to anyone and be giving ongoing feedback to the advisory group.
- Community engagement activities. Community conversations, in partnership with orgs across the state to focus on community, with a focus on disproportionate or underserved community.
- We want to hear from those individuals with lived experience and will be sure to compensate.

Children with complex situations

Liz Venuto, Edward Michael, Kathleen Donlin, Sherry Wylie and Pedro Garcia, Health Care Authority (HCA)
See TVW recording (1:03:12), see page 23 for slides

Highlights

- Washington has been dedicated to working across state agencies for more than 5 years, and in practice even longer to identify gaps and solutions for children, youth, young adults, families and caregivers in complex situations.
- The goal is to build out a system of care that has a menu of services across the continuum that provide help when and where people need it and to create a plan to help caregivers in complex situations be healthy and supported.
- The work should move upstream when possible, get care for the first episode and not wait until the worst episode.
- A Cross-agency group was created to address barriers and system needs creating initiatives to improve service delivery.
- Kids Mental Health (MH) WA is a youth navigator program designed to support each region and all youth in the region seeking services.
- Asked to prioritize youth and families with no insurance barriers when seeking services.
- Children in Crisis – HB 1580 creates a rapid care team and pools state agency renounces to support and address complex cases of children in crises.

Resources

Mobile rapid response crisis teams' fact sheet

Children in Crisis (SSHB 1580) fact sheet
Mobile rapid response crisis teams' fact sheet
Residential Crisis Stabilization Program (RCSP)
Kids mental health Washington
Outcomes that matter to youth and caregivers

Subgroup Information

See TVW recording (1:35:15)

Workforce & Rates (W&R) (1:35:15)

- Meet twice a month with meetings scheduled to the end of the year.
- Looking at what have we done, where have we been and what do we need to do next.
- Colalborating with the subgorups and other stakeholders on workforce issues.
- Other subgroups are identifying workforce issues to send to the subgroup to advance items that allign.
- There are open public meetings; all are welcome.

Prenatal through 5 Relational Health (P5RH) (1:39:35)

- Topics to bring forward are still under consideration.
- This subgroup meets regularly and will increase the meeting cadence later in the year when draft recs are due.
- P5RH had a specialized group to develop a shared language to create a shared understanding for all that participant in this subgroup.
- This subgroup is open to the public; all are welcome.

School-based Behavioral Health Suicide Prevention Subgroup (SBBHSP) (1:43:55)

- This subgroup has a new membership group, as this is the only subgroup that has appointed membership. This includes 8 youth and young adults with 8 parents.
- Will be meeting monthly this year, very excited to get the work started.
- Working to recruit a youth and young adult lead, a parent lead and a legislative advocate lead.
- Looking to have focus groups this year around workforce and rates in the sb setting .
- HYS data will be shared at our next meeting. Oct. 2023 data will be shared and used to meet the need of students across the state.

Youth and Young Adult Continuum of Care (YYACC) (1:47:55)

- The subgroup meets monthly.
- Continue the conversation on priorities and look at previous items to keep them moving forward.
- This subgroup is open to the public, all are welcome.

Behavioral Health Integration (BHI) (1:53:16)

- This subgroup meets monthly
- Looking at ways to reach vulnerable populations and those areas with gaps in service.
- Looking at workforce issues to bring to the Workforce and rates subgroup.
- Looking at previous BHI recommendations and how to sustain or meet the demand for Behavioral Health services.
- Determining if codes are usable to expand services.

- This subgroup is open to the public, all are welcome

Crisis Rreponse Improvement Strategy (CRIS) Committee Update

See TVW recording (2:00:50)

- The CRIS committee meets every other month.
- The committee held an in-person meeting in Spokane the month of April, focusing on rural communities.
- Important to remember that youth are a cross-cutting population through all our work.
- Chris committee had outlined a vision statement for the work and some guiding principles for the crisis response system and were asked for their feedback on metrics.
    - The committee sees a current challenge of breaking down metrics by age.
    - The committee has asked to be able to break down data by race, ethnicity, language of care, age, and language of care to determine the status on meeting the population needs of Washington State.
    - The committee is excited about the opportunity to see some of the metrics that can track information on trainings, crisis response calls.

Public Comment

See TVW recording (2:20:40)
Kashi Arora, Seattle Children's

- Work regarding Children in Crisis – HB 1580
    - As many of you know, we advocated really strongly for House Bill 1580 as a result of some of the challenges we've seen patients and families experience and accessing care and the barriers they faced in discharging from the hospital setting even when they don't need hospital-level care.
    - Really excited to see this work is getting up and running. And one thing I wanted to mention, I put this in the chat, but we have had patients who have done both the Kids Mental Health Washington process and been referred to HB 1580 so if there are questions for us about the experience that we've had in using both of those systems we're happy to speak to that and share some of the learnings.
    - We have seen that both of those are critically necessary infrastructure to support our children and youth.
    - The other thing I wanted to mention is part of public comment for children in crisis is to remember and consider as you think about policy recommendations for the coming year that 1,580 and Kids Mental Health Washington are largely in navigation and care for nation resources. They do a phenomenal job of that and or they will by the time their processes are built.
    - All the navigation services in the world cannot get you the care that you need if it doesn't exist in the community, and we still see significant gaps in intensive and home supports.
    - I wanted to call that to the work group's attention and hope that there is an opportunity to address some service gaps in the coming years and really hoping that that's a place that the strategic plan in the 1,580 team is able to partner that the data from 1,580 can

inform the strategic plan.

- I live in a space of cautious optimism and really appreciate the work of this group. Thank you

Camille Goldy, Attorney General Office (AGO)

- HearMeWA
    - Pursuant to ESSB 5092 (127) (17) (a) the HearMeWA Advisory Committee advises the Attorney General's Office (AGO) as it develops and implements the HearMeWA.
    - The HearMeWA program is a statewide program for receiving and responding to tips regarding risks or potential risks to the safety and well-being of youth. The goal of the program is to provide a safe place for youth to report safety and well-being concerns to help prevent tragedies and violence.
    - The HearMeWA program is available via app, text, website, or phone call and all messages are received by crisis counselors at the Sandy Hook Promise Crisis Center.
    - Once a tip is received the team will triage tips and send them to the appropriate responder, which has been a process developed by an advisory committee in our office with many community members over the last couple years.

Upcoming Meetings

CYBHWG June 6th

- Member Orientation and Retreat – 10 am to 12:30 pm
- CYBHWG meeting – 1 to 4 pm

Strategic Plan Advisory Group June 10th

- Member Orientation and Retreat – 11 am to 2:30 pm
- SPAG Meeting – 2:30 to 5:30 pm

Watch on TVW

Prenatal – 25 Strategic Plan Advisory Group

Children and Youth Behavioral Health Work Group

May 2, 2024

Why a Prenatal – 25 Strategic Plan

- The current behavioral health system is one that:
  - Is often adult-focused
  - Is funded largely by public dollars
  - Is focused on the most intense needs, not on prevention and early intervention
  - Has waitlists for existing services
  - Does not have a robust continuum of care from prevention and crisis intervention through intensive services
  - Has limited data available to drive improvements
  - Does not have a common vision about a behavioral health system for children, youth and families

Goals for the Plan and the Planning **Process**

- Develop a long-term systemwide strategy and roadmap to build a robust, equitable behavioral health **continuum of care designed by the children, youth and families it serves.**
- Engage deeply with communities and stakeholders and sustain an ongoing feedback loop.
- Drive tangible improvements along the way.

SUCCESS LOOKS LIKE:

Key Principles for the System

No wrong door.

Help that looks like help.

Informed by children, youth, and family that have sought or would benefit from support and services.

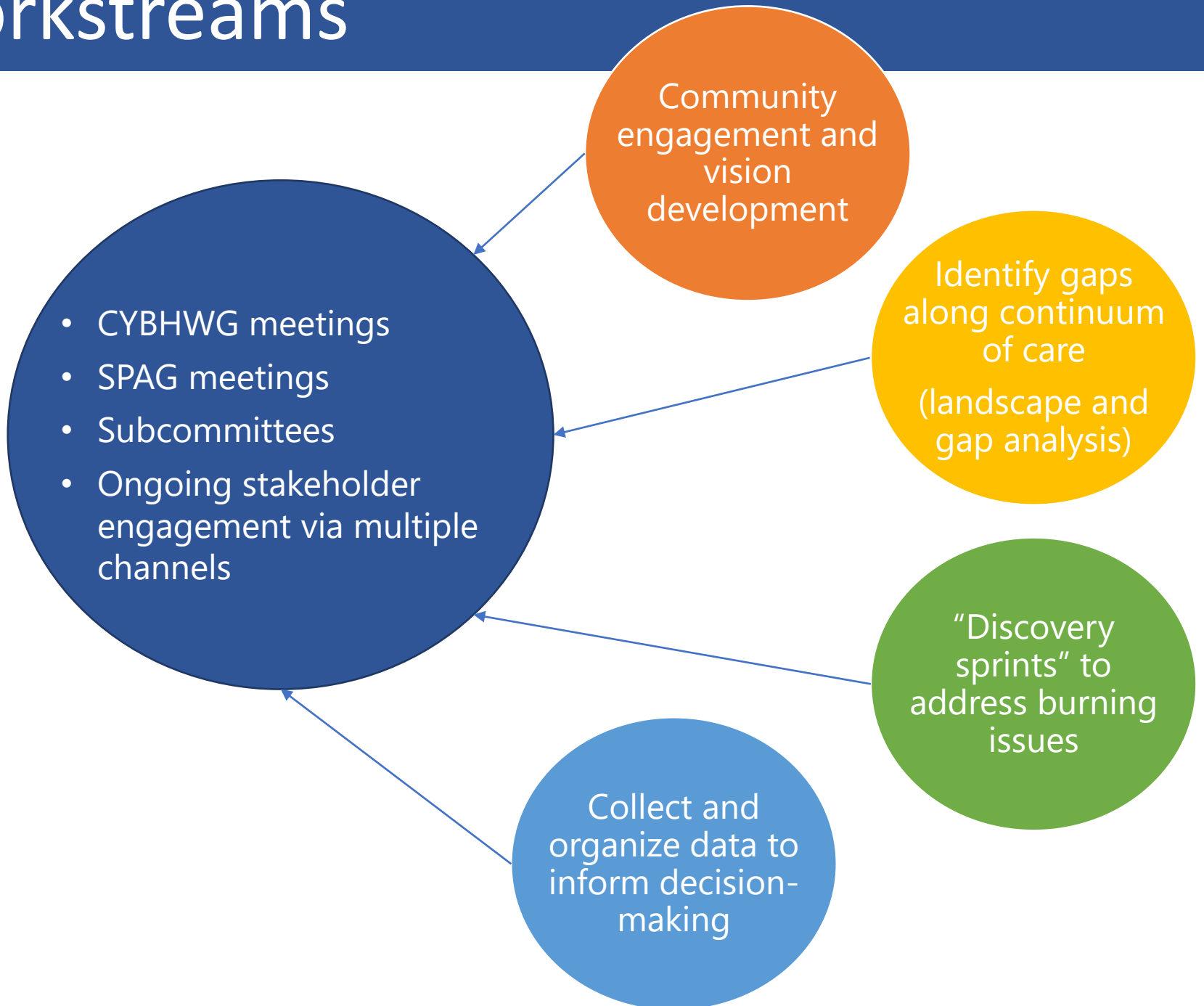
Including a robust and dialable system of care that covers the full continuum of care across all behavioral health conditions for the P-25 age span.

Guided by outcome metrics and levers that are nimble enough to create new responses and approaches from the system as times change.

Oriented towards prevention, focused on avoiding future behavioral health crises that lead to the need for more intensive services.

The Approach

Workstreams



Hearing from everyone involved from the ground up

Children, Youth/Young Adults, and Parents/Caregivers	• **Includes those with lived experience who have and haven't accessed services** • Deep engagement with hard-to-reach groups • Outreach through organizations, events, and other channels • Listening through topic-focused deep dives
Workforce	• **Includes behavioral health professionals and other providers such as teachers, pediatricians, those who work at community-based organizations, and others** • Broad outreach through surveys, events, and other channels • Listening through topic-focused deep dives
System Partners	• **Includes state agency partners, state legislative and executive decision makers, and existing state committees and workgroups related to behavioral health** • Engagement through existing work groups and committees • Listening through topic-focused deep dives

We need to hear from:

People who have experience from **across the continuum of care** – from prevention, early intervention, and crisis services to more intensive services **- and in the different places they are available** such as schools, pediatric offices, community health centers, hospitals, and in communities.

Children and young people of different ages and stages, their families, and people who work with them. For example, the behavioral health needs of a new mom and their infant are different from the behavioral health needs of a teenager.

People in a variety of geographic locations, including rural areas. For example, the experience of an elementary school child and their family seeking a diagnosis and services in the Tri-Cities is different from a family seeking those same services for their child in Seattle.

Underserved communities, recognizing that many children and families from specific communities (e.g., LGBTQIA+, Rural, Tribal, BIPOC) experience unnecessary and additional barriers to care and worse outcomes when they do receive care.

About Bloom

- **Women-owned small business and public benefit LLC** started in 2018
- **Started by government digital service alums**, including the Chief Digital Officer for the City of Boston and USDS @ Veterans Affairs team founder
- Have worked with **federal, state, and local governments and nonprofits** to improve digital service delivery
- **Specialize in leveraging strategic research, plain language, and design** to improve outcomes

Discovery Sprints

1. Understand the current state of systems and services for four issue areas, informed by those with lived experience.
2. Understand challenges from perspectives across the system
3. Understand how parts of the system are connected and what impact a change in one part of the system can have on other parts
4. Chart a path forward with actionable recommendations for short and long-term goals, aligned with opportunities at the macro systems level.
5. Identify policy changes and opportunities for legislative consideration.
6. Produce a plan for incremental improvements.
7. Define feedback loops to measure the effectiveness of proposed changes.

Maternal health + Perinatal

Transition/ Handoff of services from youth to adult

K-12 school-based support

Youth in crisis/exiting hospital

The Full Frame Initiative is a national social change organization partnering with a growing cohort of government and community leaders, agencies, activists, artists and researchers who share our commitment to moving the United States towards a country where everyone has a fair shot at wellbeing.

TRANSFORM 911

food solutions new england
Sustainability Institute

WELLBEING BLUEPRINT

TOP THE OPPORTUNITY PROJECT

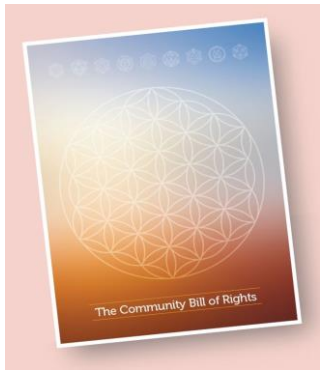
USC Leonard Davis School of Gerontology

Missouri Department of SOCIAL SERVICES

City of New London
MARE LIBERUM
Connecticut

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC HEALTH

michigan municipal league foundation



blue of california foundation

Missouri Department of Social Services
CHILDREN'S DIVISION

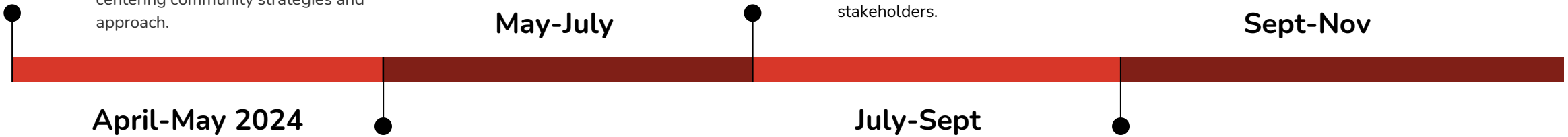
Deeper Community Engagement and Capacity Building

Strategic Planning/Grounding

- Build a better understanding and knowledge of context, history, work already done, assets to build on and gaps to fill, etc.
- Conduct 1-2 grounding sessions with key stakeholders to provide foundational information and some grounding in FFI's wellbeing and centering community strategies and approach.

Community Workshop Implementation

- Conduct/facilitate 4 community engagement workshops to gather feedback about what's working and challenges regarding mental health system, services and supports.
- Hold debrief meetings post each workshop with HMA, Health Care Authority staff, and other key project stakeholders.



Community Engagement Planning and Design

- Design the overall engagement process and develop materials and tools for community workshops.
- Provide 3-4 training and capacity building for the leaders and partners who will be co- facilitating and implementing the engagement workshops with FFI.

Analyze Data/Report Out

- Gather data from each community workshop, analyze and do sensemaking through a wellbeing lens.
- Provide summary of data, identifying themes, assets, challenges and barriers, recommendations, etc.
- Meet with HMA, Health Care Authority staff, and other key project stakeholders to discuss data, identify gaps and iterate on process and/or expand outreach

Apply for the Strategic Plan Advisory Group

The P-25 Strategic Plan Advisory Group is seeking applications – and nominations – for new members for these positions.

Application deadline: Sunday, May 12

Learn more and apply here.

To nominate a person or group, send their contact information and why you think they should be on the advisory group to cybhwg@hca.wa.gov. And be sure to cc them!

Open positions	Number of openings
Young people (ages 13-29) who have needed or received mental health and/or drug-alcohol-related services and supports	3
Parents or caregivers of children and young adults (ages 0-25) who have needed or received these types of services and supports	8
Providers	6
Managed care organization (MCO)	1
Behavioral health administrative service organization (BH-ASO)	1
Tribes *(separate process underway)*	2
Advocates	5

- *Appointed parent/caregiver and youth/young adult members of the and CYBHWG and the SPAG who are not paid by their employer to attend these meetings and are not employed by the state may receive payment for attending meetings.*
- *All parent/caregiver and youth/young adult attendees at the strategic plan subcommittee meetings described below who meet the above criteria may receive payment for attending meetings.*
- *Child and elder care, as well as travel expenses for in-person meetings, are also covered.*
- *Translation and interpreter services are available, if arranged in advance.*

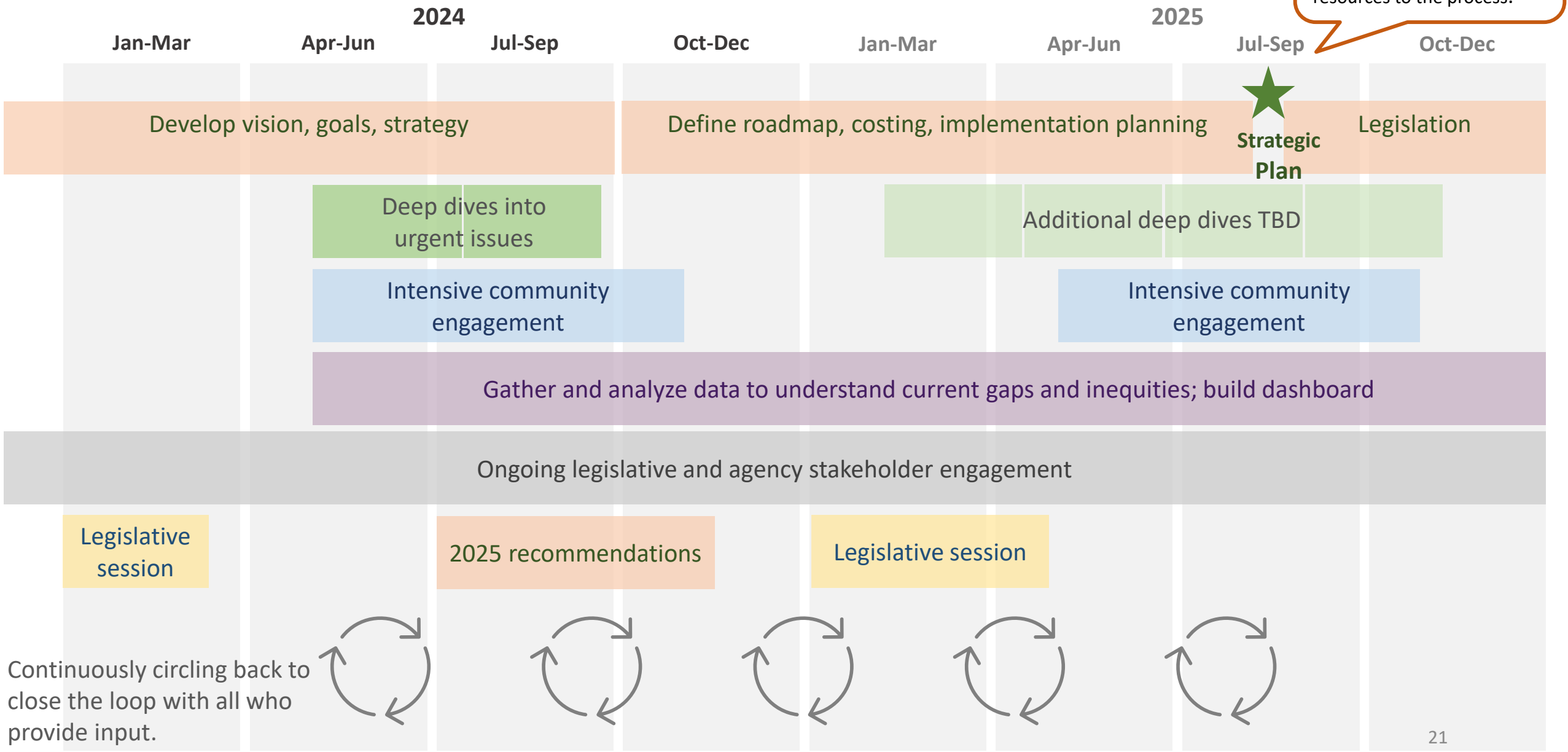
P-25 Strategic Plan Advisory Group and Subcommittee Meetings

Date	Meeting
May 22, 10:00-11:30	Parent/Caregiver Subcommittee Meeting
May 22, 4:00-5:30	Youth/Young Adult Subcommittee meeting
May 23, 1:00-2:30	Systems Partner Subcommittee Meeting
June 10	11:00 – 2:30: P – 25 Strategic Plan Advisory Group Orientation and Retreat 2:30 – 5:30: P – 25 Strategic Plan Advisory Group meeting
August 5, 2:30 – 5:30	P – 25 Strategic Plan Advisory Group meeting
September 9, 2:30 – 5:30	P – 25 Strategic Plan Advisory Group meeting
December 3. 2:30 – 5:30	P – 25 Strategic Plan Advisory Group meeting

Email cybhwg@hca.wa.gov to get added to the mail list for a subcommittee.

Integrated timeline

Legislature extended the due date to **August 2025** and allocated additional resources to the process.



Continuously circling back to close the loop with all who provide input.

Contact Information and Next Steps

Bloom Works

- Angel Zhou: a.zhou@bloomworks.digital
- Alyssa Fogel: a.fogel@bloomworks.digital
- Daniel Honker: d.honker@bloomworks.digital

The Full Frame Initiative

- Lotus Yu: lotus@fullframeinitiative.org
- Madge Haynes: madge@fullframeinitiative.org

Health Management Associates

- Megan Beers: Mbeers@healthmanagement.com
- Liz Arjun: Larjun@healthmanagement.com

Children in Complex Situations

Liz Venuto, Edward Michael, Kathleen Donlin, Sherry Wylie, Pedro Garcia

May 2, 2024

Washington State Health Care Authority

Kids Mental Health WA

Year 1 SFY 2022-2023

- Pierce
- Salish
- Greater Columbia
- Southwest

Year 2 SYF 2023-2024

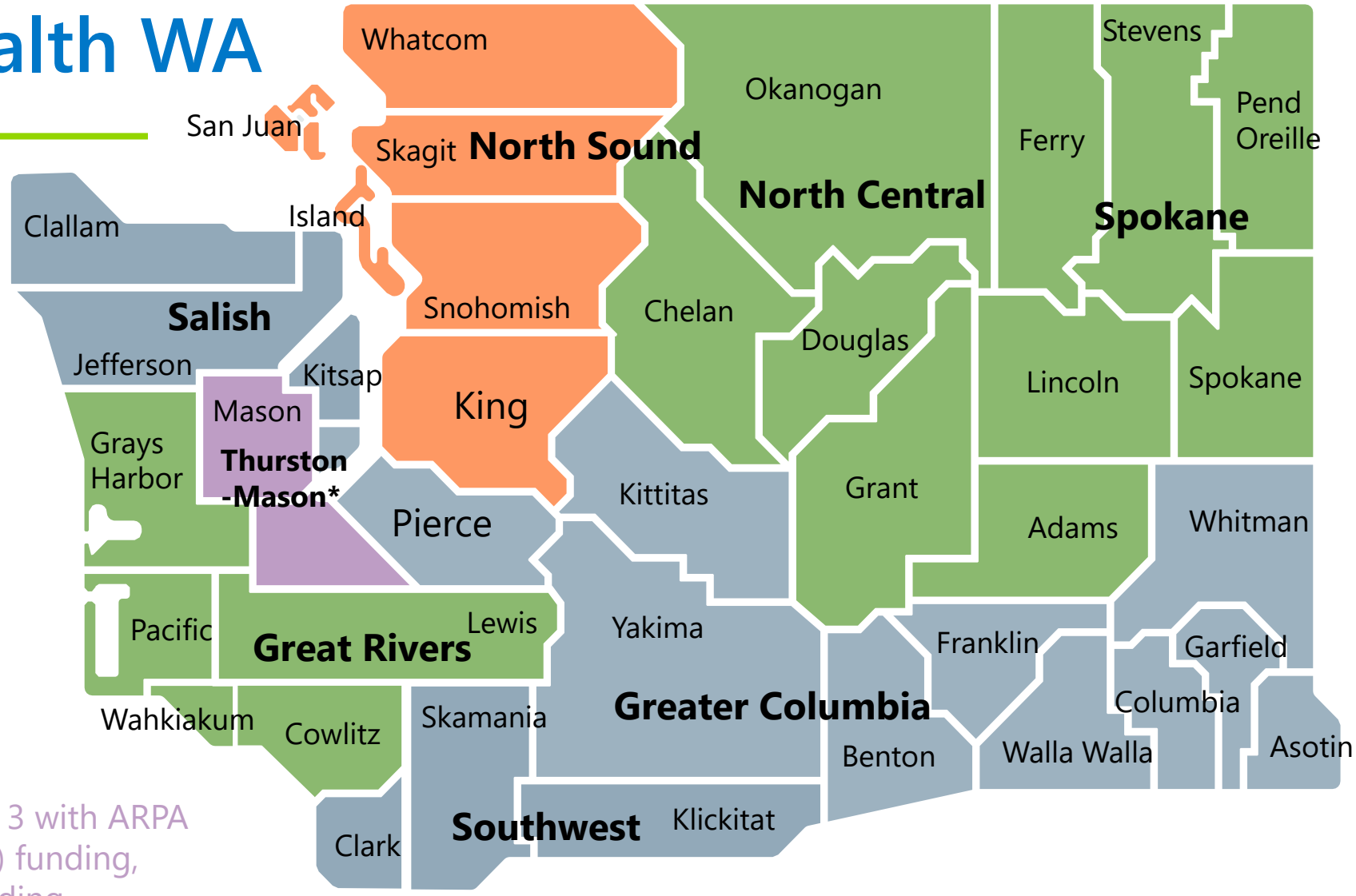
- North Central
- Spokane
- Great Rivers
- Thurston-Mason*

Year 3 SFY 2024-2025

- North Sound
- King

Thurston-Mason

- Start year 2 instead of year 3 with ARPA (American Rescue Plan Act) funding, then will move to state funding



Children in Crisis (SS HB 1580)

Kathleen Donlin, RN Quality Oversight and Program Alignment Supervisor

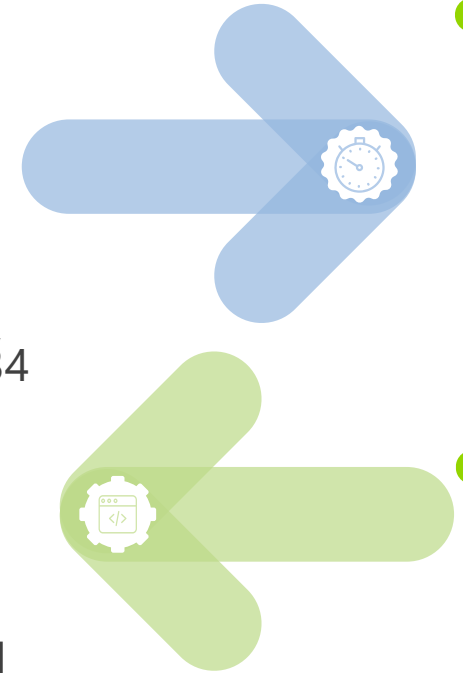
Medicaid Programs Division

Washington State Health Care Authority

Children in Crisis (SS HB 1580)

Directed through June 30, 2025

- Creates a rapid care team and pools state agency resources to support and address complex cases of children in crisis.
- "Child in crisis" means a person under age 18 who is:
  - At risk of remaining in a hospital without medical necessity, without the ability to return to the care of a parent, and not dependent under chapter 13.34 RCW;
  - Staying in a hospital without medical necessity and who is unable to return to the care of a parent but is not dependent under chapter 13.34 RCW;
  - Dependent under chapter 13.34 RCW, experiencing placement instability, and referred to the rapid care team by the department of children, youth, and families

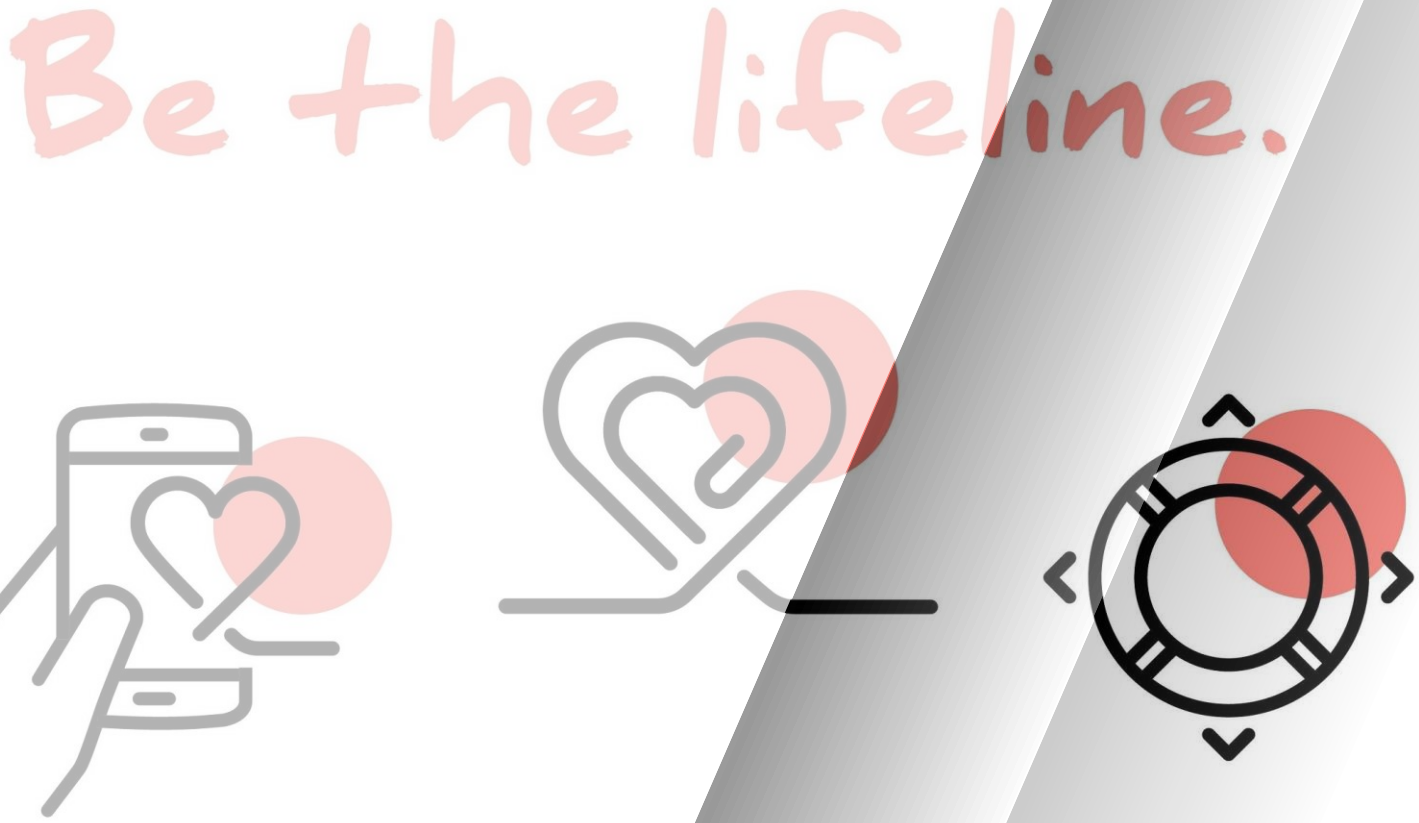


By November 1, 2024

- The Office of the Governor shall provide a final report to the Legislature, including data and recommendations related to the Team.

Escalation mechanism to support children in crisis

- Supporting children aged 17 and younger who are in crisis



Youth Mobile Response & Stabilization Services (MRSS)

Sherry Wylie (she/her)

Washington State Health Care Authority

Mobile Response and Stabilization Services – Youth Teams

Greater Columbia
- Comprehensive Healthcare – Benton/Franklin (NEW)
- Quality Behavioral Health – Garfield/Asotin (NEW)
- Comprehensive Healthcare – Yakima (NEW)

King
- Children's Crisis Outreach Response System (CCORS)

North Central
- Renew – Grant (NEW)
- Catholic Charities – Douglas (NEW)
- Catholic Charities – Chelan (NEW)

North Sound
- Compass Health – Whatcom (NEW)
- Compass Health – Skagit (NEW)
- Compass Health – Snohomish (Pending)

Pierce
- Catholic Community Services – Tacoma
- Seneca Family of Agencies – Tacoma (Pending)

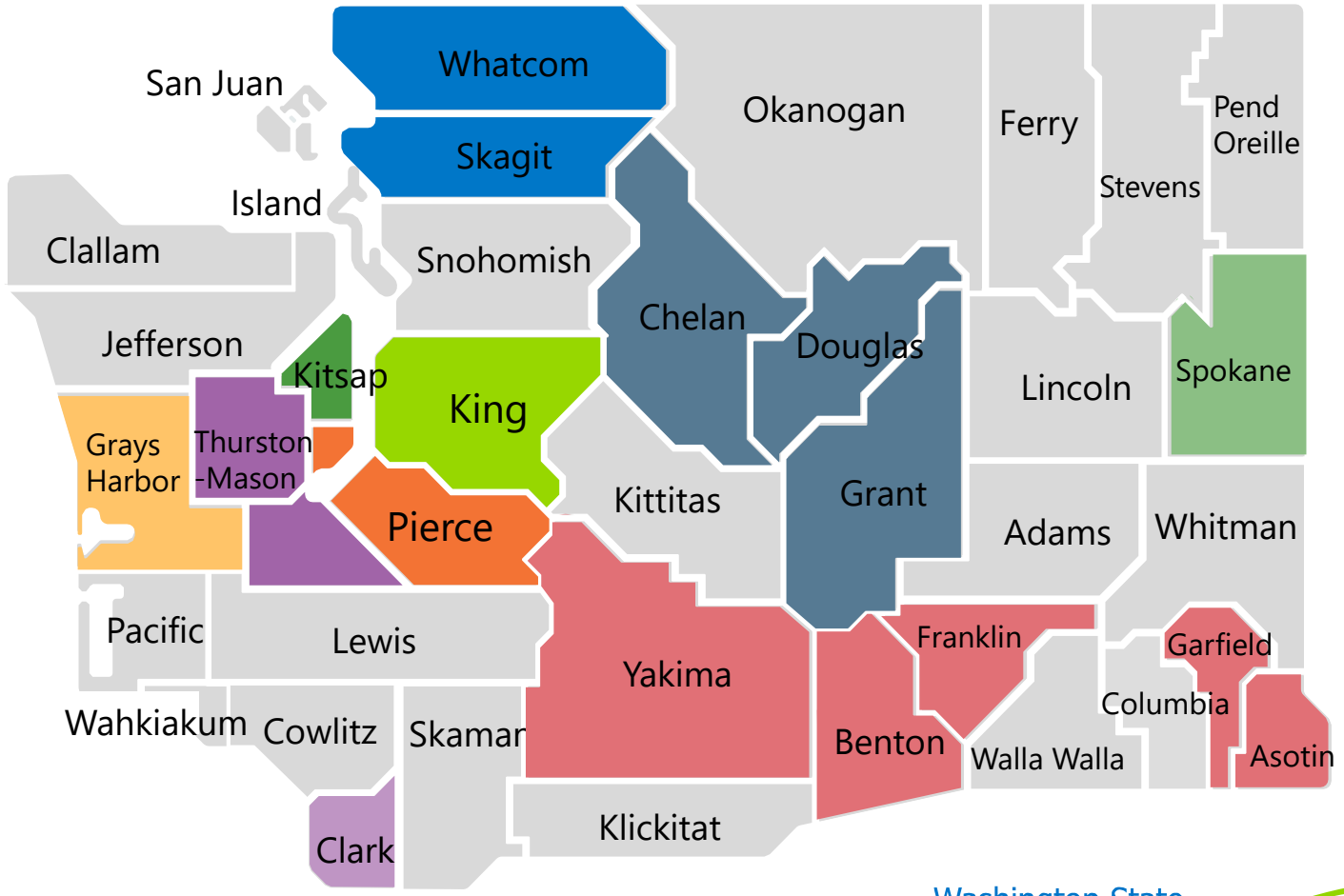
Salish
- Kitsap Mental Health – Bremerton (NEW)

Spokane
- Frontier Behavioral Health – Spokane (NEW)

Southwest
- Catholic Community Services - Clark

Great Rivers –
- Columbia Wellness (pending)

Thurston/Mason
- Catholic Community Services –Thurston
- Catholic Community Services - Mason



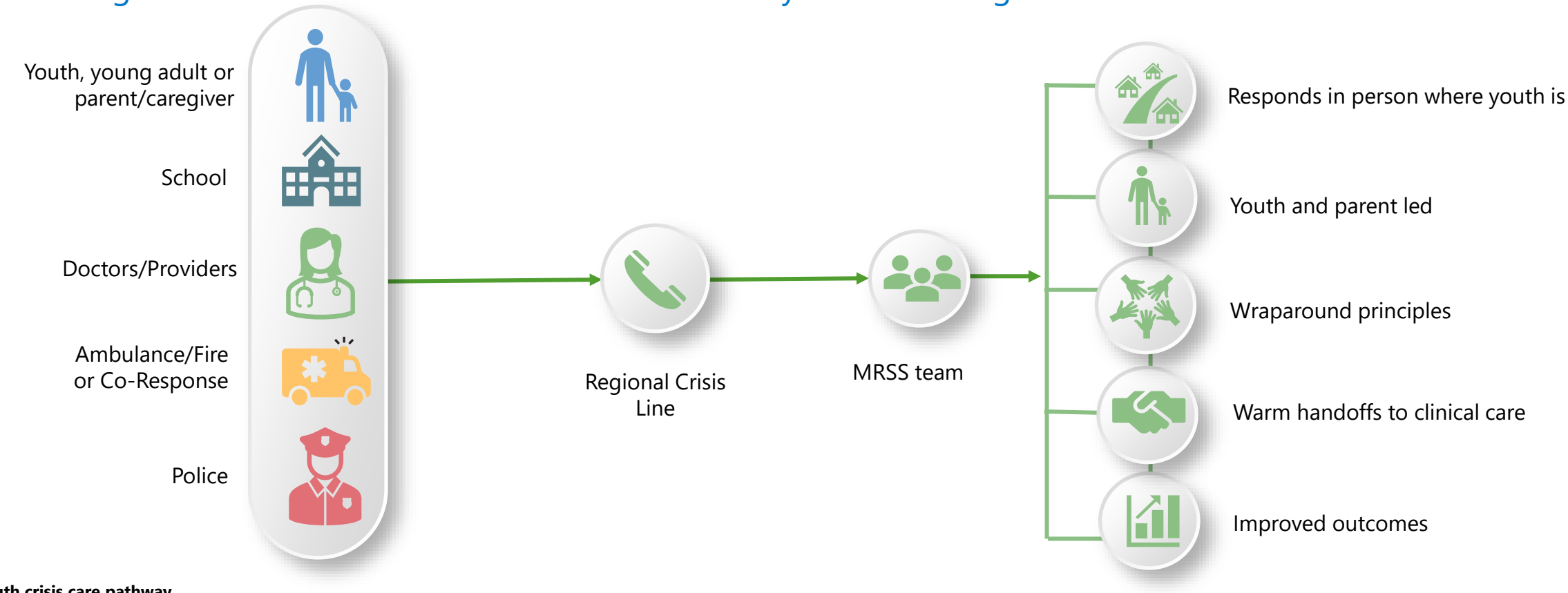
Washington State Health Care Authority

Care pathway via 911 & the medical model

- How do families access services?
- Caregivers call 911 in a crisis
- ED remains primary access point – rarely results in downstream supports
- Can result in hospital boarding
- SSHB 1580 – Children in crisis

MRSS is designed to create care pathways for youth

Regional crisis lines connect callers to the crisis system including MRSS teams



Youth crisis care pathway

Least restrictive

*Regional Crisis Lines - Behavioral Health Response System (HCA)

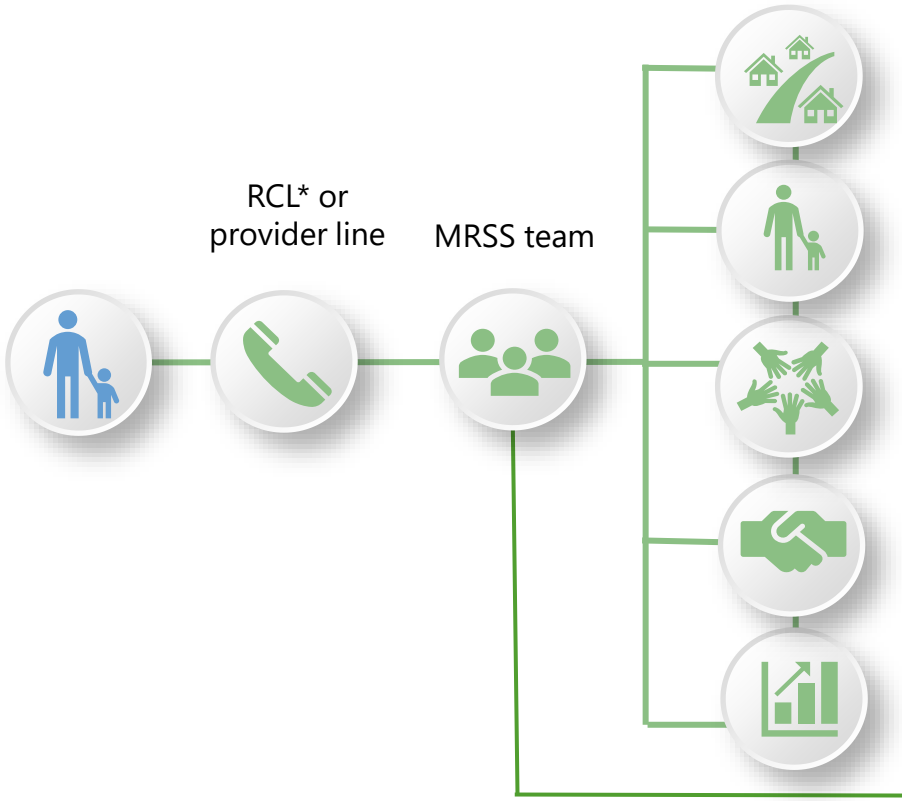
*In-person response prioritized for youth

Washington State Health Care Authority

Regional Crisis Services and 988 Lifeline Crisis Centers

Regional Crisis Lines and Crisis System

Asks age to send developmentally appropriate resource



988 Network In-State

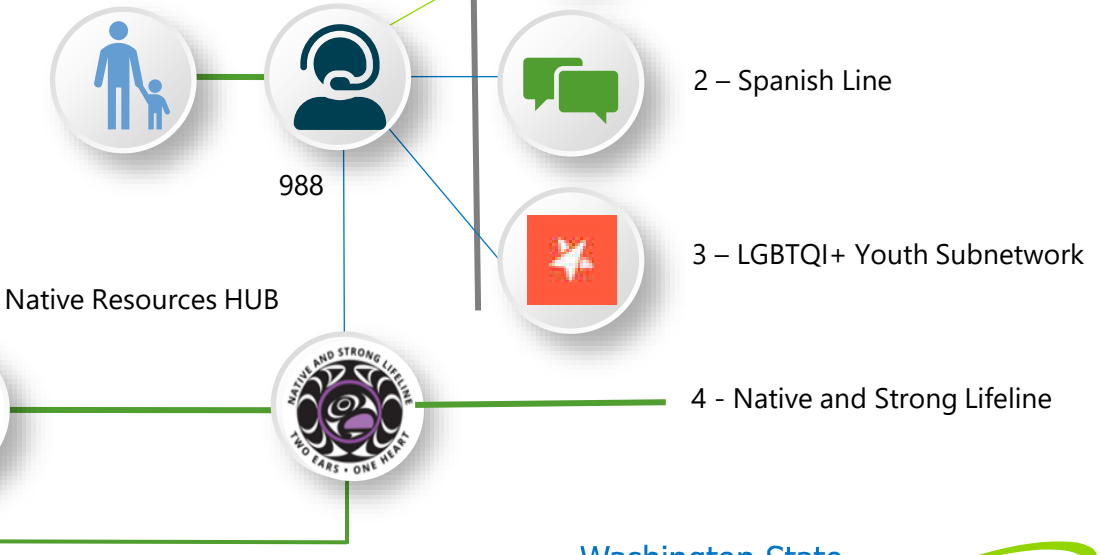
(Confidential)

988 Contact HUB
(future state)

Sent Out of State

(Confidential)

4 dial pad options:



*Regional Crisis Lines - Behavioral Health Response System (HCA)
*In-person response prioritized for youth

Mobile Response and Stabilization Services (MRSS)

- Provides rapid in-person support for youth and families during a crisis
- Follow up for 1-3 days
- The stabilization phase is a medically necessary service that begins on day 4.
- Families have access to the MRSS team 24/7

Residential Crisis Stabilization Program (RCSP) receiving centers

23- hour Crisis Relief Centers

Who qualifies?

- Ages 8-18

Specifics

- Immediate Crisis Stabilization
- Recliner-based facility
- Discharge within 23 hours
- Connections to ongoing care

Legislative notes

- Established for adults during 2023 session
- Expanded to minors in 2024
- Rules to be established March 2025

Referrals

- MRSS & 988
- First responder drop-off
- Client walk-in

Next steps

- Contract procurement to begin after rules are finalized
- Services projected to start by end of 2025

Residential Crisis Stabilization Program (RCSP) receiving centers

Residential Crisis Stabilization Program

Who qualifies?

- Ages 5-18

Specifics

- Short-term residential
- Immediate and on-going crisis care
- Discharge within 90 days

Legislative notes

- Established 2022 session
- Up to 2 facilities authorized

Referrals

- 23- hour centers
- Community partners
- First responder drop-off
- Client walk-in

Next steps

- 1st provider identified through Department of Commerce grant process
- 2nd provider to be identified by competitive procurement
- Services projected to start end 2025

Learn more

- Communication package

- Children in Crisis (SS HB 1580)
  - Children in Crisis (SSHB 1580) FAQ
  - Watch a presentation on the program implementation

- Kids Mental Health Washington
  - Fact sheet: Kids Mental Health WA
  - Regional youth behavioral health navigator flyer
  - Linking arms to support the needs of kids and families across WA – Kids Mental Health Washington
  - Watch a presentation on the program implementation

- Youth Mobile Response and Stabilization Services (MRSS)
  - Fact sheet: Youth mobile response teams
  - Youth Regional crisis lines
  - Watch a presentation on the program implementation
  - View a slide deck outlining MRSS services

- Residential Crisis Stabilization Program (RCSP) and 23 hour
  - Fact sheet: Residential Crisis Stabilization Program (RCSP)
  - Watch a presentation on the program implementation

Contact us

- Liz Venuto
- Kathleen Donlin
- Edward Michael
- Sherry Wylie
- Pedro Garcia

Washington State Health Care Authority