
Children and Youth Behavioral Health Work Group

Children and Youth Behavioral Health Work Group (CYBHWG) Notes

September 22, 2023

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

Subgroups present 2024 proposed recommendations

See TVW recording (0:12:05)

All subgroups brought their proposed recommendations forward to give the work group a detailed overview with an opportunity to ask question and offer feedback.

Behavioral Health Integration (BHI)

See page 5 for slides

- Proposed recommendations shared: Finance behavioral health care coordination as performed by community health workers by 1) Increase screening rates on Apple Health to allow for completion of assessment, referrals and follow-up generated from positive universal screenings (cpt billing codes: 96127, 96160, 96161) ~ \$6-7 million per year; 2) Allow and fund for Apple Health Behavioral Health Integration (cpt billing code: 99484) ~ \$1-2 million per year (for pediatric population)

Prenatal through 5 Relational Health (P5RH)

- Proposed recommendations shared: 1) Expand the Early Childhood Education and Assistance Program (ECEAP) for high-need children 0-3; 2) Increase investment in Infant-Early Childhood Mental Health Consultation (Holding Hope program).

Youth and Young Adult Continuum of Care (YYACC)

- Proposed recommendations shared: 1) Fund the development of BH 360, previous known as the Parent Portal, by amending the 2023 budget proviso to use state funds; 2) Create a pot of flexible funds to conduct a landscape analysis and pilot the utilization of technological innovations to scale access across the behavioral health continuum of care; 3) Enhance PACT (Program of Assertive Community Treatment), HOST (Homeless Outreach Stabilization Transition), and WISE (Wraparound with Intensive Services) to meet the needs of young adults and youth they are

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intended to serve.

Workforce & Rates (W&R)

See page 11 for slides

- Proposed recommendations shared: 1) Reduce administrative complexities in the Wraparound with Intensive Services (WISe) program; 2) Create a free, publicly accessible auto-updated centralized data repository using linked administrative data to create visualizations for a wide variety of non-technical end-users; 3) Certified Community Behavioral Health Clinic (CCBHC) bridge funding; 4) Reduce the educational debt burden for people entering the behavioral health workforce through expanded loan repayment funding, authorizing and funding conditional scholarships, and providing career supports; 5) Provide funds to the Department of Health for the stipend program, established in HB 1774 (2023), to reduce financial burdens on recent graduates related to getting licensed and employed in community behavioral health; 6) Conduct a feasibility study for introducing “well-being specialist” in community mental health agencies; 7) Expand the code rates for Applied Behavioral Analysis (ABA) providers offering intensive support.

School-based Behavioral Health & Suicide Prevention (SBBHSP)

- Proposed recommendations shared:
 - **Statewide Leadership:** 1) Establish guidelines and laws for mental health screening in schools; 2) Establish guidelines for telehealth in schools; 3) Conduct an inventory of the behavioral health resources available for schools and/or families, and publish and maintain a 1-stop shop of these resources and behavioral health services; 4) Create a mental health curriculum champion at OSPI to promote awareness of available teaching resources; 5) Designate a statewide leadership authority for school-based behavioral health; 6) Expand child Medicaid services through age 21, with no disparities in citizenship or residency status.
 - **System Funding:** 1) Provide funding directly to school districts to support behavioral health and suicide prevention in schools; 2) Provide funding for community behavioral health agencies to offer services requested by schools, staff, and youth, without relying on Medicaid funding; 3) Provide supports for Educational Service Districts and school districts seeking Medicaid reimbursement.
 - **Workforce Support:** 1) Build out the workforce of licensed clinicians working in schools who can provide supervision for new providers by increasing available funding; 2) Support behavioral health career pathways by increasing apprenticeships, expanding funding for conditional scholarships and loan repayment, and strengthening recruitment of young people.
 - **Programming:** 1) Increase access to care by using evidence-based triage, screening and trauma care in primary care and schools through expansion of the Stepped Care Project; 2) Provide funding for districts to address risks of fentanyl use/overdose by providing funding to meet the requirements of [RCW 28A.210.390](#); 3) Provide supports for student experiencing housing instability/homelessness.
 - **Resources for Parents/Guardians:** 1) Expand opportunities for parents/guardians to receive training and resources on preventative mental health skills that can support and benefit students and families before crisis occurs.
 - **Mental Health Education:** 1) Strengthen mental health training requirements for staff working in schools; 2) Improve the adoption of mental health literacy curriculum in schools by updating Washington Health class standards; 3) Implement the recommendations detailed in the OSPI’s Crisis Response Workgroup’s legislative report (2022) that address the use of harmful behavior management practices in schools.

Chat:

- Both proposals also align with the work being done to support families in child welfare. The Child Welfare Early Learning Navigators (CWELNs) that help match families to services are looking for more capacity in communities that offer more intensive wrap around supports with relational health emphasis for infants and toddlers.
- On ABA - yes- it can be a negative experience. Our WISe families have had mixed experiences with ABA — by far most are good, but some tell us newer ABA providers do not seem to value positive engagement of the child as much as fidelity. They tell us those who are rigidly adhering to the model use a less positive approach. Those more

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experienced seem to almost combine ABA with a Positive Behavior Supports approach. That combination fits far better with WISE's strength-based approach. But we have clearly seen substantial gains when ABA is included in WISE.

- To clarify, screening is already happening, demand is already there, care coordination is how you link people with services they need, to serve kids better AND make system more efficient and not work in silos, and duplicate efforts.
- it's really important to be more explicit about the equity intentions with something like this, and happy to be a thought partner as we continue to bring tools and resources like this to our work here.
- [2022 Behavioral Health Workforce Assessment](#) contains a long section describing the issues with educational debt in the behavioral health workforce and recommendations including evaluation of the program (starting on page 19).
- [Washington State Student Achievement Council](#) – Information on the program and the current awarding cycle.

Introduction and Discussion: Using a Guided Process to Apply Framework to Assess Proposed Recommendations

Christ Soderquist, *Pontifex Consulting*

See TVW recording (1:57:20), See page 22 for slides

Highlights

- A framework was introduced to help members apply the principles and tools of systems thinking to address complex adaptive challenges when analyzing proposed recommendations.
- This framework, or process builds the team's leadership skills, including the ability to achieve high performance under pressure.
- High Leverage was defined as interventions to maximize impact, and to avoid (or mitigate) negative unintended consequences.
- The framework for the voting process was presented using a scenario to walk through the process with an opportunity for members to ask questions and give feedback.
- Online Resource: [What is leverage and how mapping helps find it.](#)

P-25 Strategic Plan Overarching Proposed Recommendation

See TVW recording (2:40:20)

- The overarching recommendation to update House Bill 1890 (2022) to reflect the current work plan for the P-25 Behavioral Health Strategic Plan was presented with the opportunity to ask questions and give feedback.
- Members voted by way of consensus to approve the P-25 Strategic Plan as an overarching recommendation to submit in the report to the Legislature and the Governor.

Public Comment

See TVW recording (2:44:15)

- I am concerned about how we would track the additional funding and how we would hold schools accountable. What would be the checks and balance system when we are looking at districts having local control?
- I appreciate the effort to create a unified, diversely-informed systems model so we don't develop a number of disparate or conflicting systems model.
- When we speak about equity, we have to address the systems' failure to keep vulnerable populations safe and protected. What protections for our students/kids are available in the proposals? We are all aware that Mental Health issues are delicate so how do we handle it? How do we prevent school based mental health programs from being weaponized?

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So, we kind of addressed my first comment above, but the second comment that I just made is really for me. It's very important and we talk about programs and proposals, but I don't see any protections built into those proposals. And I just historically when vulnerable populations have tried to access mental health services even now still. Through community-based programs, they're often opening themselves up to CPS investigations, the authorities being called. So how do we protect them from situations like this where they're doing what we need them to do to get to a better and healthy. But these systems have been weaponized against especially people of color. So that's my concern. I don't see a lot of protections against, especially people of color. So that's my concern. I don't see a lot of protections built into place. So that's my concern. I don't see a lot of protections built into place when we're talking about school-based programs. There are also mental health programs, even from the birth to five perspective. I would like to see if anybody has any answers for that.

Next Steps and Closing

See TVW recording (2:52:09)

- During the October meetings the Work group members present final recommendations and decide on prioritized recommendations to submit to the Legislature and Governor.
- [View recorded meeting – TVW link](#)

Care Coordination

AHRQ Definition: Care coordination involves deliberately organizing patient care activities and sharing information among all of the participants concerned with a patient's care to achieve safer and more effective care.

<https://www.ahrq.gov/ncepcr/care/coordination.html>

Care Coordination for Mental Health and Social Needs

Mental health crisis for children and teens

- ~ 25% pediatric patients seen in primary care experience a chronic mental health condition; one in five receive treatment
- ~ 43% of children with mental health conditions have care coordination needs; almost half of these needs go unmet

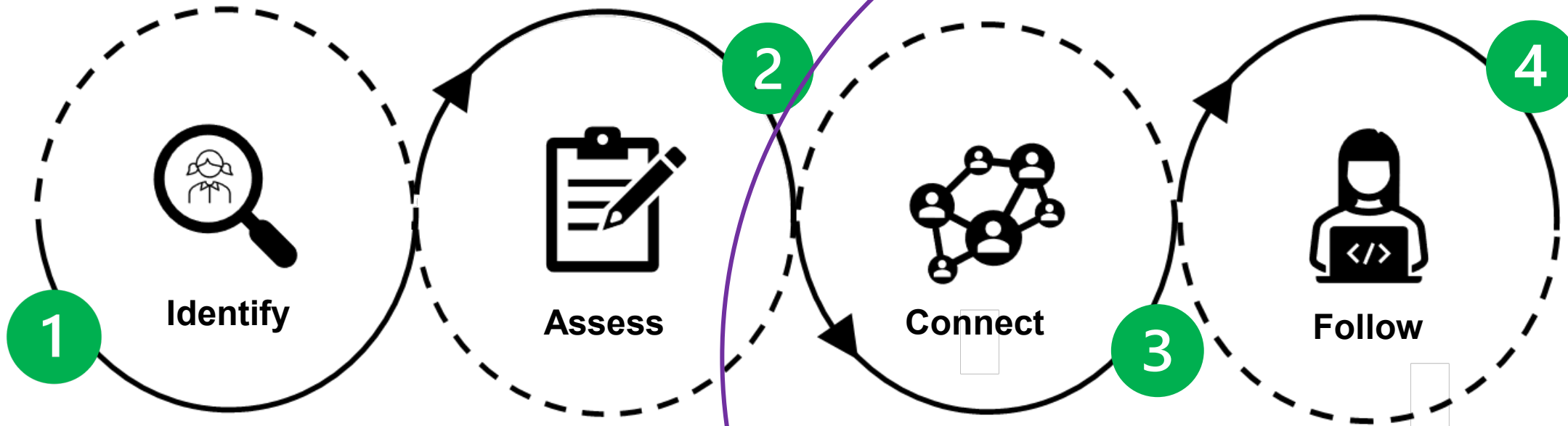
Care coordination

- Lowers health care costs
- Improves outcomes for vulnerable children
- Helps connect and address care for needs identified in population-level (universal) screening
- Improves care for kids with diagnosable mental health conditions in outpatient settings and during high-risk care transitions

Proposal 1: Increase screening rates on Apple Health to allow for completion of assessment, referrals and follow-up generated from positive universal screenings (cpt: 96127, 96160, 96161) ~ \$6-7 million per year

Proposal 2: Allow and fund for Apple Health Behavioral Health Integration cpt 99484 ~ \$1-2 million per year (for pediatric population)

Screening and Care Coordination Process



100% Screened

10-15% Assess, Connect and Follow

Universal Screening

- Postpartum depression
- Social, emotional, behavioral

Indicated Evaluation

- Assess
- Determine acuity

Individualized Connection

- Refer to services
- Assist in connection

Comprehensive Follow-Up

- Track referrals
- Monitor and reassess

Screening and Care Coordination Cost

	<u>Cost</u> per screen	2024 Reimbursement per screen*	% Total cost reimbursement*	Total Increased Cost <i>(If kids come for well-care at national Medicaid HEDIS rates, 75th percentile)</i>
PPD	\$9.32	\$6.10	65%	\$195,392
BH	\$11.32	\$5.82	51%	\$2,243,362
SDoH	\$9.88	\$3.50	35%	\$4,659,179

* screening reimbursement effective January 1, 2024

Behavioral Health Integration 99484

WHAT:

- **BHI models** of care other than Collaborative Care
- Behavioral health care planning
 - Care planning for new diagnosis
 - Care plan revision for patients not progressing or whose status changes
- Coordinating treatment such as psychotherapy, pharmacotherapy, counseling, or psychiatric consultation
- Continuous relationship with patient/family and a collaborative relationship with the rest of the care team

WHO:

- Continuity of care with a designated member of the care team
- May or may not be a professional who meets all the requirements to independently deliver and report services
- May include (but not required to include) a behavioral health care manager or psychiatric consultant

[Behavioral Health Integration Services Booklet \(cms.gov\)](#)

Mental Health Diagnosis:

PCP identifies a new mental health need and coordinates with a mental health provider inside or outside their clinic.

- Care coordinator or community health worker ensures information is communicated across team members and the child and family are engaged in planning and care.

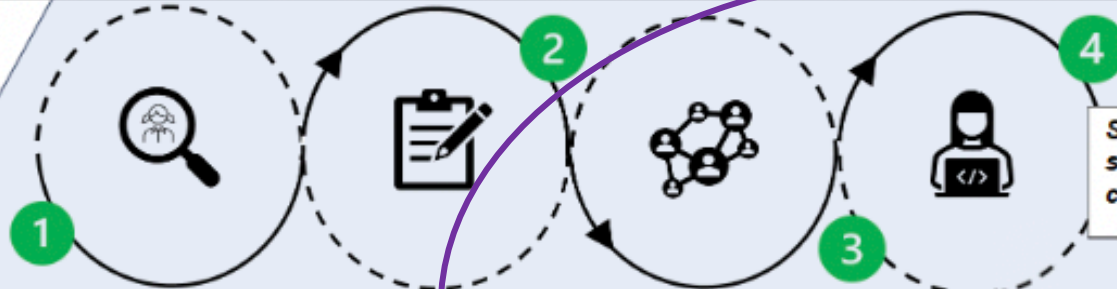
PCP or mental health provider recognizes a child in treatment is not doing well.

- Care coordinator or community health worker ensures the multidisciplinary team coordinates and modifies the treatment plan and the child and family are engaged in planning and care.

Solution: Allow and fund 99484, care management services for behavioral health conditions

- facilitating and coordinating treatment
- care plan revision for patients not progressing
- continuous relationship with patient/family and the rest of the care team

Population Based Screening and Supports:



Solution: Increased screening rates to ensure connection and follow up

100% Screened

10-15% Assess, Connect and Follow

Universal Screening

- Postpartum depression
- Social, emotional, behavioral

Indicated Evaluation

- Assess
- Determine acuity

Individualized Connection

- Refer to services
- Assist in connection

Comprehensive Follow-Up

- Track referrals
- Monitor and reassess

Addressing the workforce crisis and need for
culturally responsive mental health services
through competency based hiring, training, and
supervision – CARE project

July 10th, 2023

Problem: Washington state needs to stabilize and rapidly expand child and youth mental health support to families

37	Nebraska
38	Montana
39	Washington
40	Tennessee
41	Texas
42	North Carolina
43	Wyoming
44	West Virginia



2023 Youth Mental Health Ranking (1 is best)

Access and engagement is even worse for BIPOC families seeking support

W CENTER FOR HEALTH INNOVATION & POLICY SCIENCE
UNIVERSITY of WASHINGTON

CHIPS Policy Brief

October 2021

Improving Access to Behavioral Health Services for Racial and Ethnic Minority Youth

Victoria Bowers

Behavioral health defined

The term “behavioral health” is inclusive of mental health and substance use disorders, with behavioral health services encompassing prevention efforts, inpatient and outpatient care, substance use disorder treatment, crisis response, and a variety of support services for individuals, families, and communities. Annually

The CARE project is legislatively tasked with proposing solutions for expanding culturally responsive child and youth mental health care



Culturally Responsive Training:

Principles and outline complete.
Request for information in process
Request for proposals summer 2023.
Piloting fall/winter 2024



Organizational Support:

Feedback on initial CARE plan from subject matter experts.
Securing contract for final design, in process.
Piloting winter/spring 2024



Community workforce pathway:

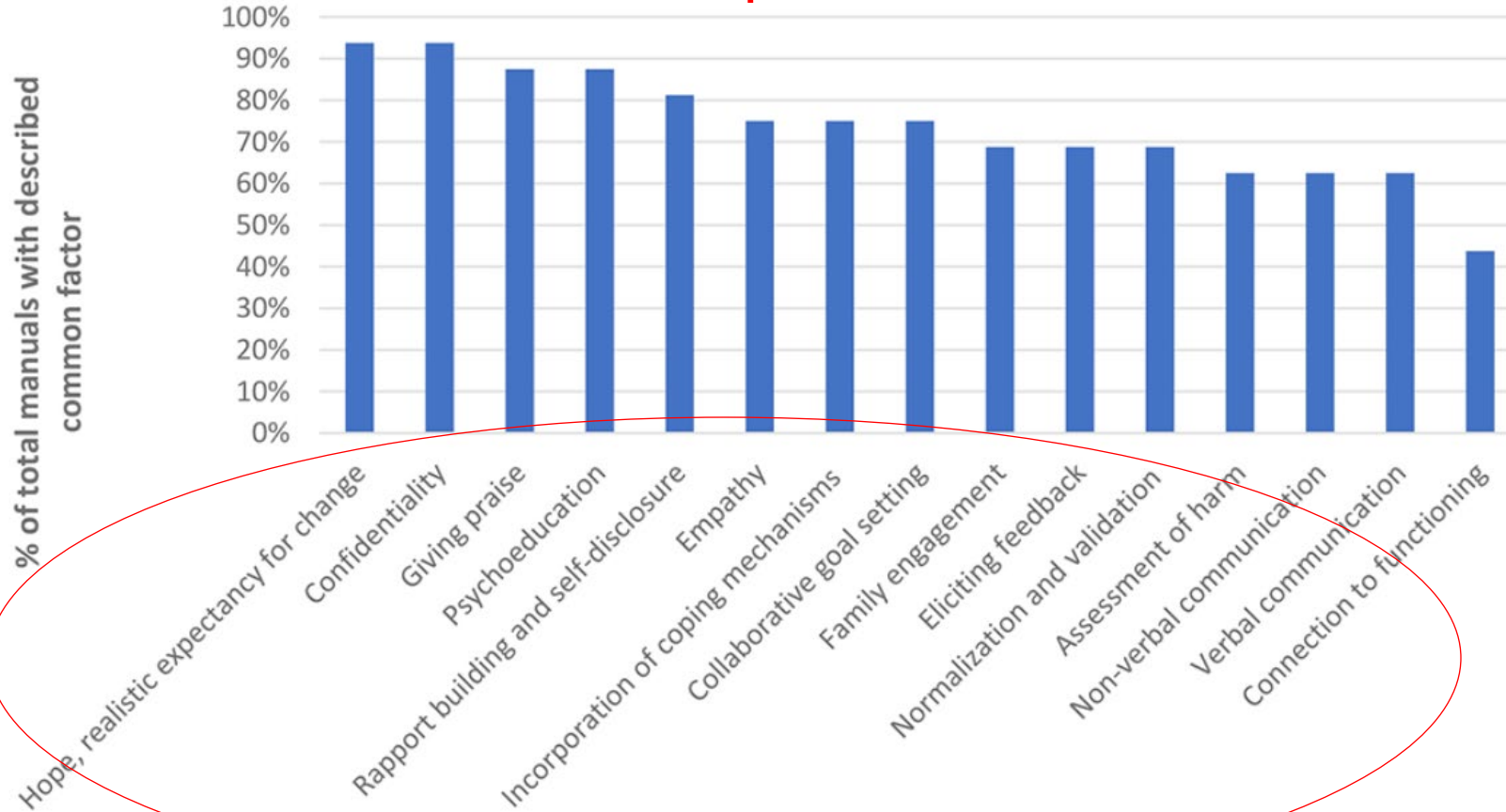
Systematic review of scholarly literature complete.
Storyboard responses from community complete.
Listening sessions from implementation partners in process.
Listening sessions with non-English speaking communities in process.
Collaborating with state administrators and policymakers on policy avenues, in process.
Curriculum design fall/winter 2024

We need MULTIPLE approaches to strengthen the mental health workforce: How can science help us do this...

“Anyone who dispassionately looks at effect sizes can now say that the therapeutic relationship is as powerful, if not more powerful, than the particular treatment method a therapist is using. “We now know that some of these **therapeutic elements** not only predict but probably cause improvement.”

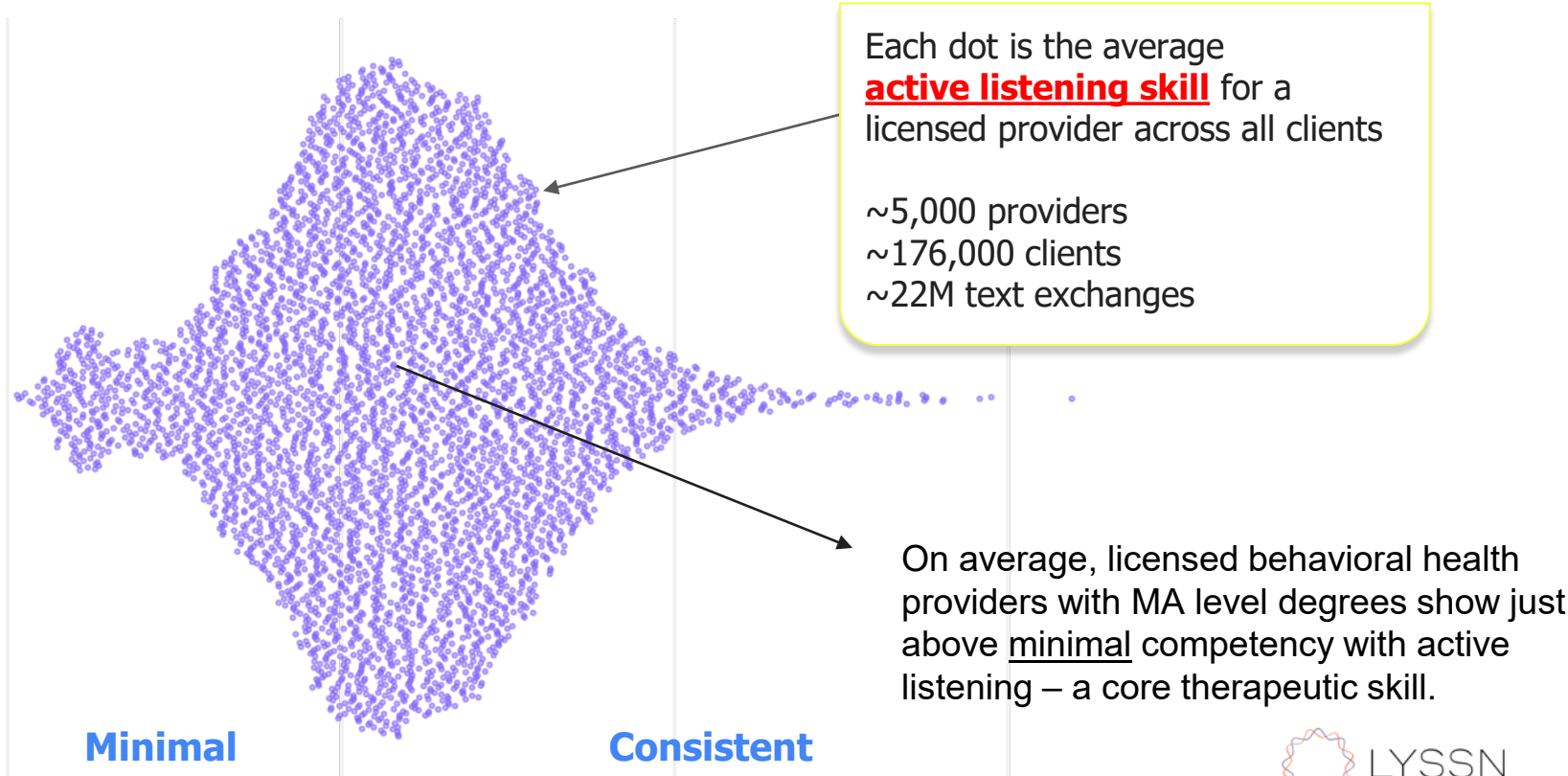
-University of Scranton professor John C. Norcross, PhD, ABPP, chair of the APA task force, co-sponsored by APA Div. 17 (Society of Counseling Psychology) and Div. 29 (Society for the Advancement of Psychotherapy).

Core Therapeutic Elements



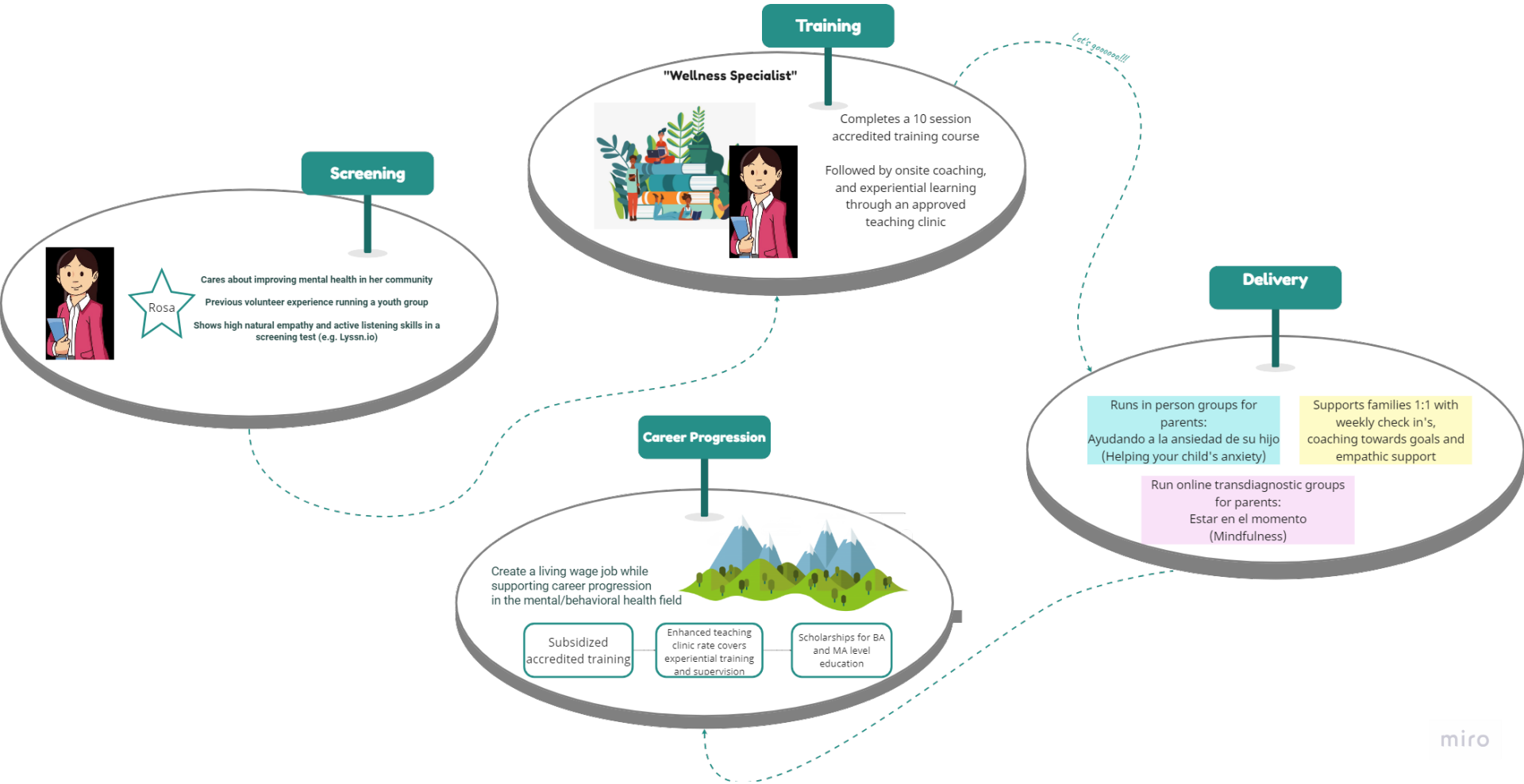
Pedersen GA, Lakshmin P, Schafer A, Watts S, Carswell K, Willhoite A, Ottman K, van 't Hof E, Kohrt BA. Common factors in psychological treatments delivered by non-specialists in low- and middle-income countries: Manual review of competencies. *J Behav Cogn Ther.* 2020 Sep;30(3): 165-186. doi:

Having an advanced degree and license does not guarantee good delivery of these skills...



Rigorous studies show we can directly improve mental health outcomes for **high risk, low SES, racially diverse clients** using...

1. Individuals with natural skills in therapeutic competencies (empathy, active listening)
2. Who are trained to deliver specific psychosocial interventions: motivational interviewing, goal-setting, groups, psychoeducation, empathic communication
3. And who support a larger clinical team (by running groups and working 1:1 with family members) or who provide services as a step up or step down from care



Thank You!



BEHAVIORAL HEALTH
— CATALYST —

CYBHWG Working Group Meeting

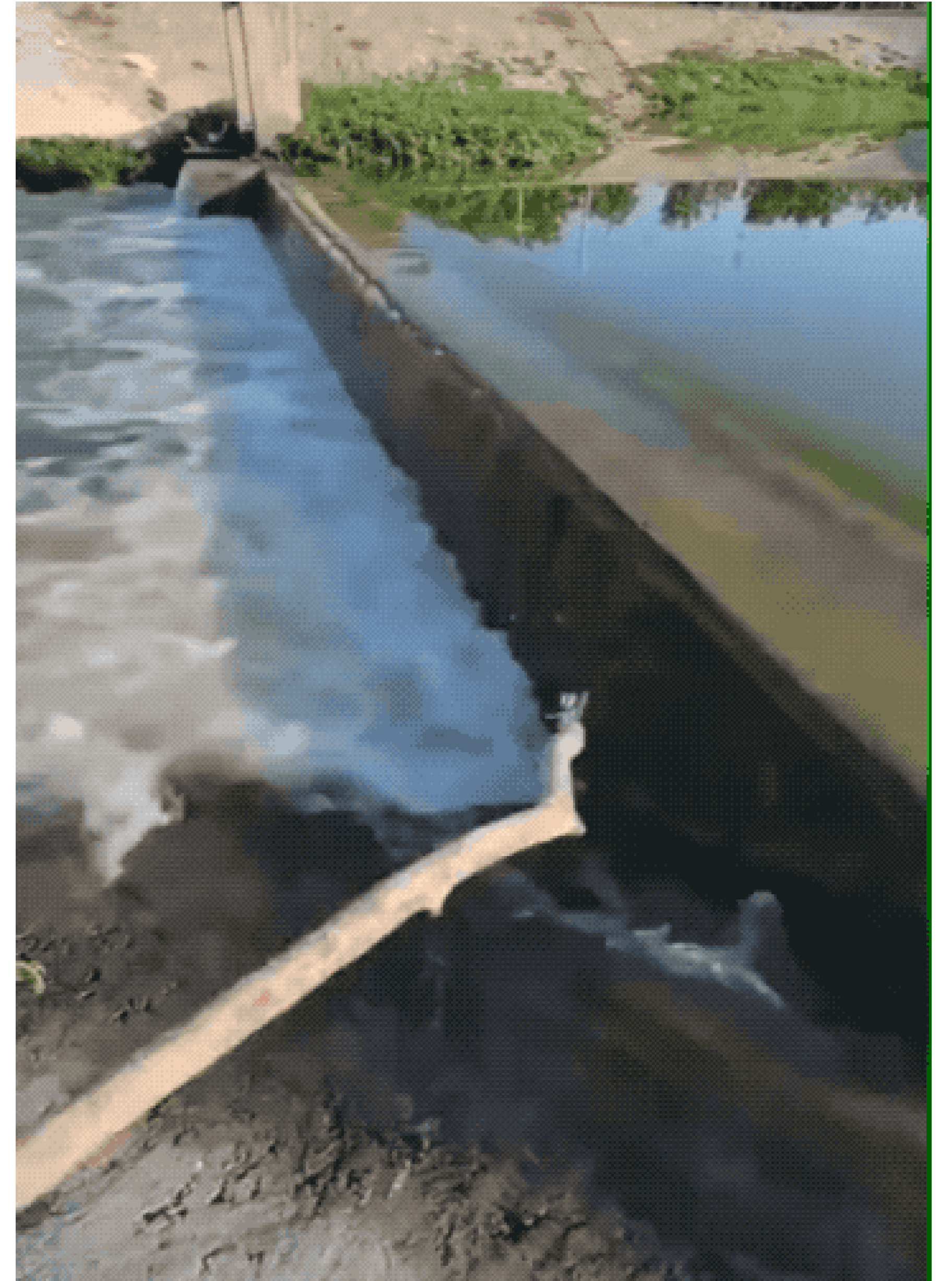
September 22, 2023

All actions—all interventions—
ripple across the ecosystem

**What defines a high leverage
intervention?**

High Leverage Interventions

1. **Maximize impact** across the ecosystem
2. Avoid (or mitigate) negative **unintended consequences**



High Leverage Interventions



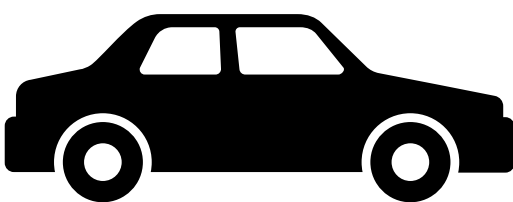
1. Maximize Impact Across the Ecosystem

London's Pollution Reduction Strategy

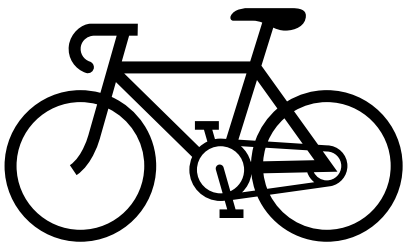
London Transportation

Two interventions to reduce pollution

Subsidize more efficient engines and fuel switching.



Rebuild so walking and cycling replaces some car travel

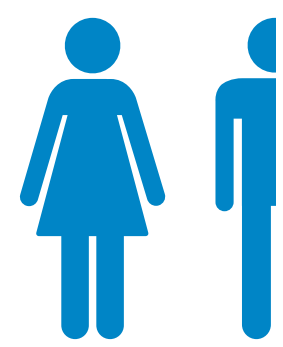


Reduction in transport CO₂ emissions:

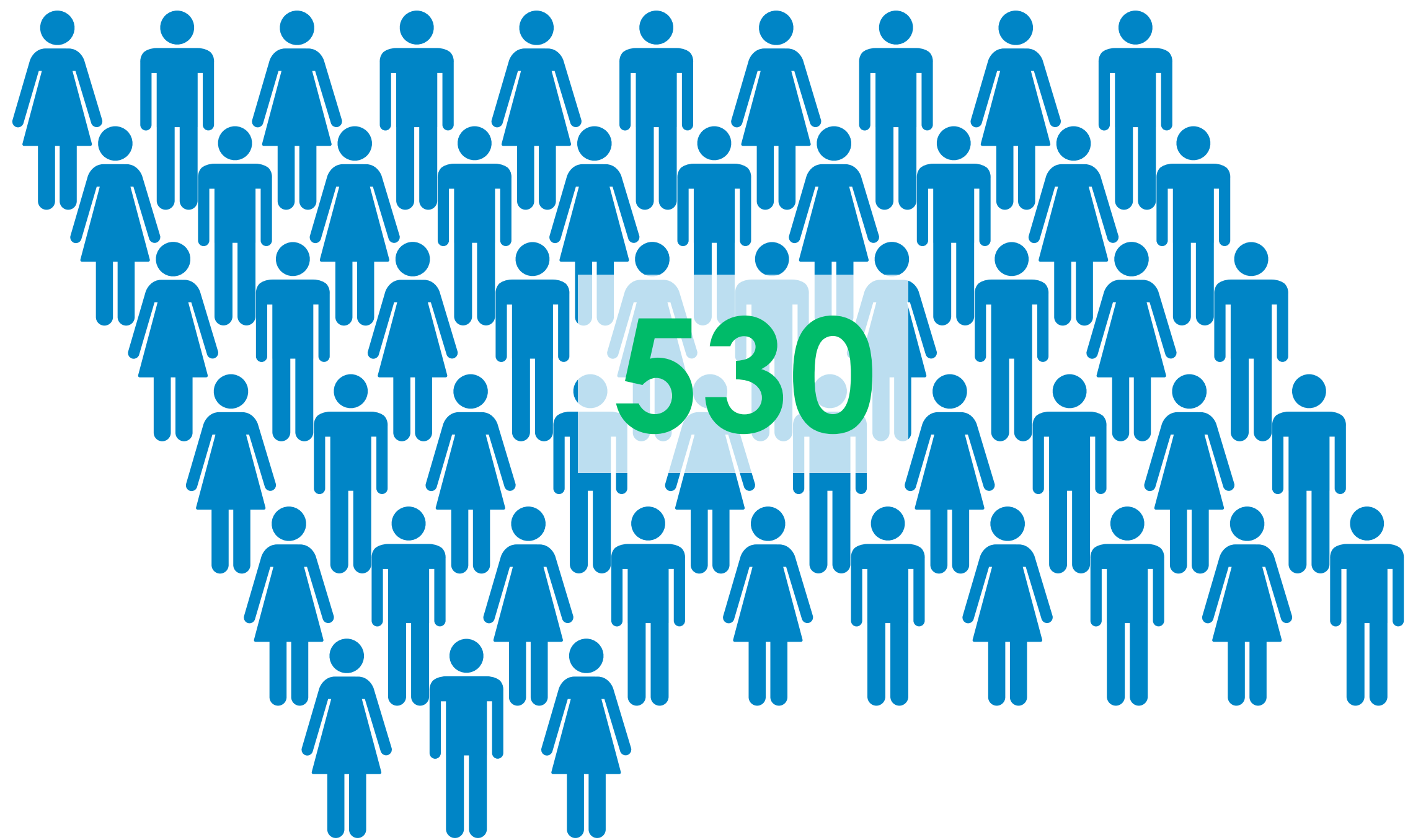
35%

38%

Reduction in premature deaths per million people:



17



Investing in neighborhoods' walk-ability multisolves by...

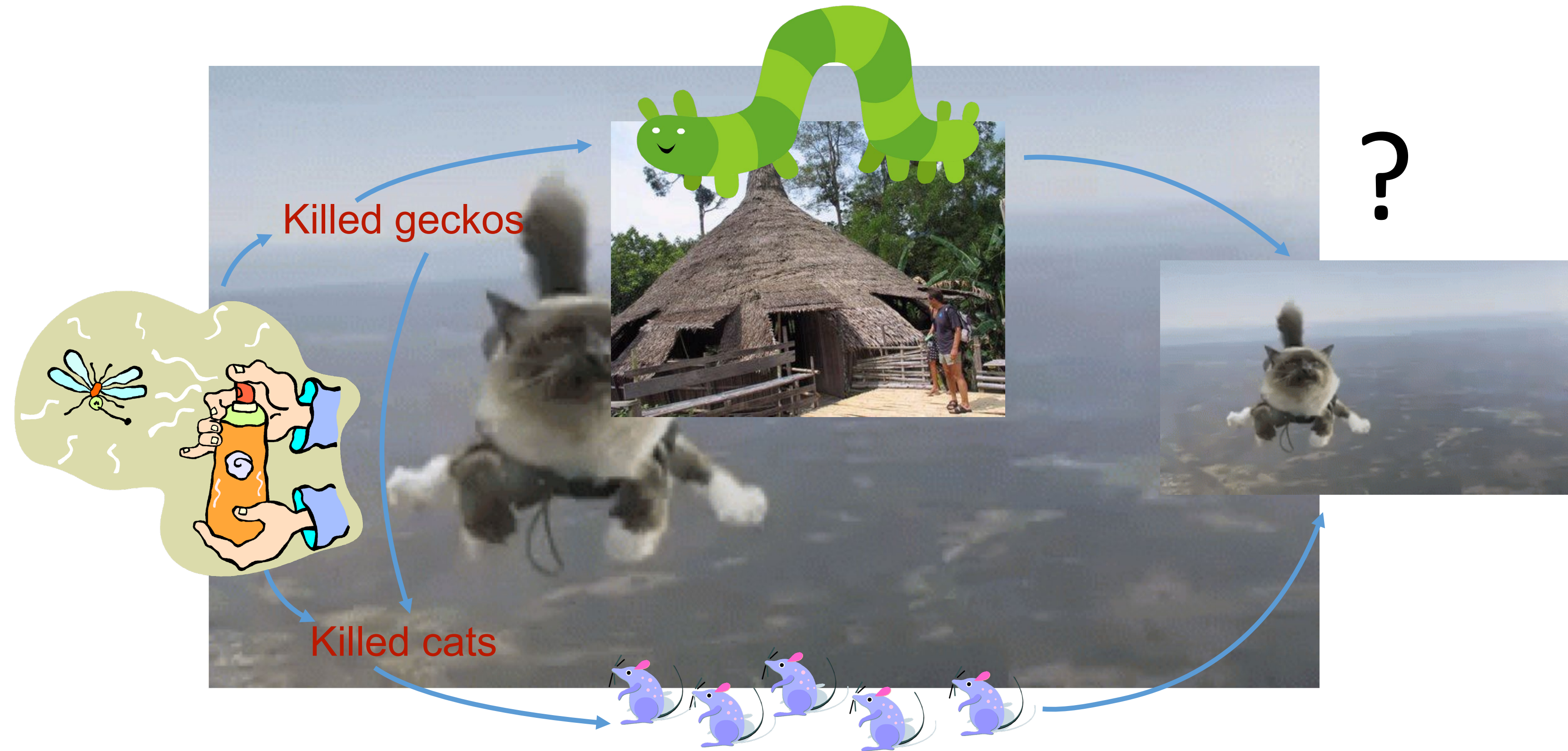
- Increasing health & wellness
- Strengthening neighborhoods & social connection
- Stimulating local economy

High Leverage Interventions



2. Avoid Negative Unintended Consequences

Parachuting Cats Into Borneo



Plague Typhus

Unintended consequences often come from *Fixes That Fail*

High Leverage Interventions

1. **Maximize impact** across the ecosystem
2. Avoid (or mitigate) negative **unintended consequences**

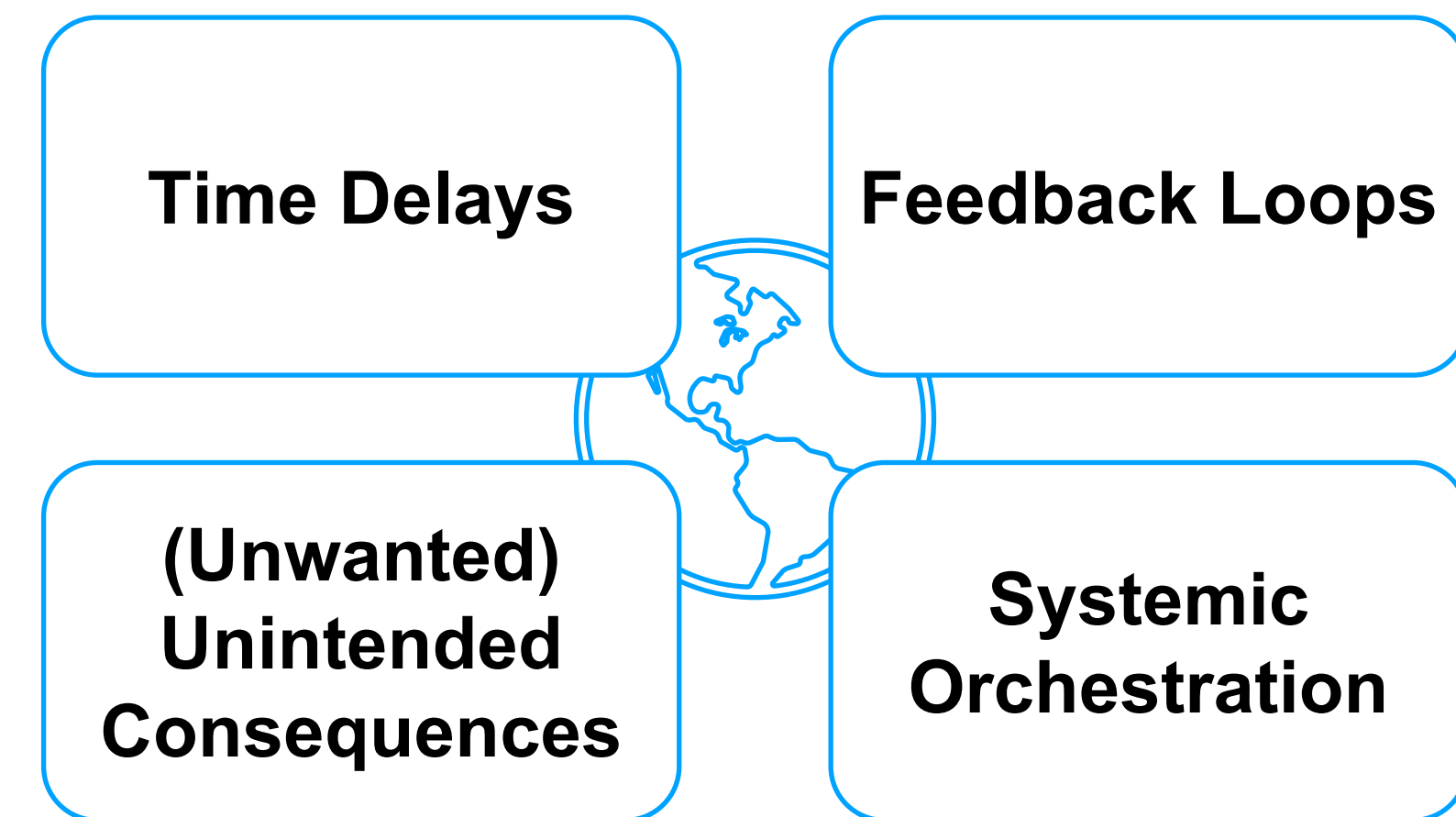


High Leverage Interventions



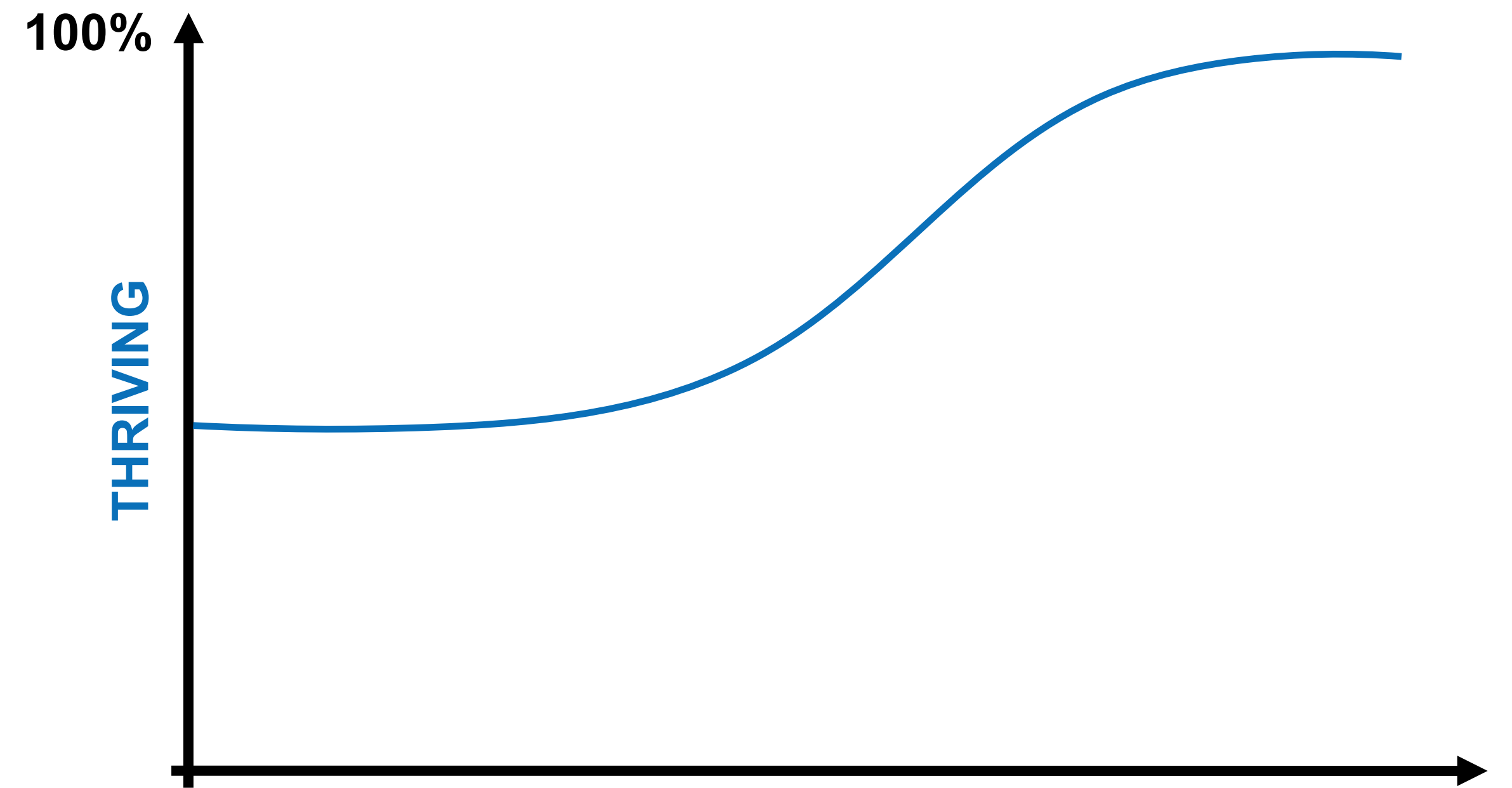
1. **Maximize impact** across the ecosystem
2. Avoid (or mitigate) negative **unintended consequences**

Are informed by understanding how the world works— they must be consistent with systems principles of...



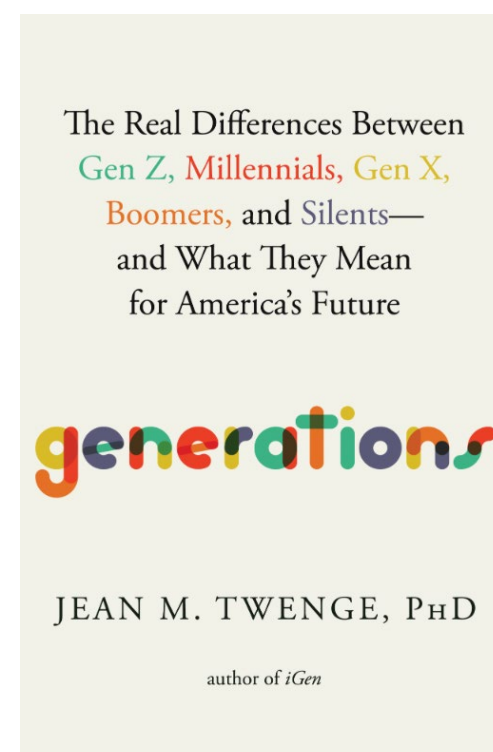
VISION

- Washington's Children and Youth (and their families) achieve maximum thriving in the not too distant future



CURRENT REALITY (nationally)

- Since 2012, national rates of behavioral health measure have worsened exponentially
- Hockey stick trends!
- No sign of trend reversal
- Source: Generations (Jean Twenge)



UNHAPPINESS

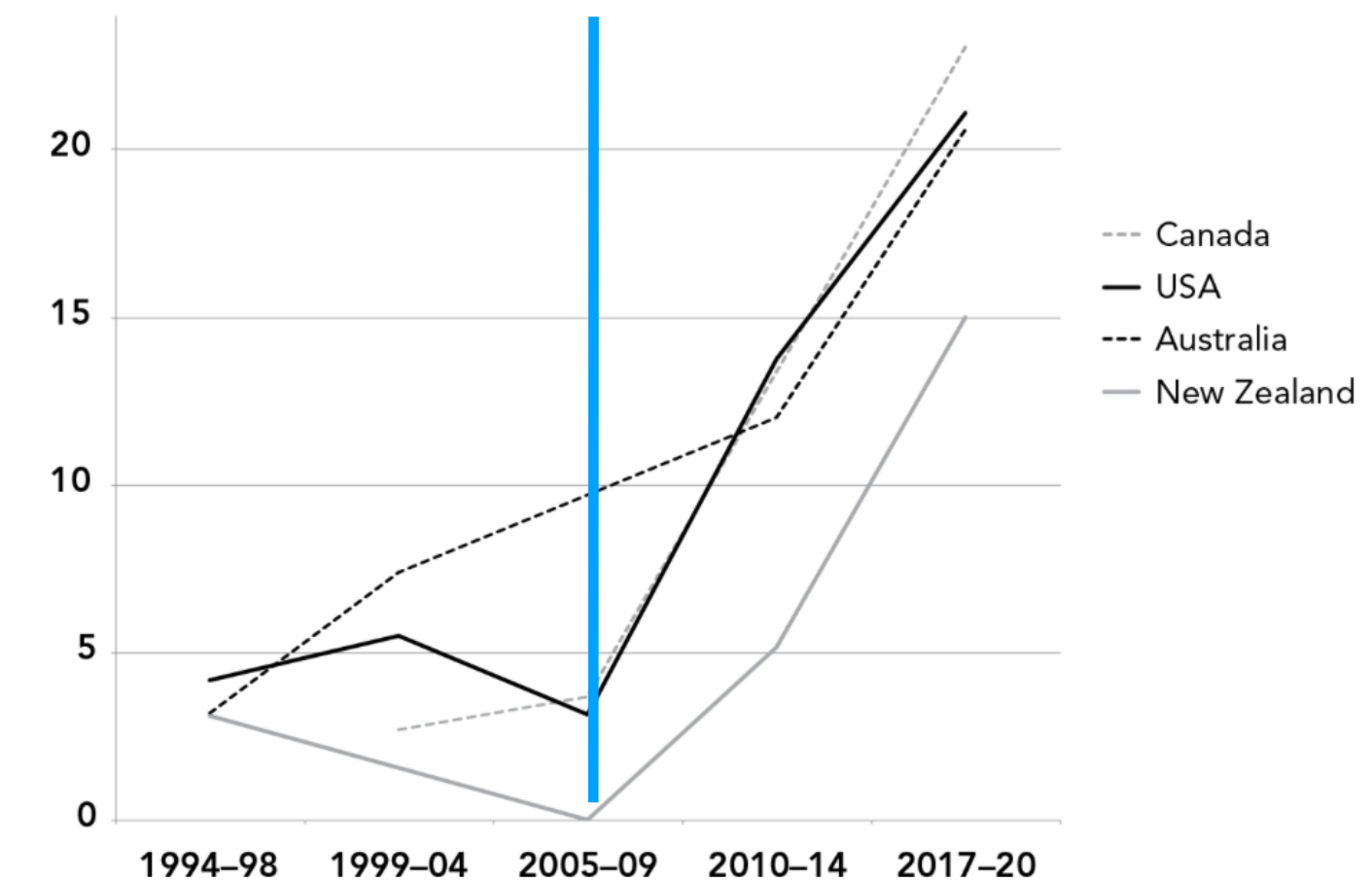


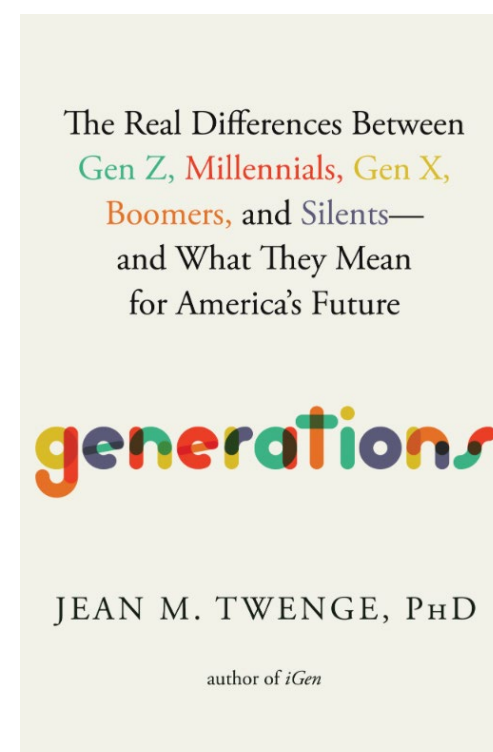
Figure 6.41: Percent of 15- to 25-year-olds who say they are unhappy, by country, 1994–2020

Source: World Values Survey

Notes: The question: “Taking all things together, would you say you are: Very happy, rather happy, not very happy, or not at all happy?” Figure shows the number who responded “not very happy” or “not at all happy.” Question not asked in the United Kingdom or Ireland in the recent waves.

CURRENT REALITY (nationally)

- Since 2012, national rates of behavioral health measure have worsened exponentially
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LONELINESS

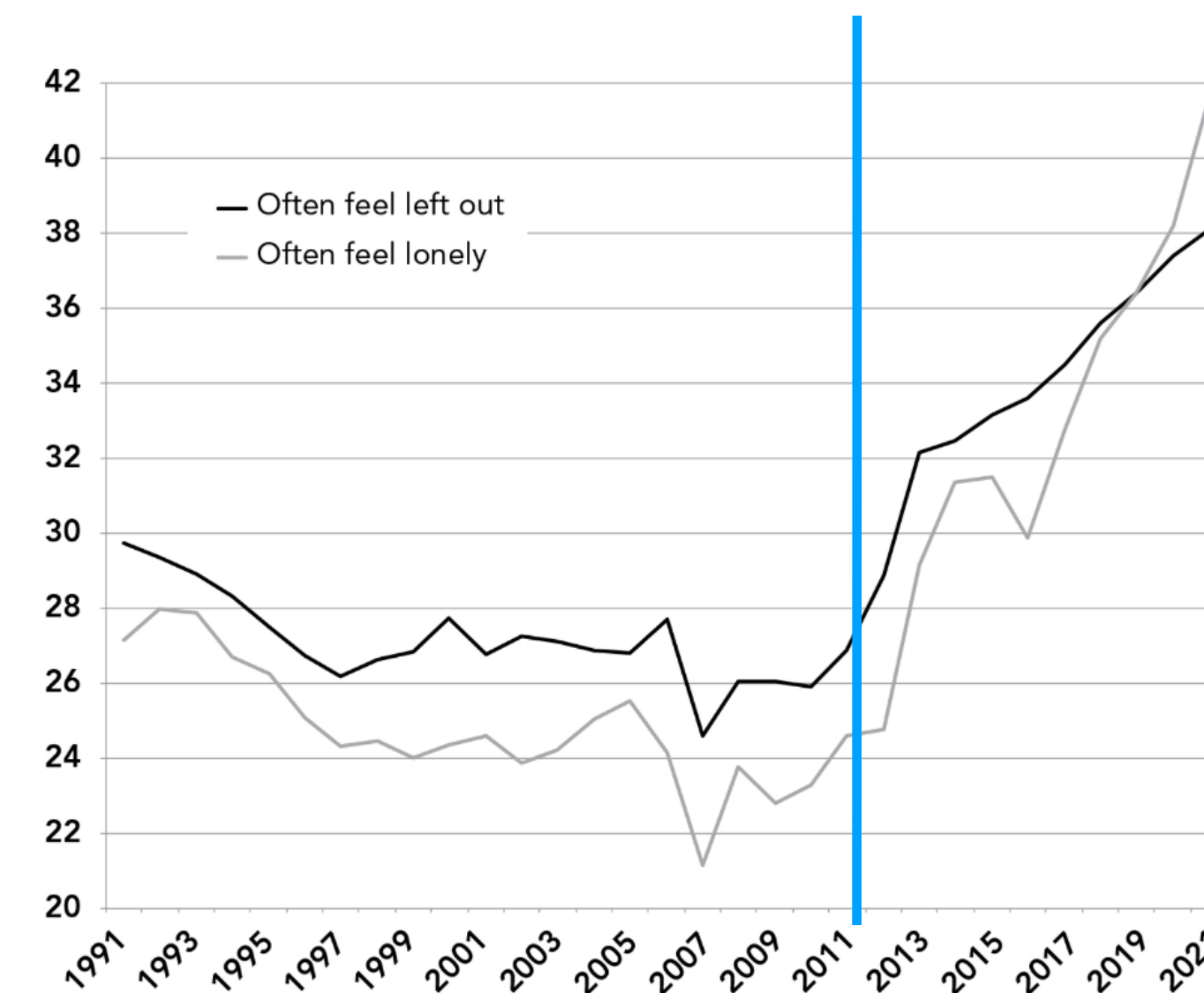


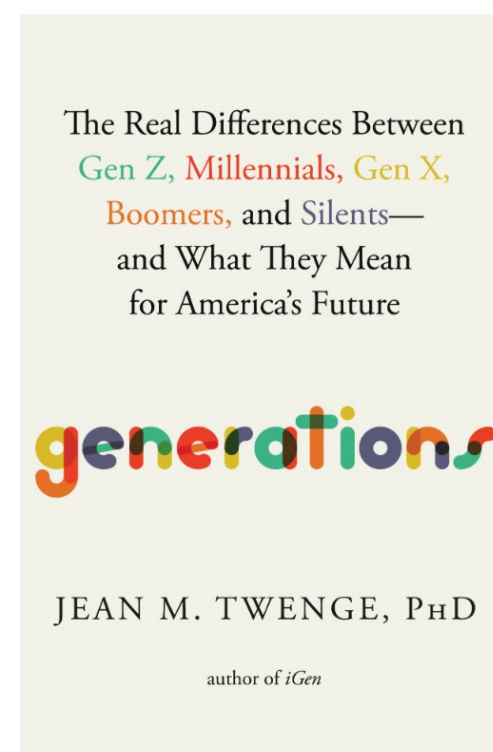
Figure 6.31: Percent of U.S. 8th, 10th, and 12th graders who feel left out or lonely, 1991–2021

Source: Monitoring the Future

Notes: 2020 data were collected in February and early March, before schools shut down during the COVID-19 pandemic.

CURRENT REALITY (nationally)

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CLINICAL DEPRESSION DIAGNOSIS

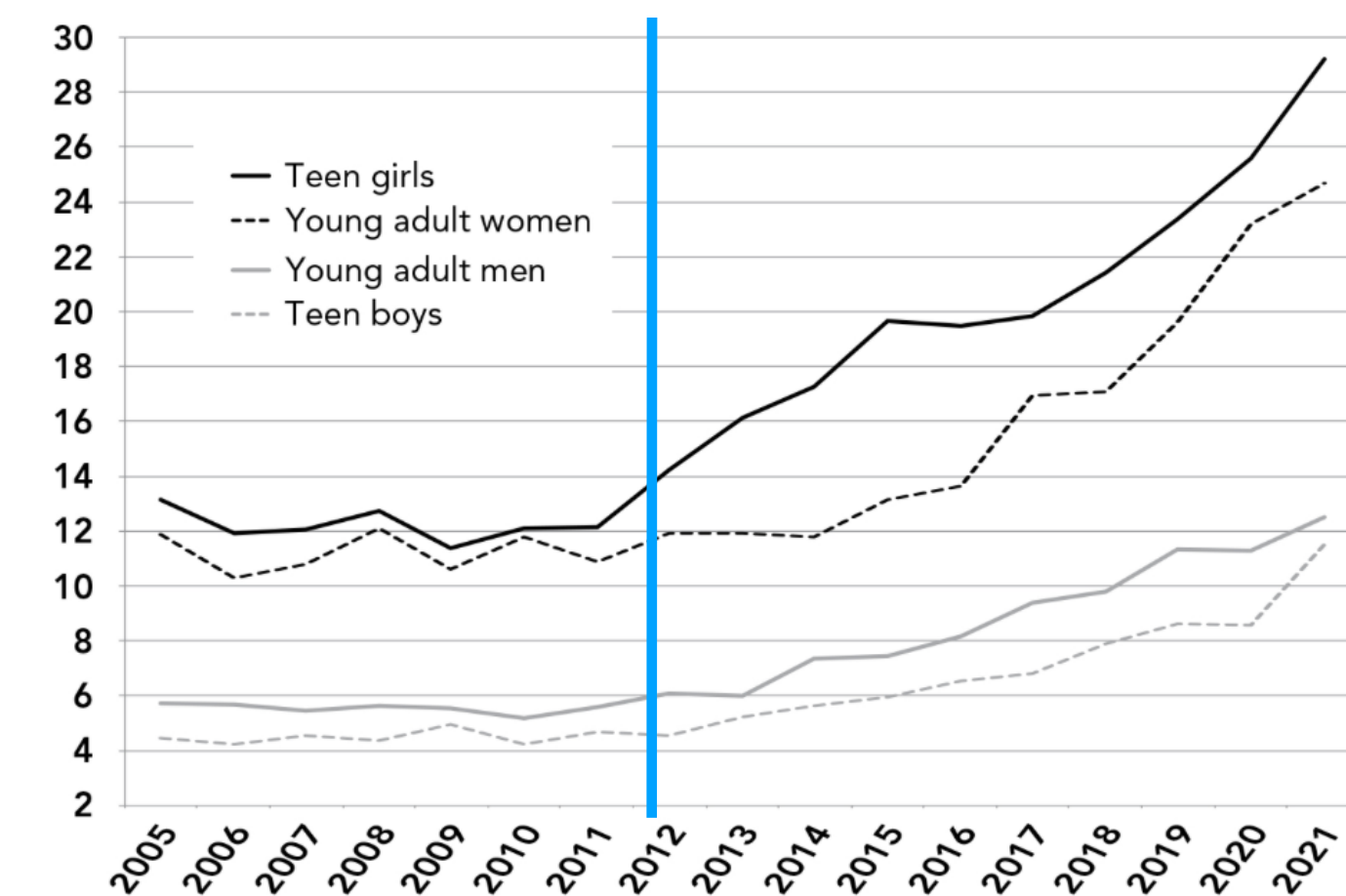


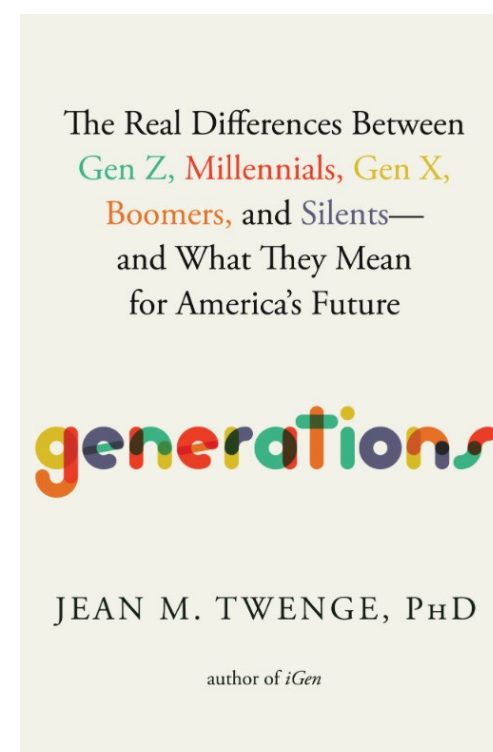
Figure 6.35: Percent of U.S. teens and young adults with clinical-level depression in the last year, by gender and age group, 2005–2021

Source: National Survey on Drug Use and Health

Notes: Teens are ages 12 to 17 and young adults are ages 18 to 25.

CURRENT REALITY (nationally)

- Since 2012, national rates of behavioral health measure have worsened exponentially
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SUICIDE RATES

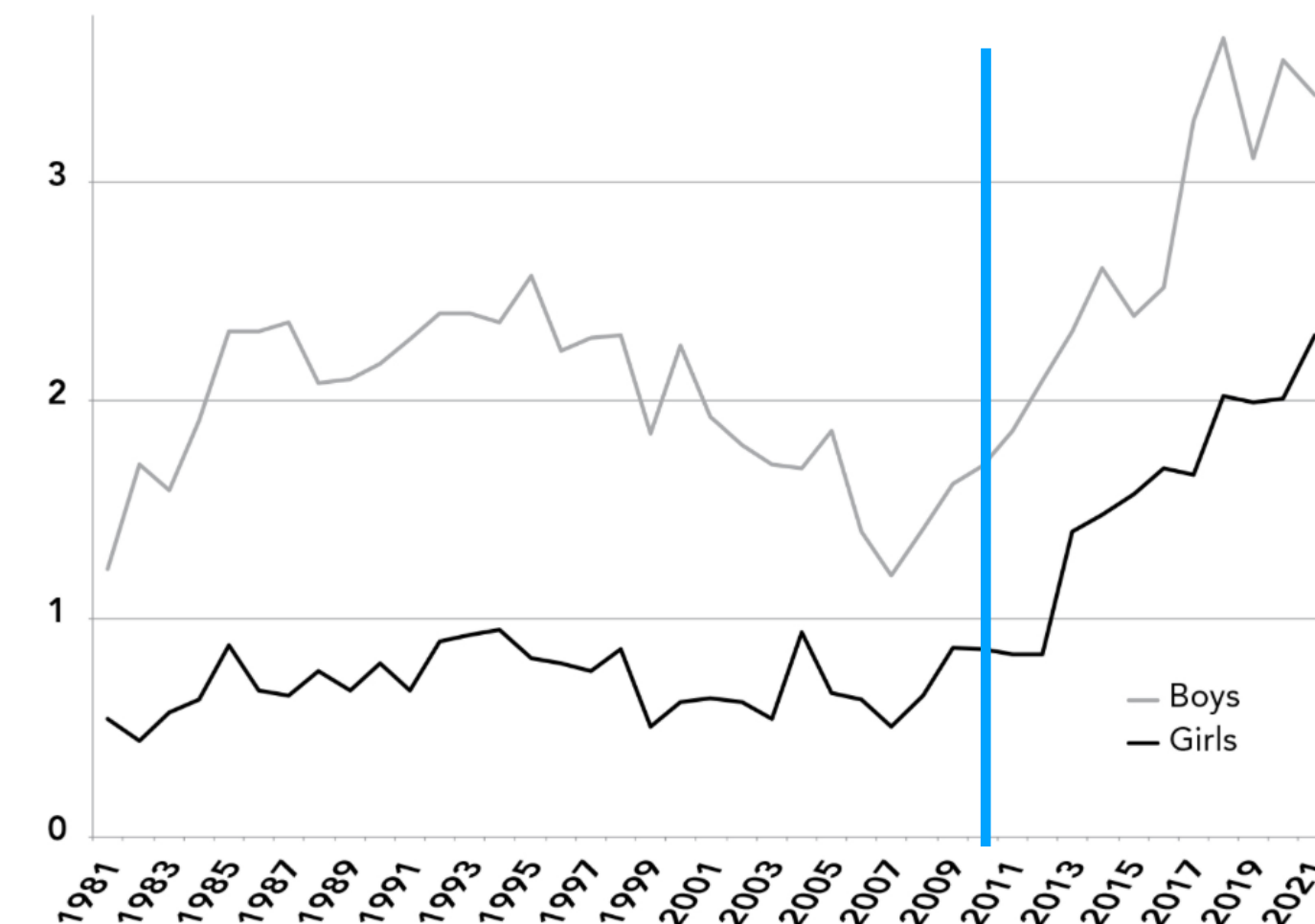


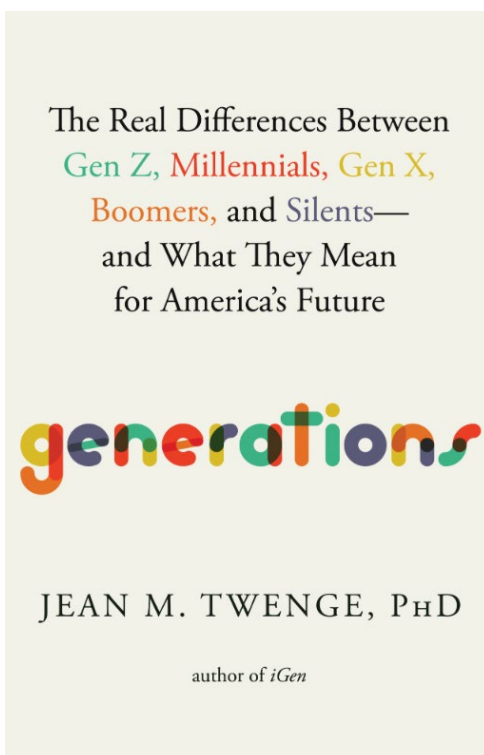
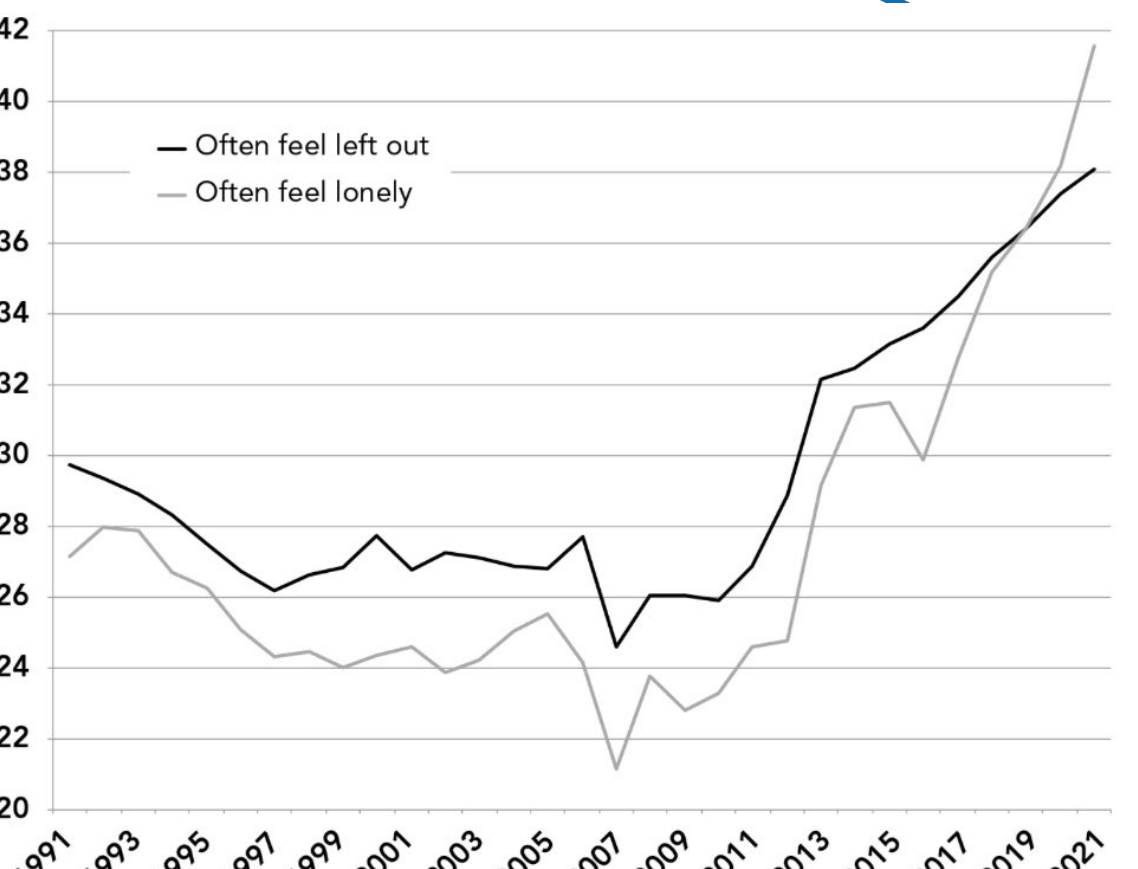
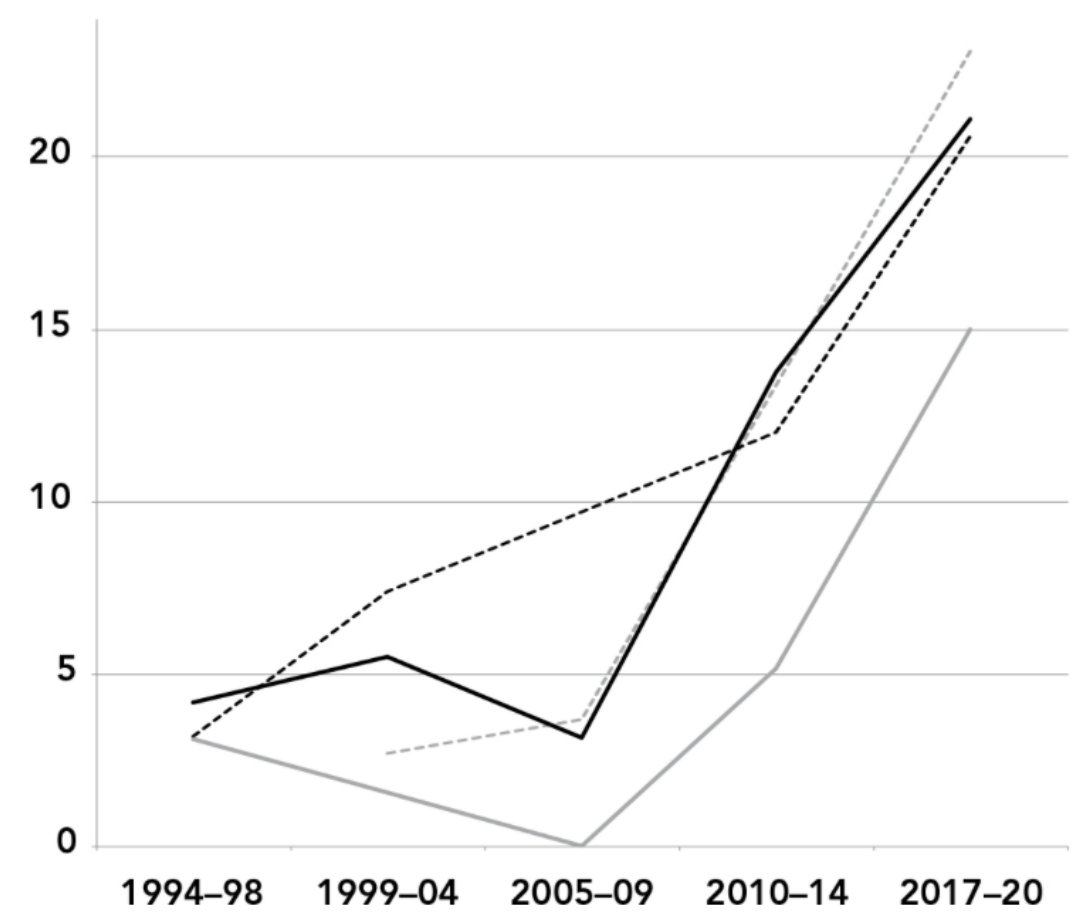
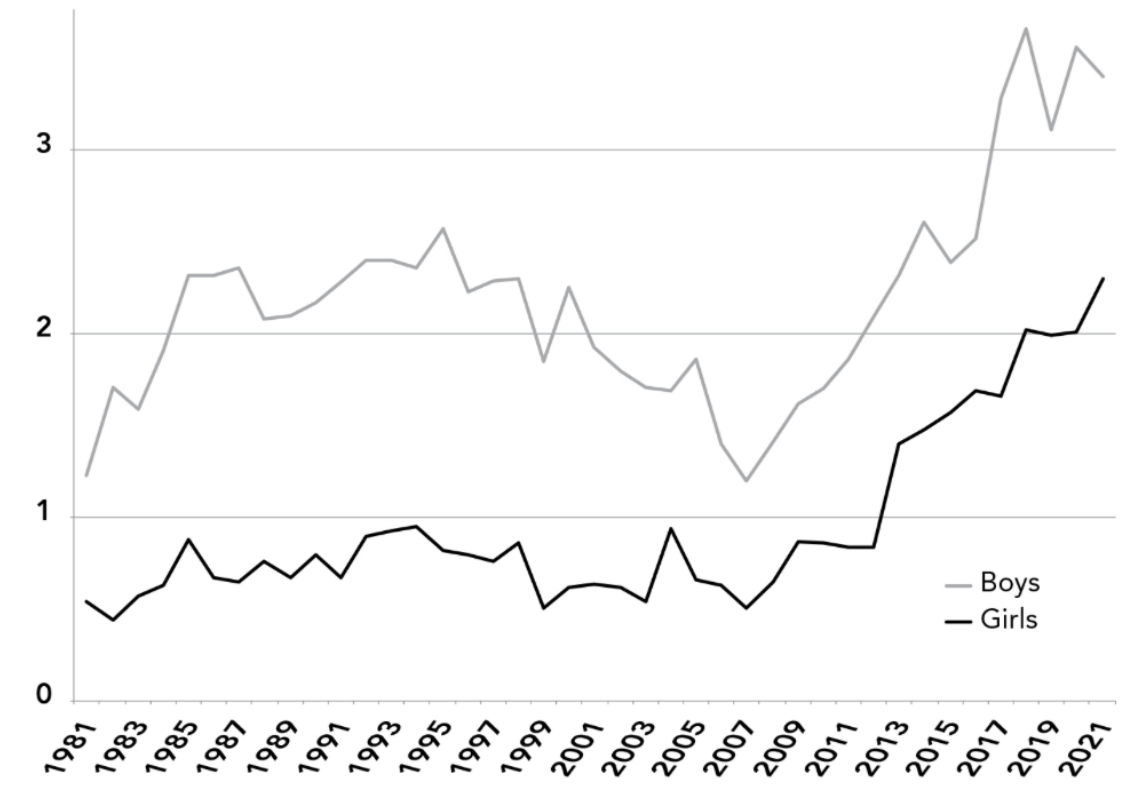
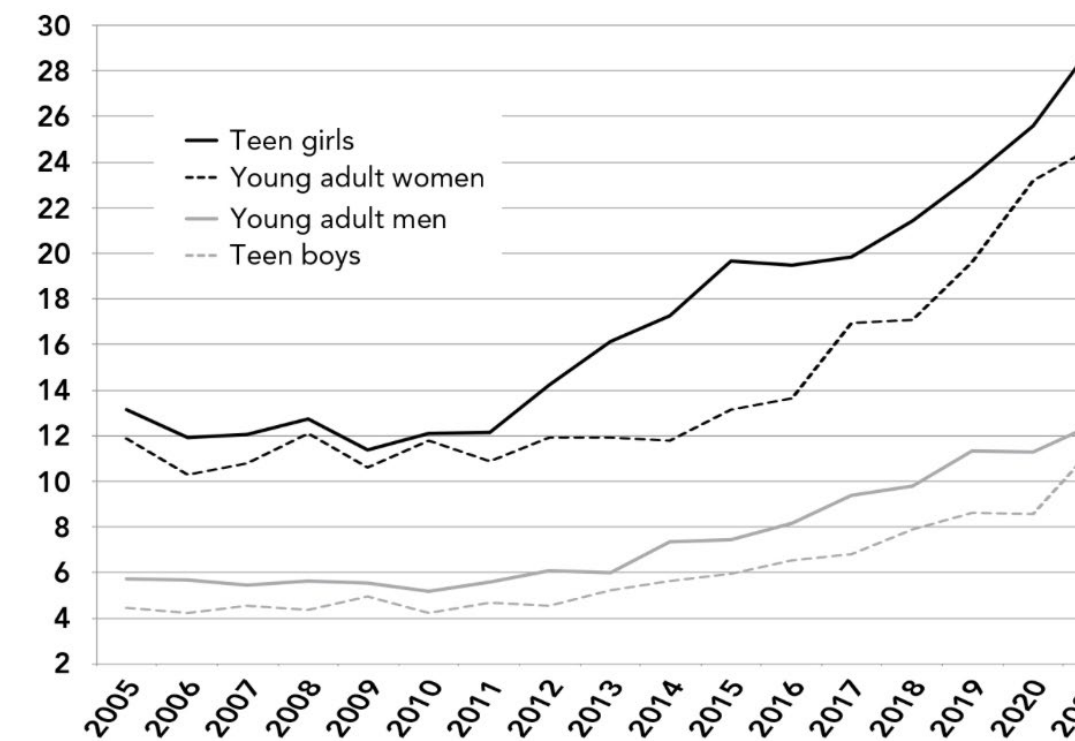
Figure 6.38: Suicide rate of U.S. 10- to 14-year-olds, by gender, 1981–2021

Source: WISQARS, CDC

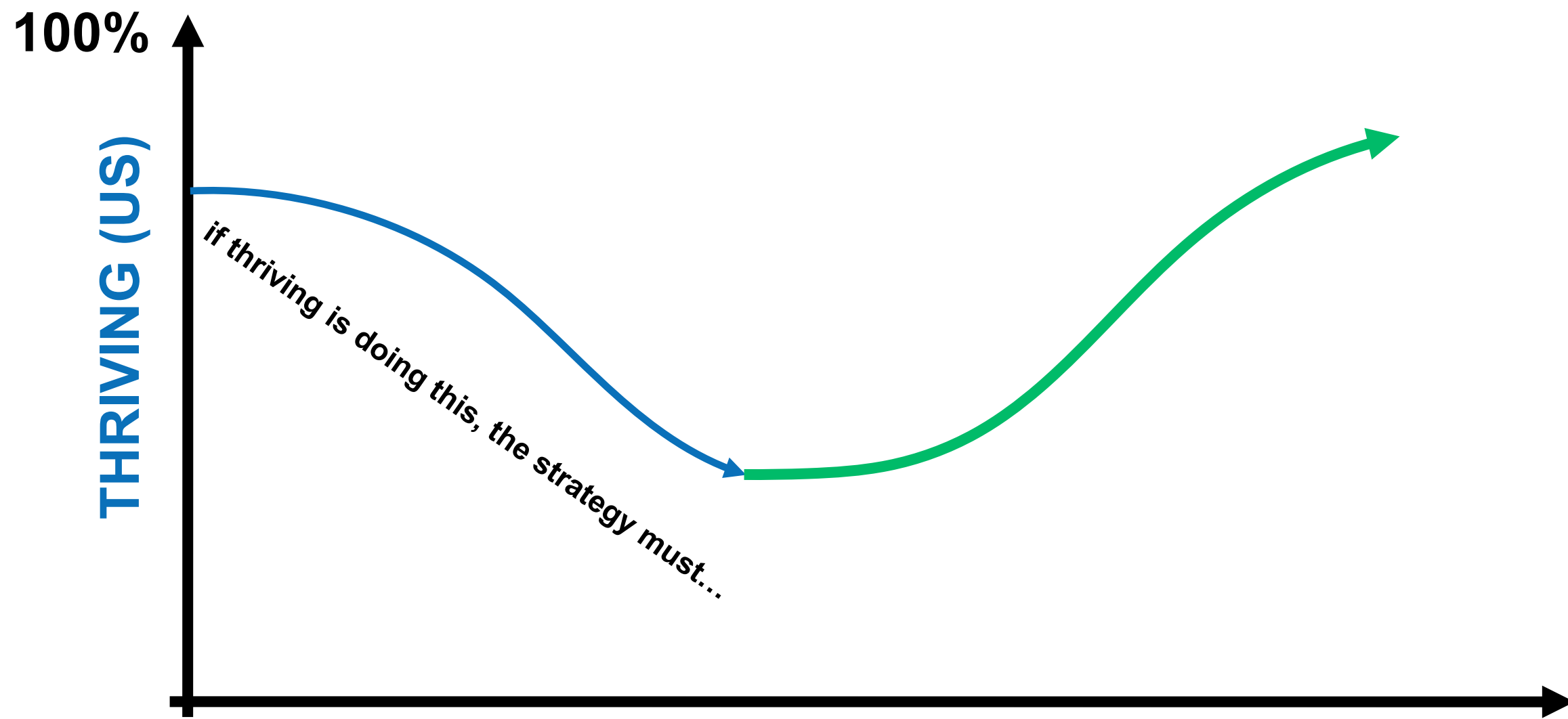
Notes: Suicide rates are out of 100,000 population.

CURRENT REALITY (nationally)

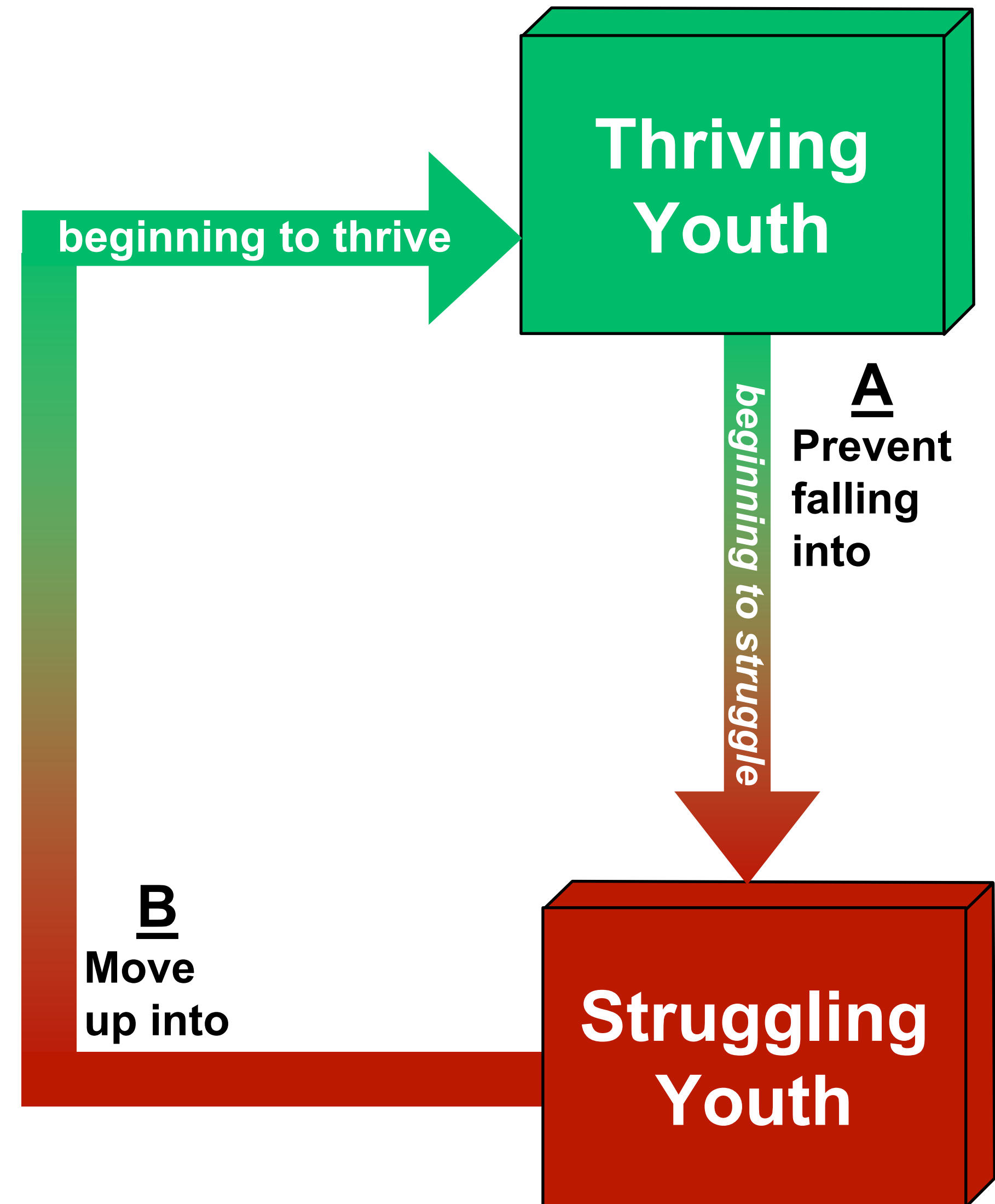
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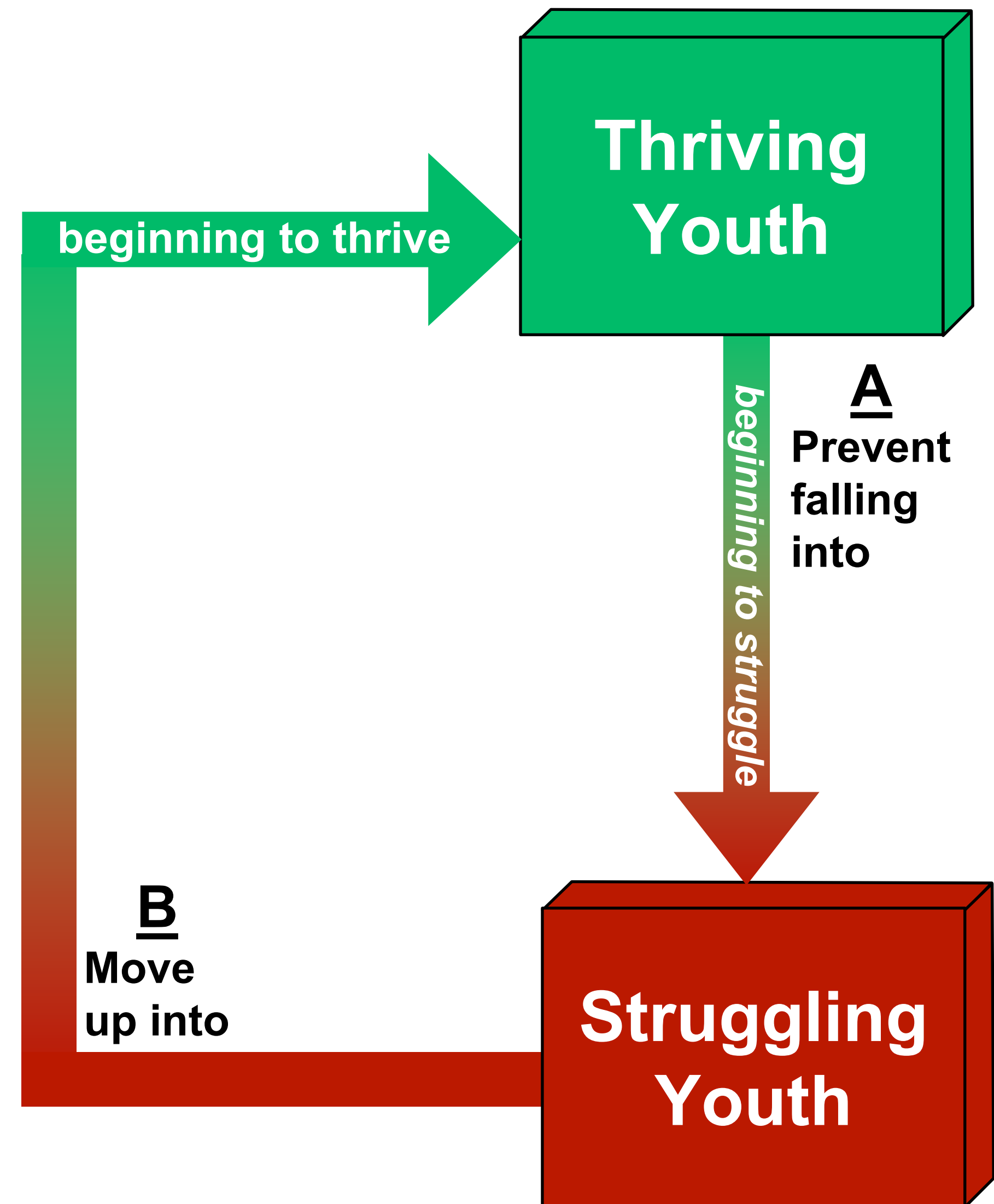
STRATEGY MUST...



- A) **Prevent** Thriving Youth from falling into Struggling Youth
- B) Help Struggling Youth **move up** into Thriving Youth



STRATEGY MUST...



B LEVERS

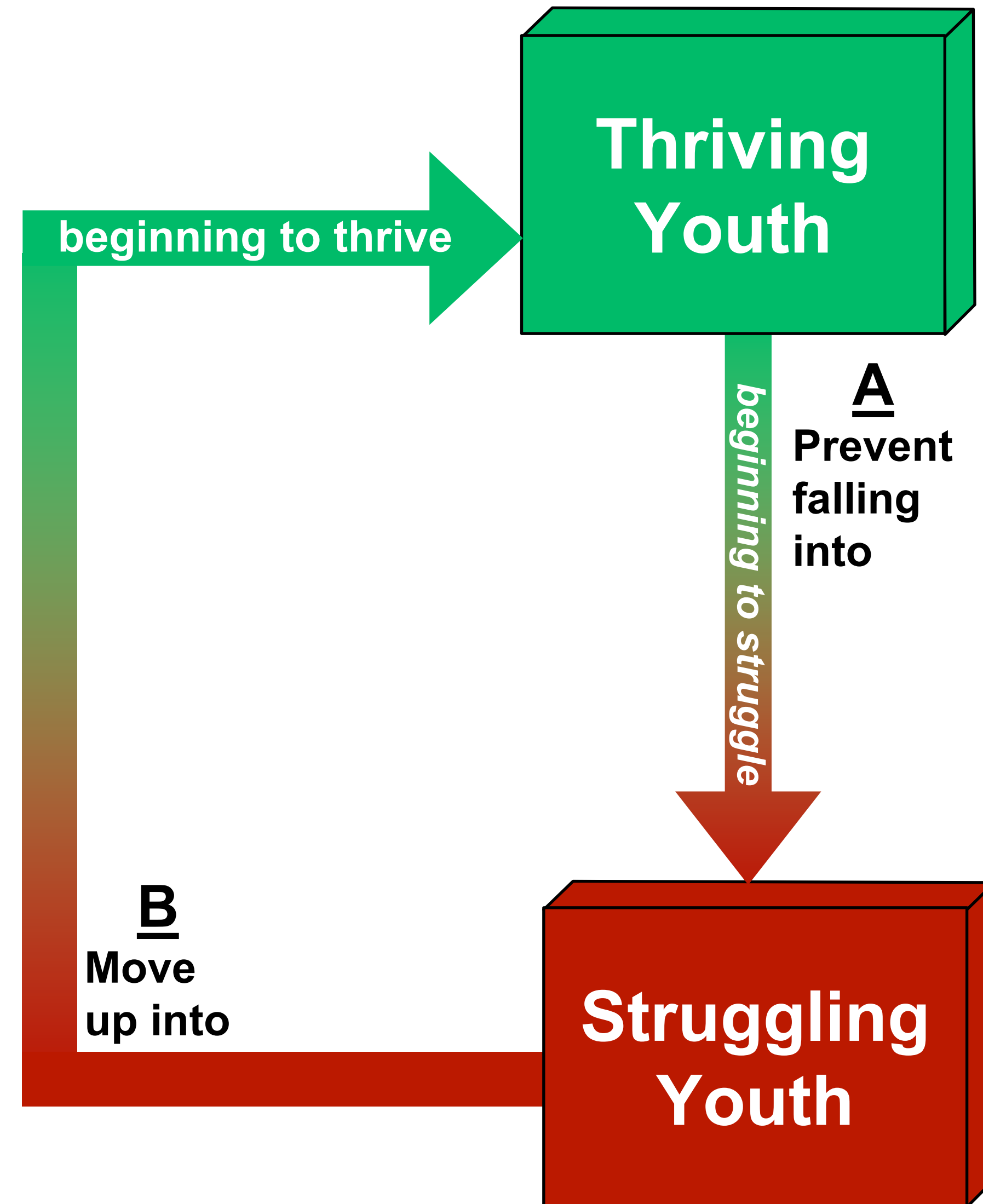
LEVER 1

Increase Behavioral Health Capacity

Includes the capacity to provide many diverse services:

- Crisis response services
- Inpatient treatment for mental illness or SUD
- Outpatient treatment for mental illness or SUD
- Wraparound services
- Recovery support services
- Care coordination services
- Job training
- Services provided in any setting:
e.g. Community Health Clinics, Schools, Jails
- Parent and caregiver support services
- Primary care
- Behavioral Health literacy training
- Prevention programs
- Screening and identification programs
- Behavioral health worker support services

LEVERS ARE...



LEVERS ARE...

B LEVERS

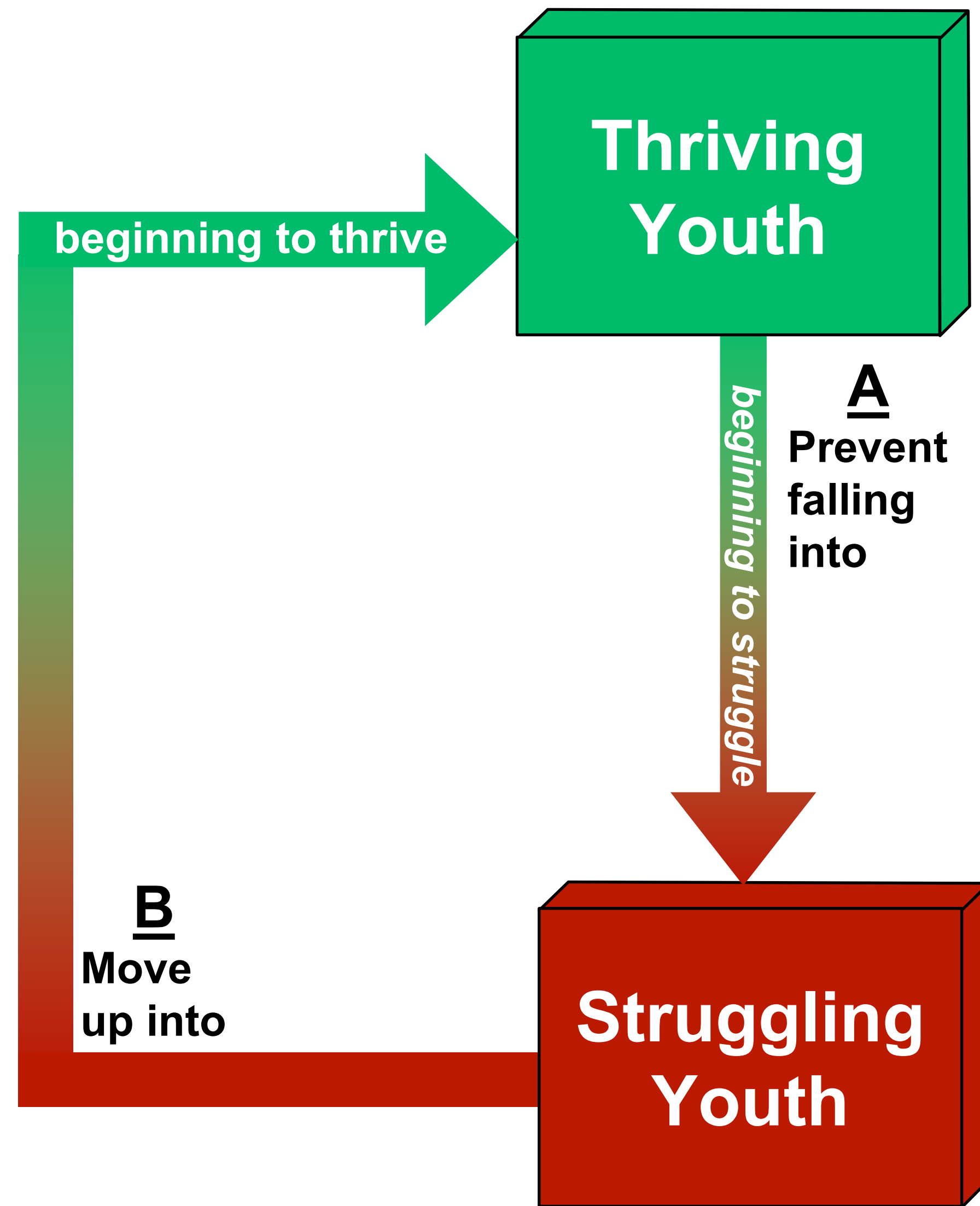
LEVER 1
Increase Behavioral Health Capacity

LEVER 2
Increase Effectiveness of Current Capacity

LEVER 3
Increase Access to Support for Struggling

LEVER 4
Support / Sustain the Workforce

LEVER 5
Improve Identification of Struggling



A LEVERS

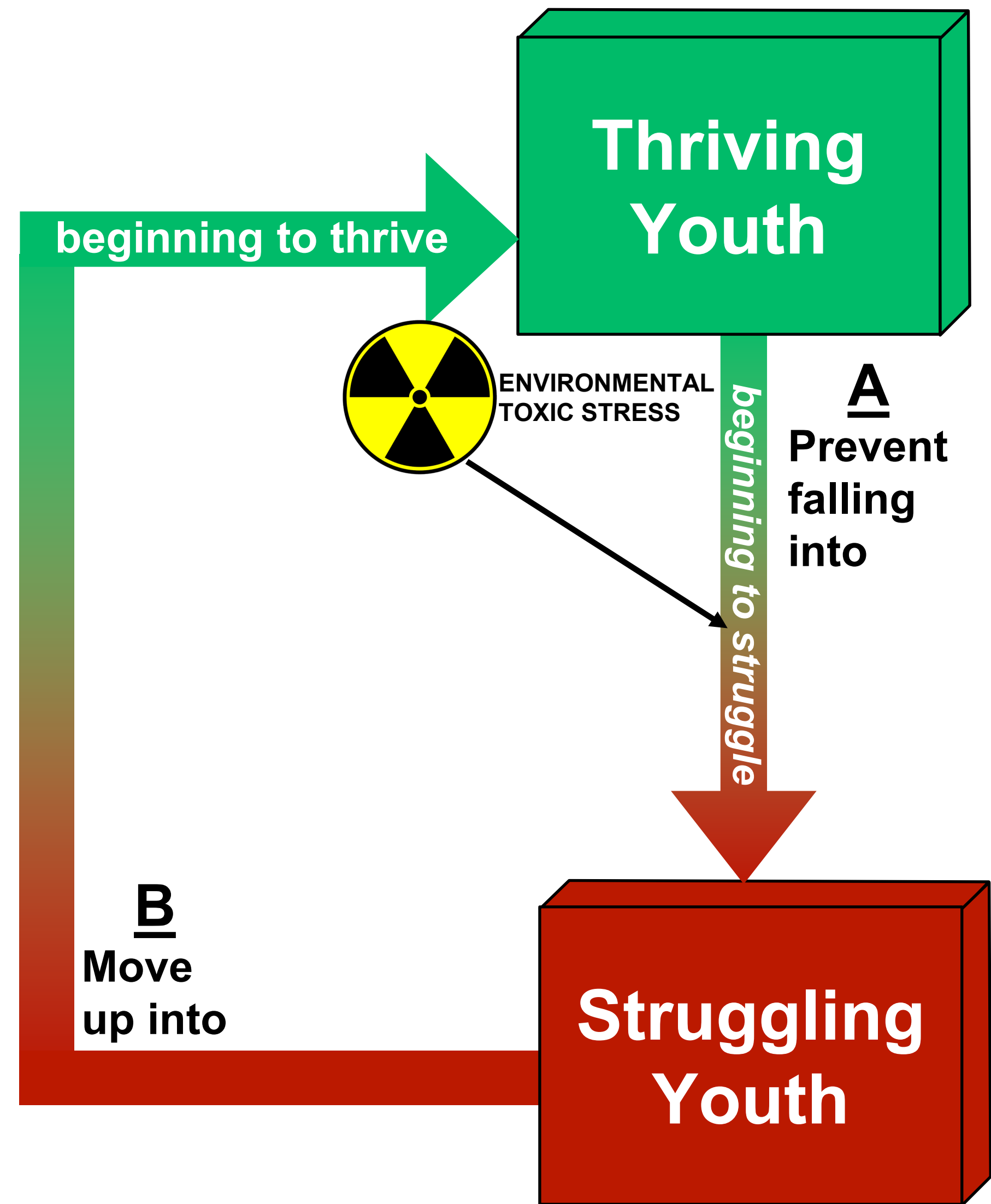
(primarily)

LEVER 6
Build Protective Factors

LEVER 7
Strengthen Vital Conditions

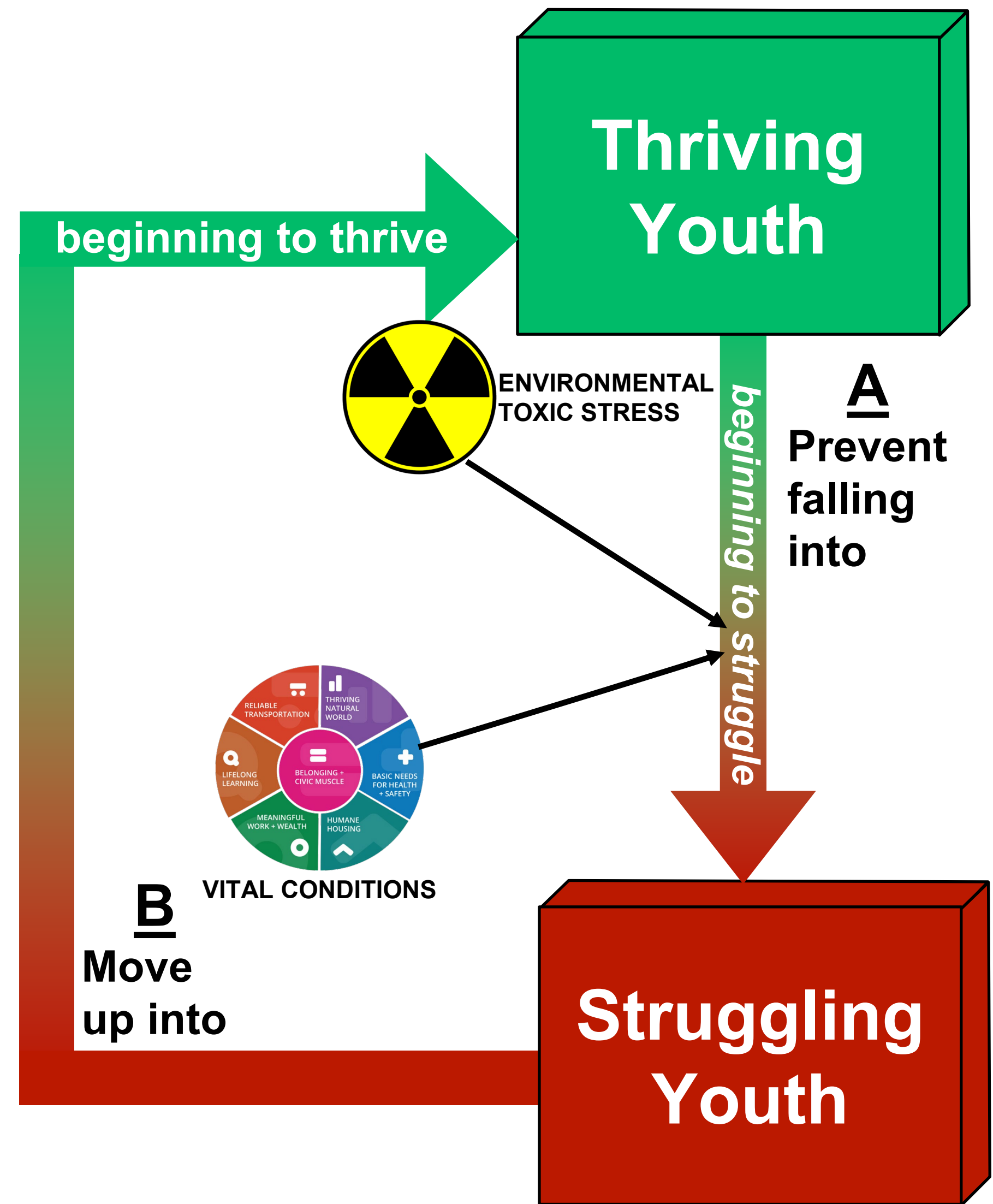


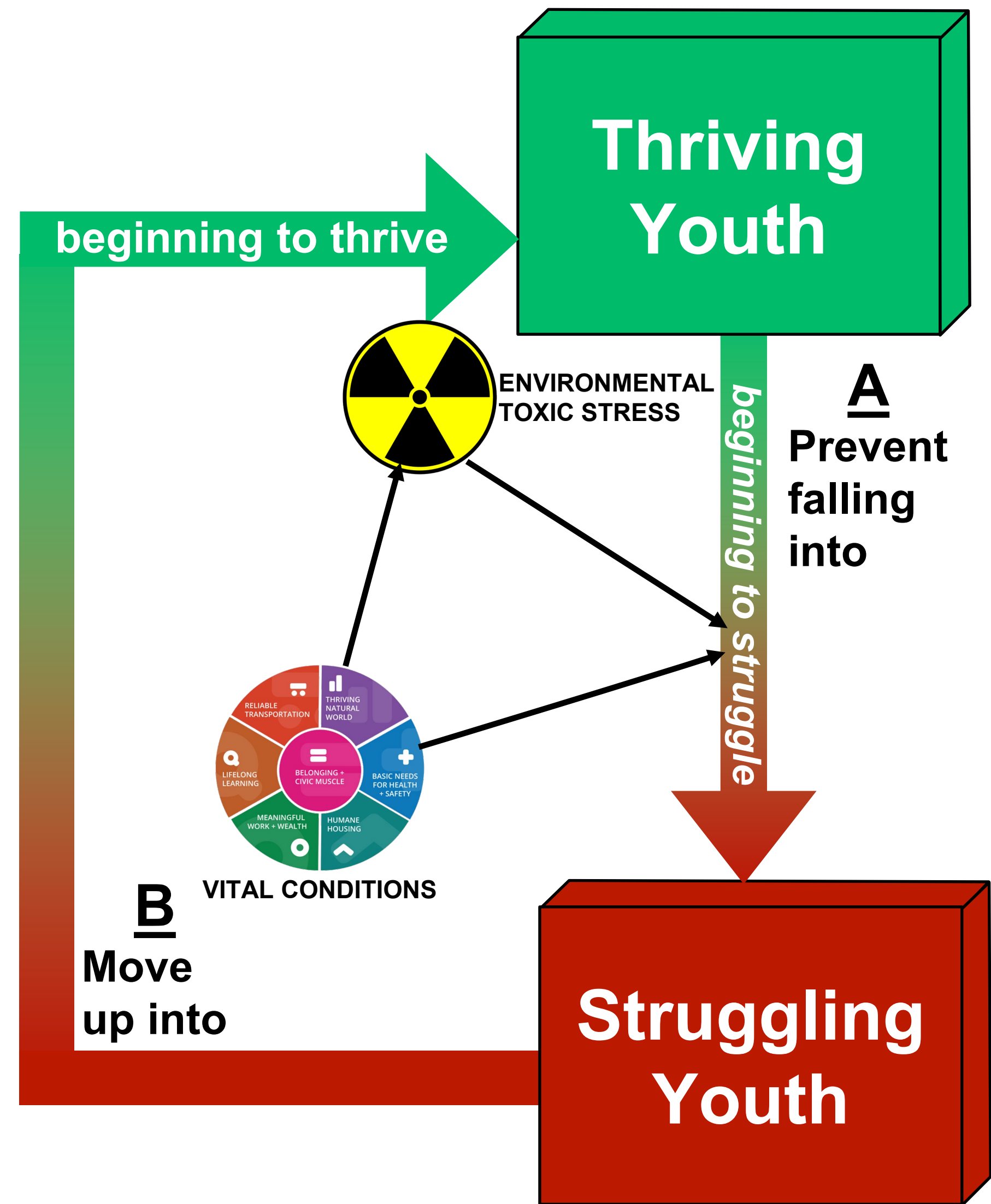
Well-being in the Nation (report)

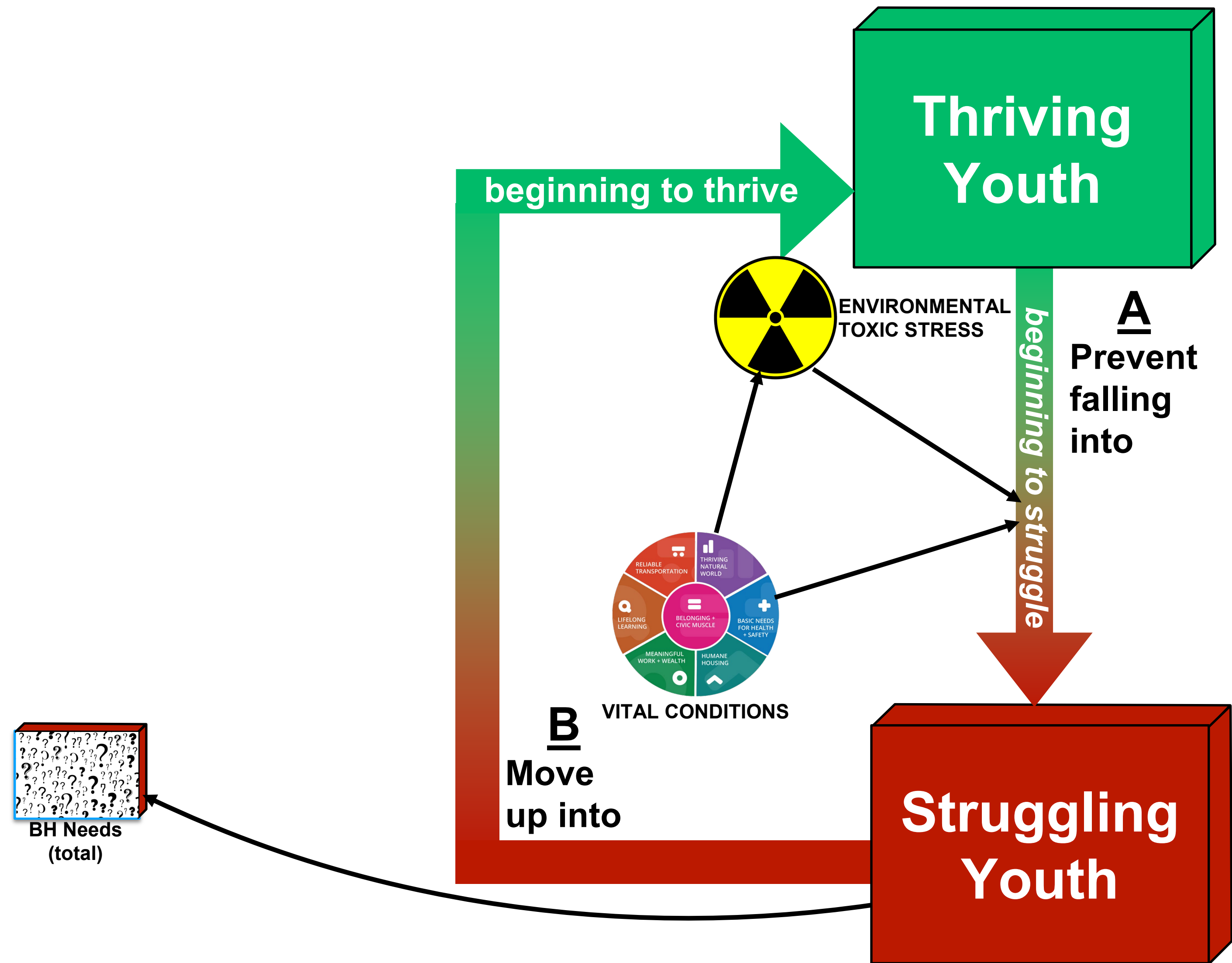




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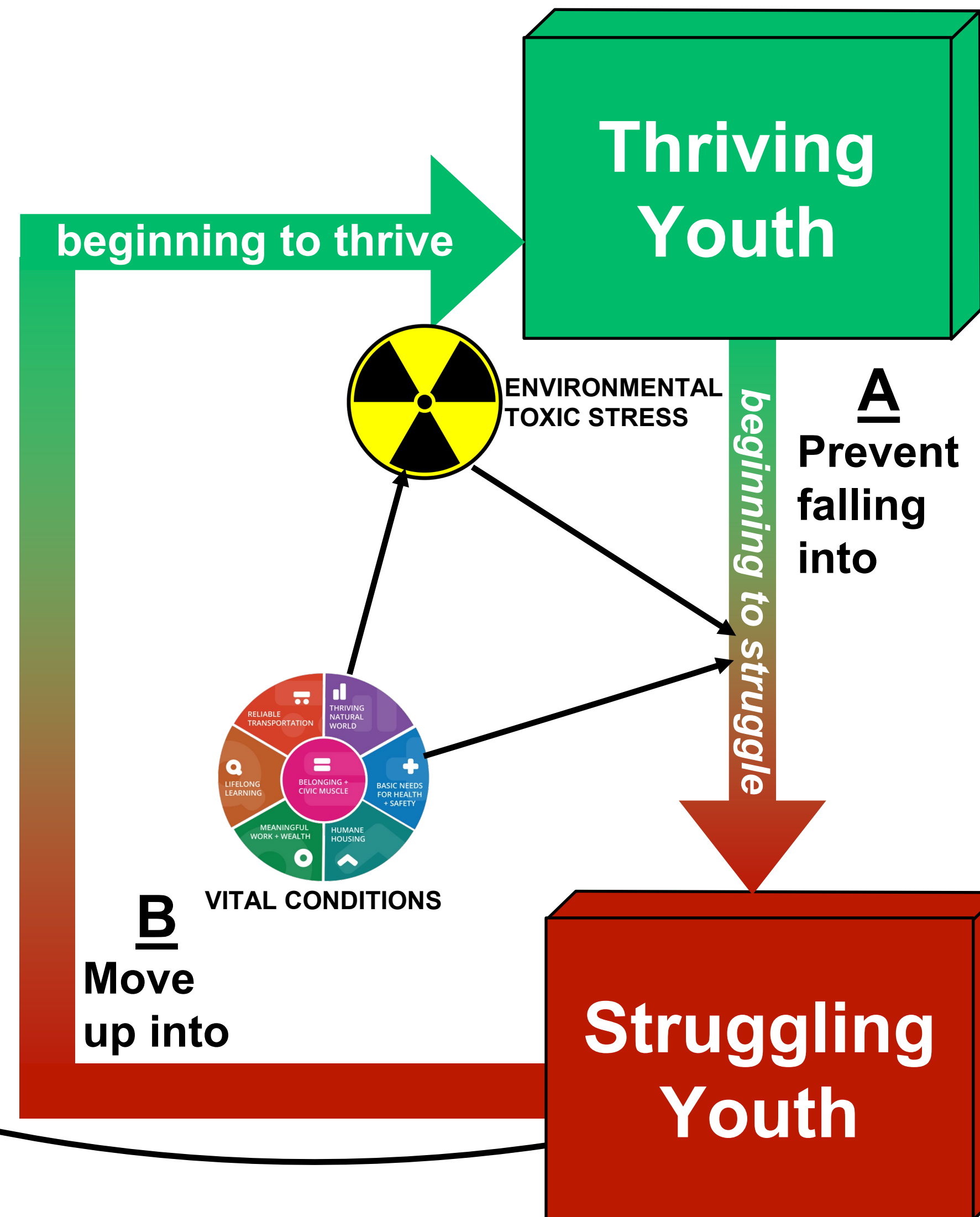
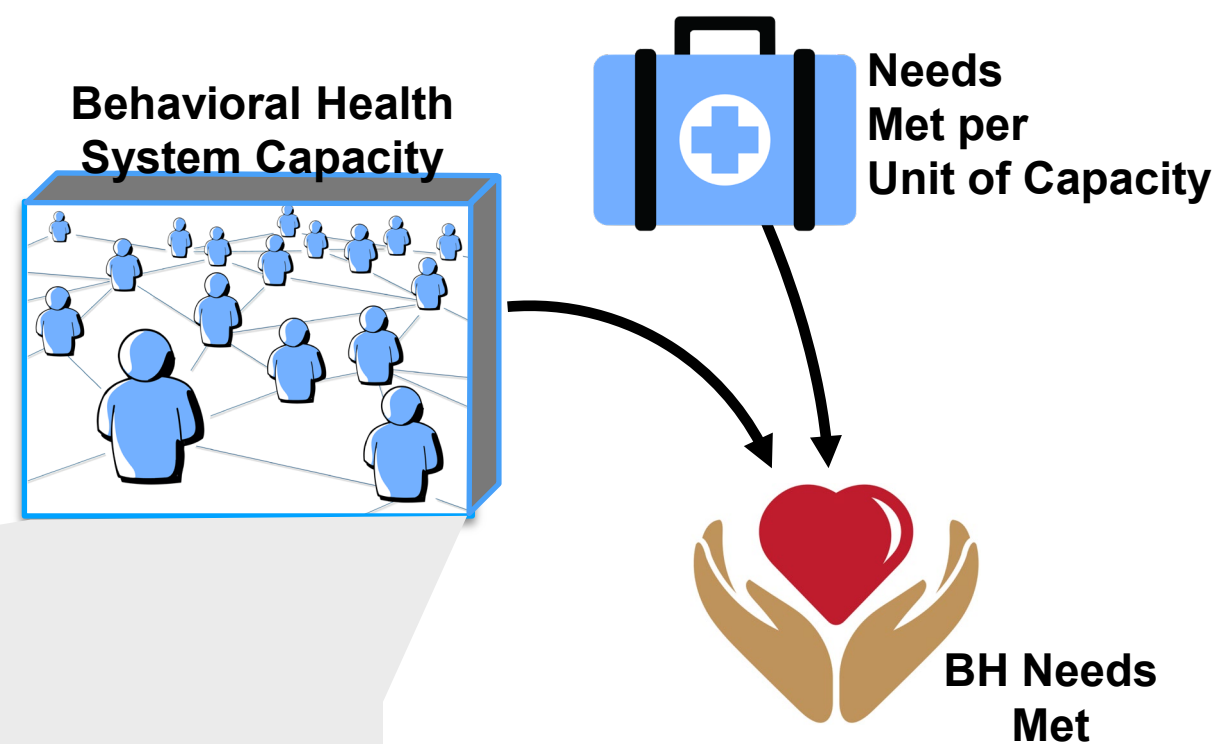






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LEVER 1
Increase Behavioral
Health Capacity

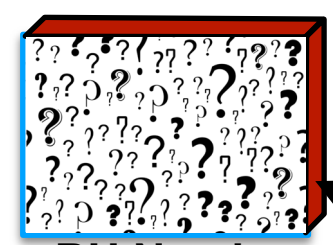


Needs Met per Unit of Capacity

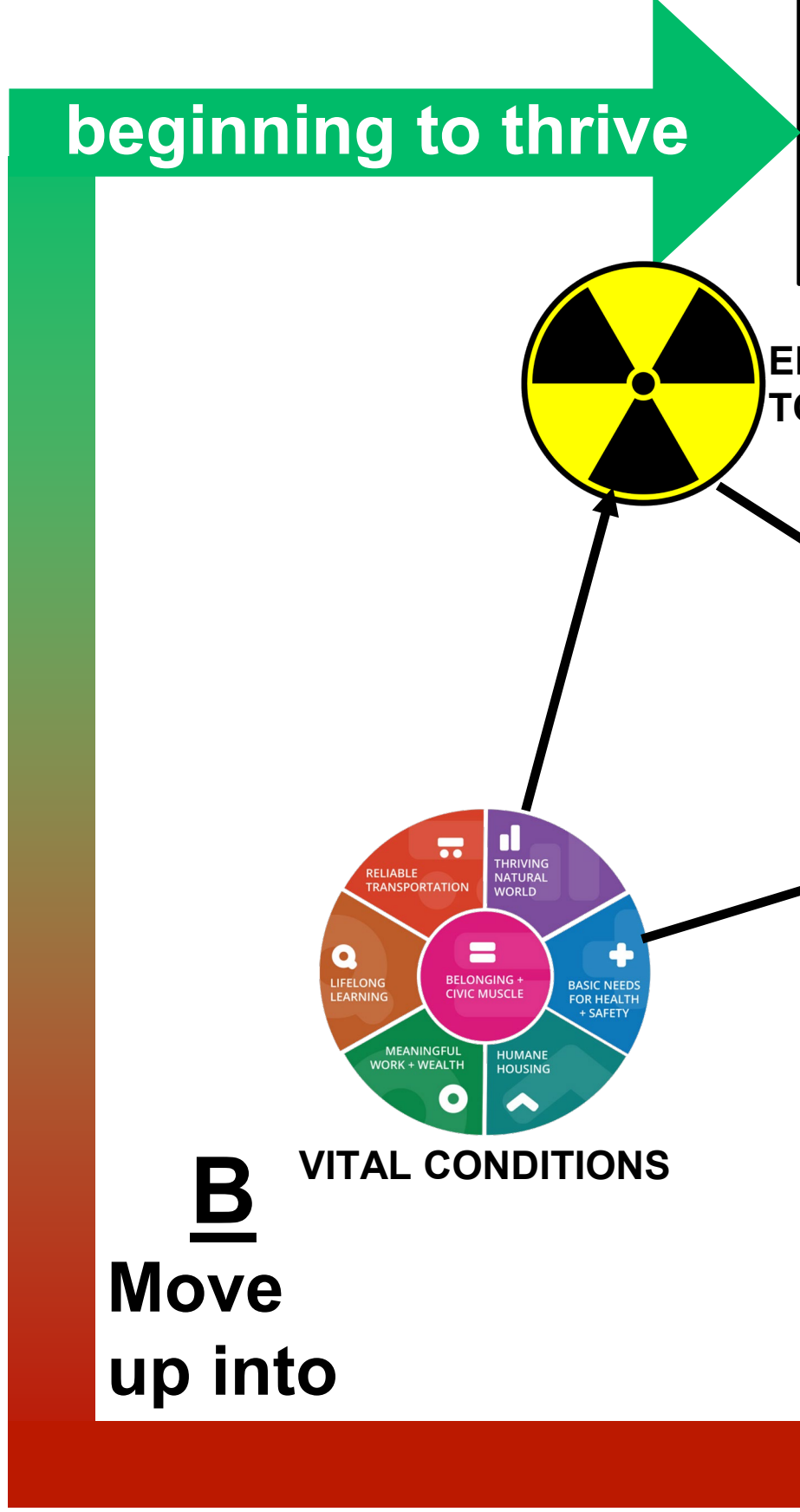
LEVER 2
Increase Effectiveness of Current Capacity



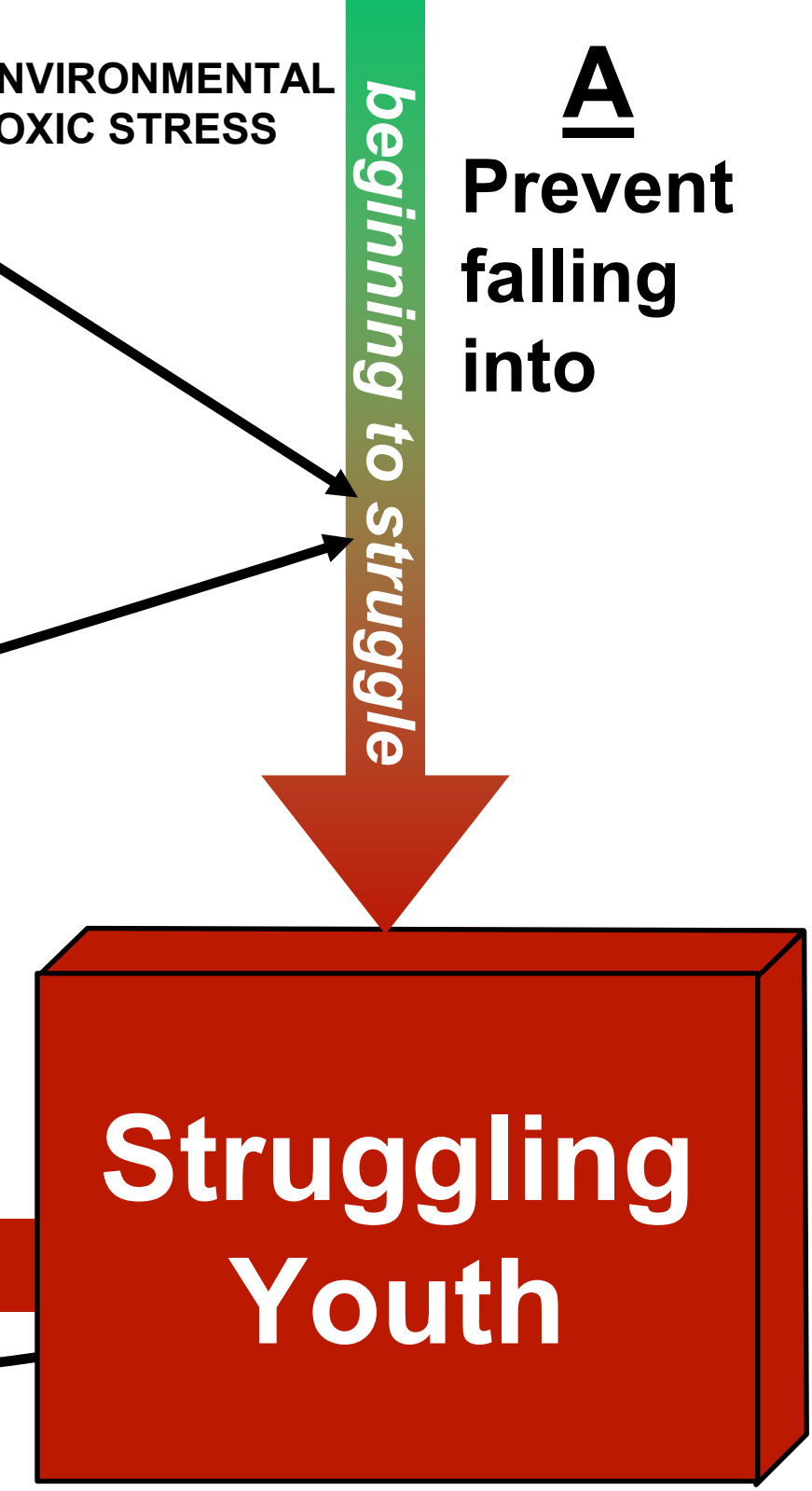
BH Needs Met



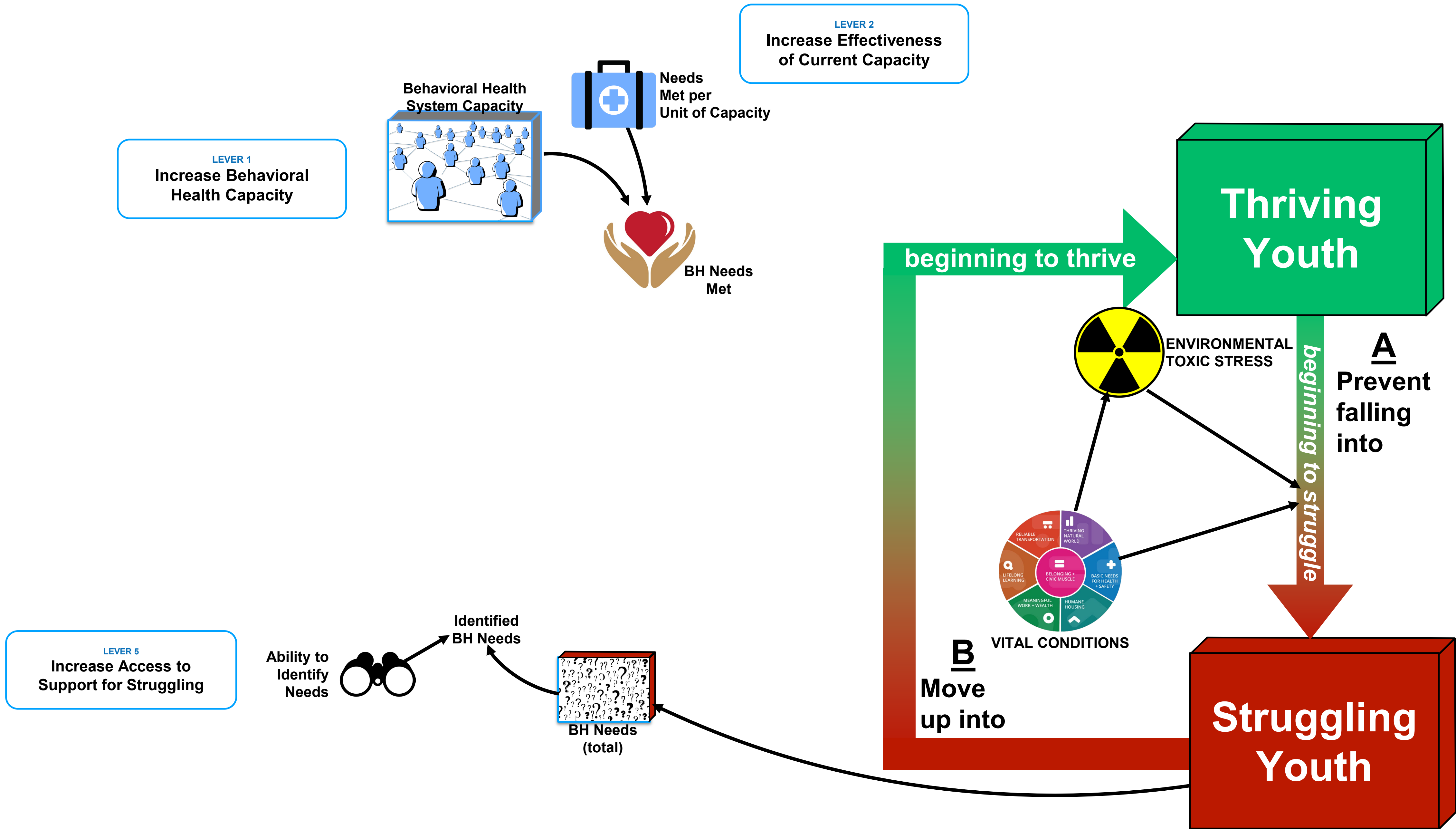
BH Needs (total)

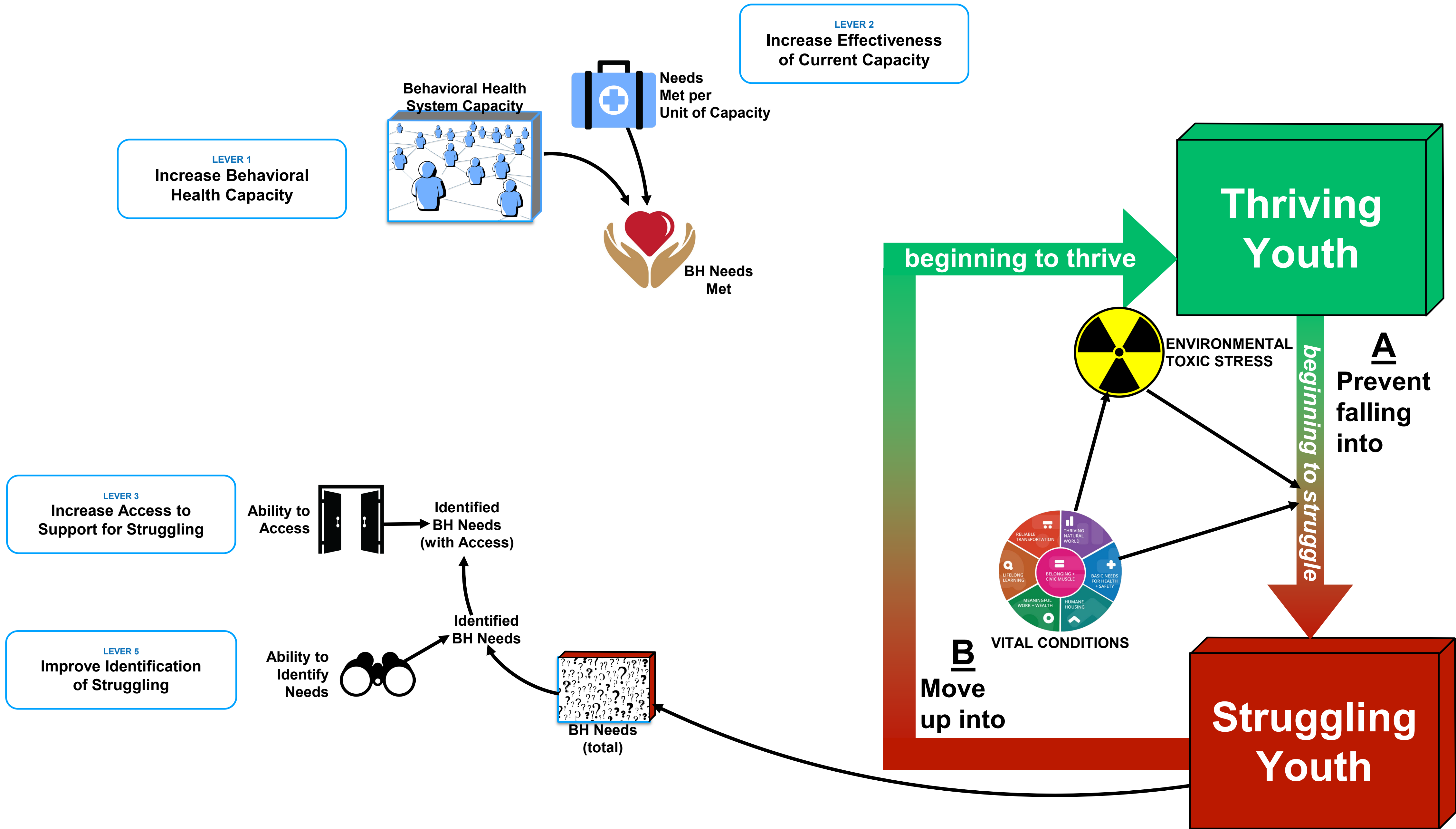


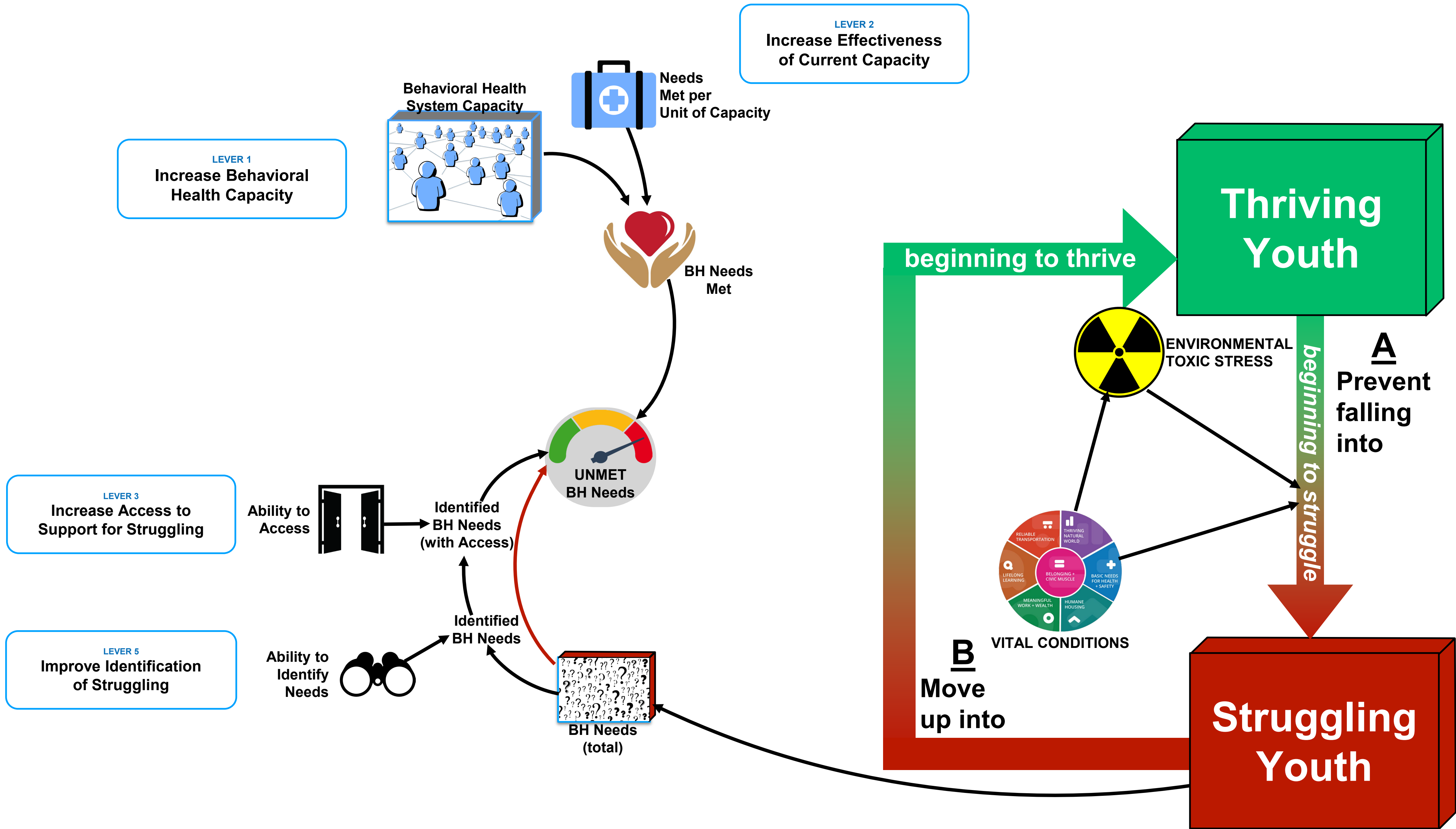
Thriving Youth

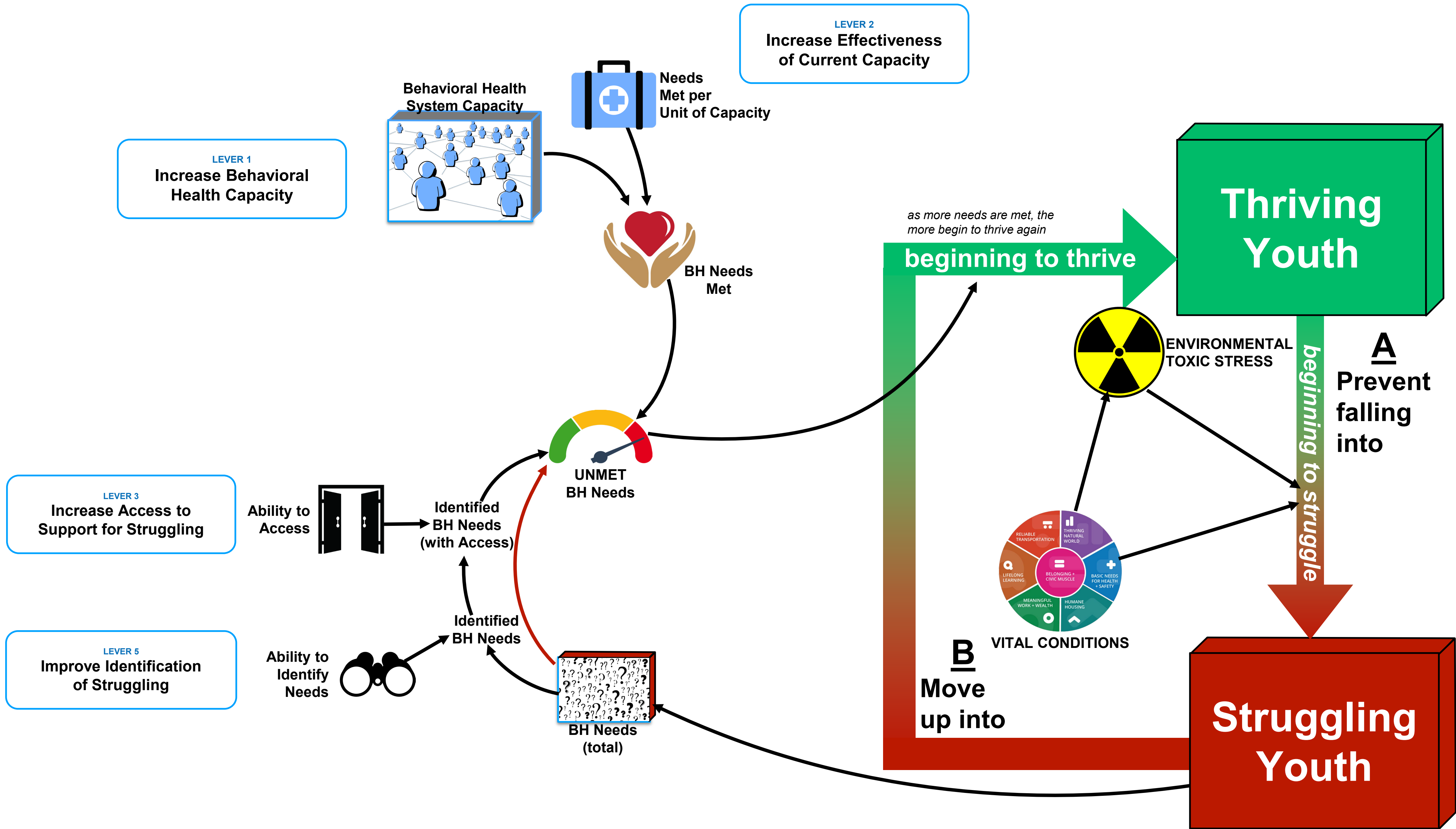


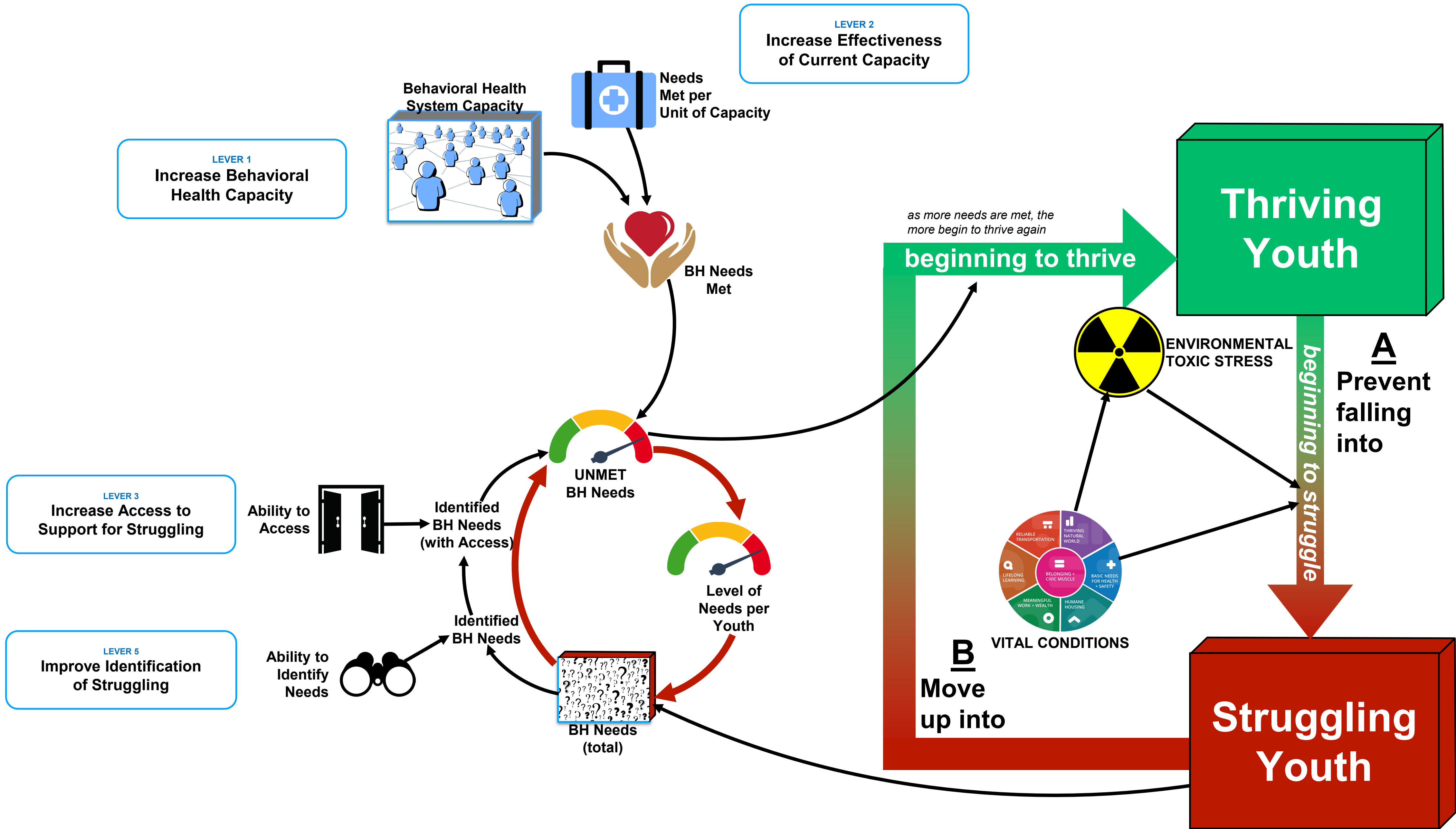
Struggling Youth



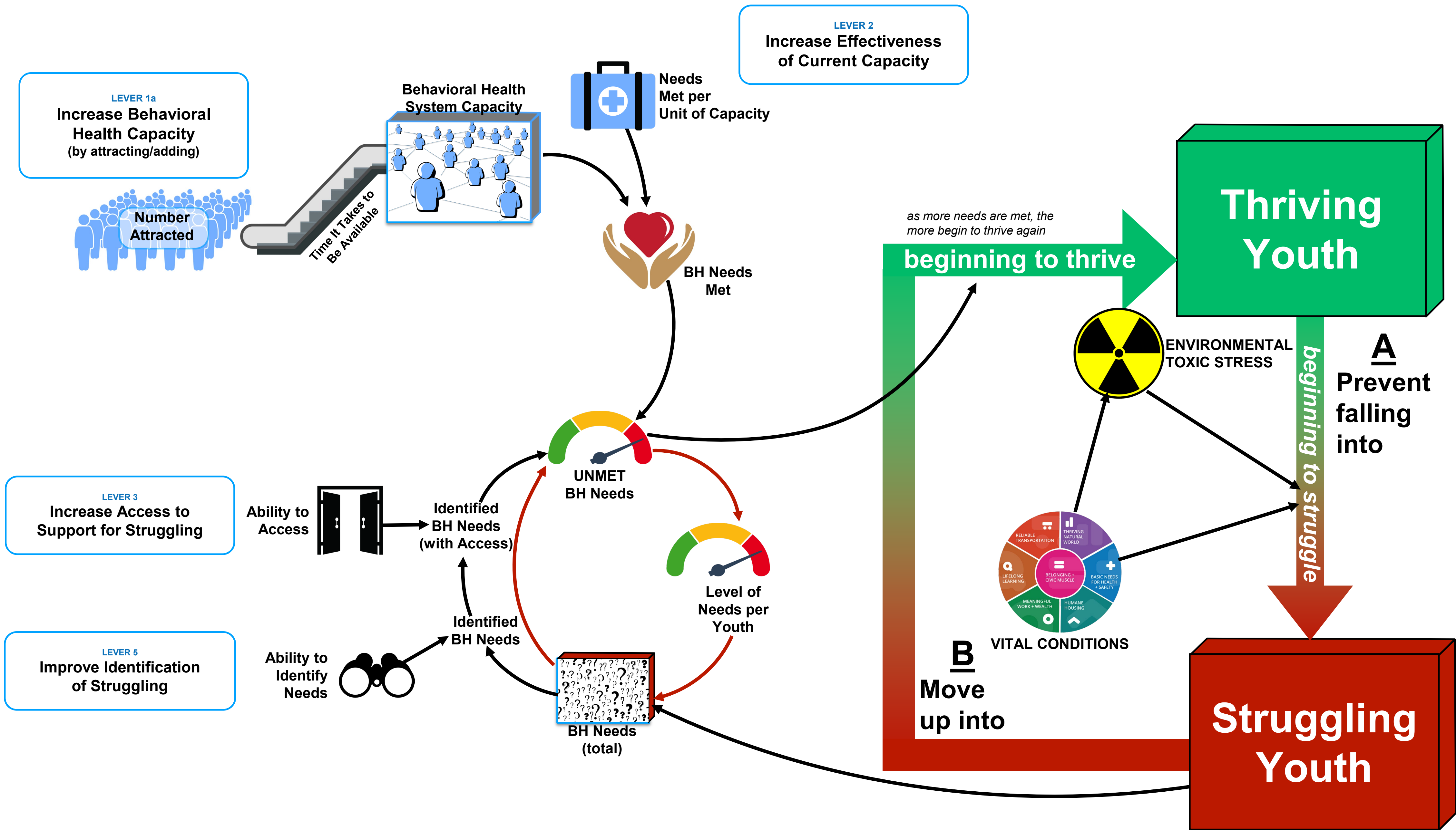


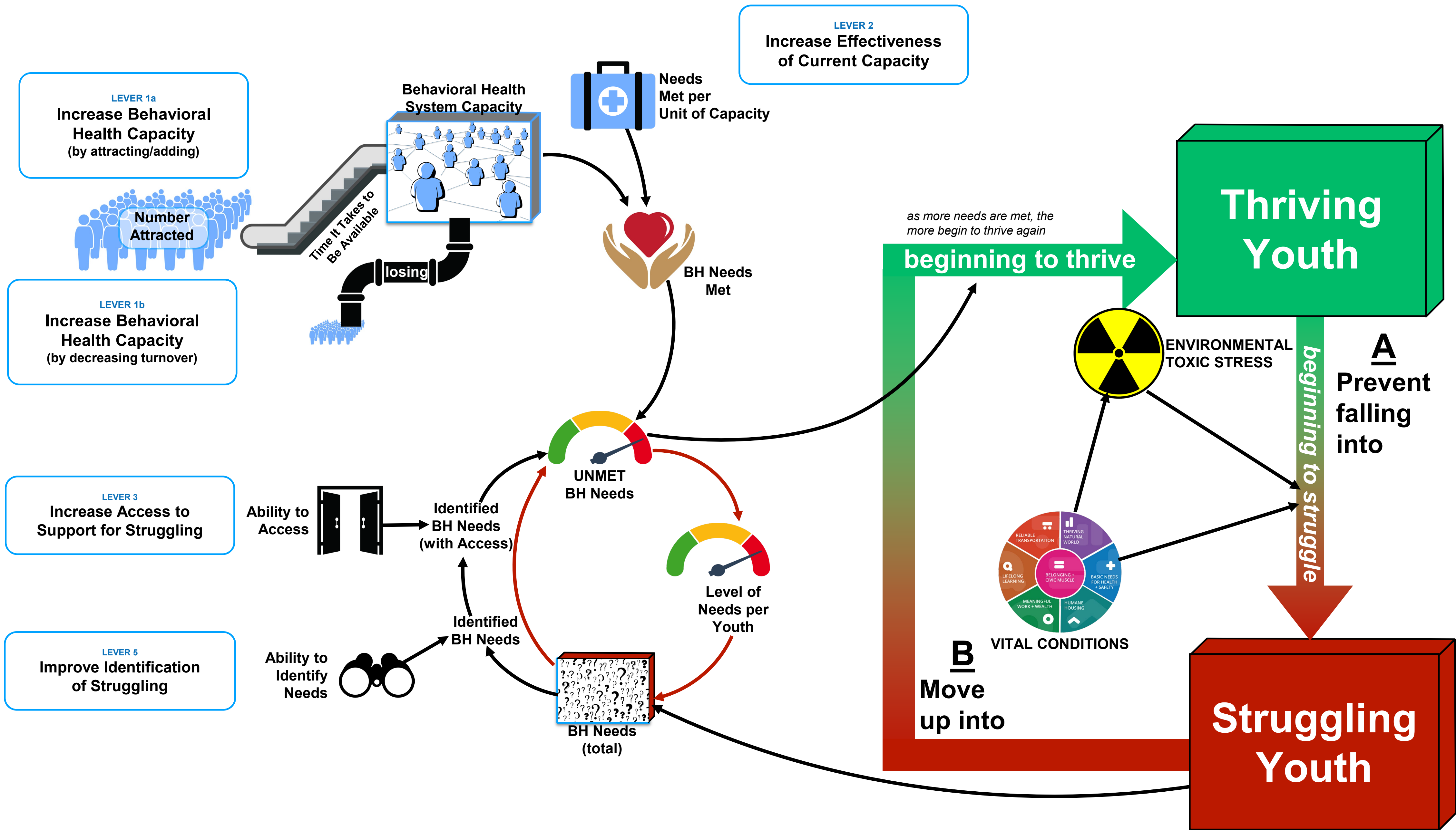




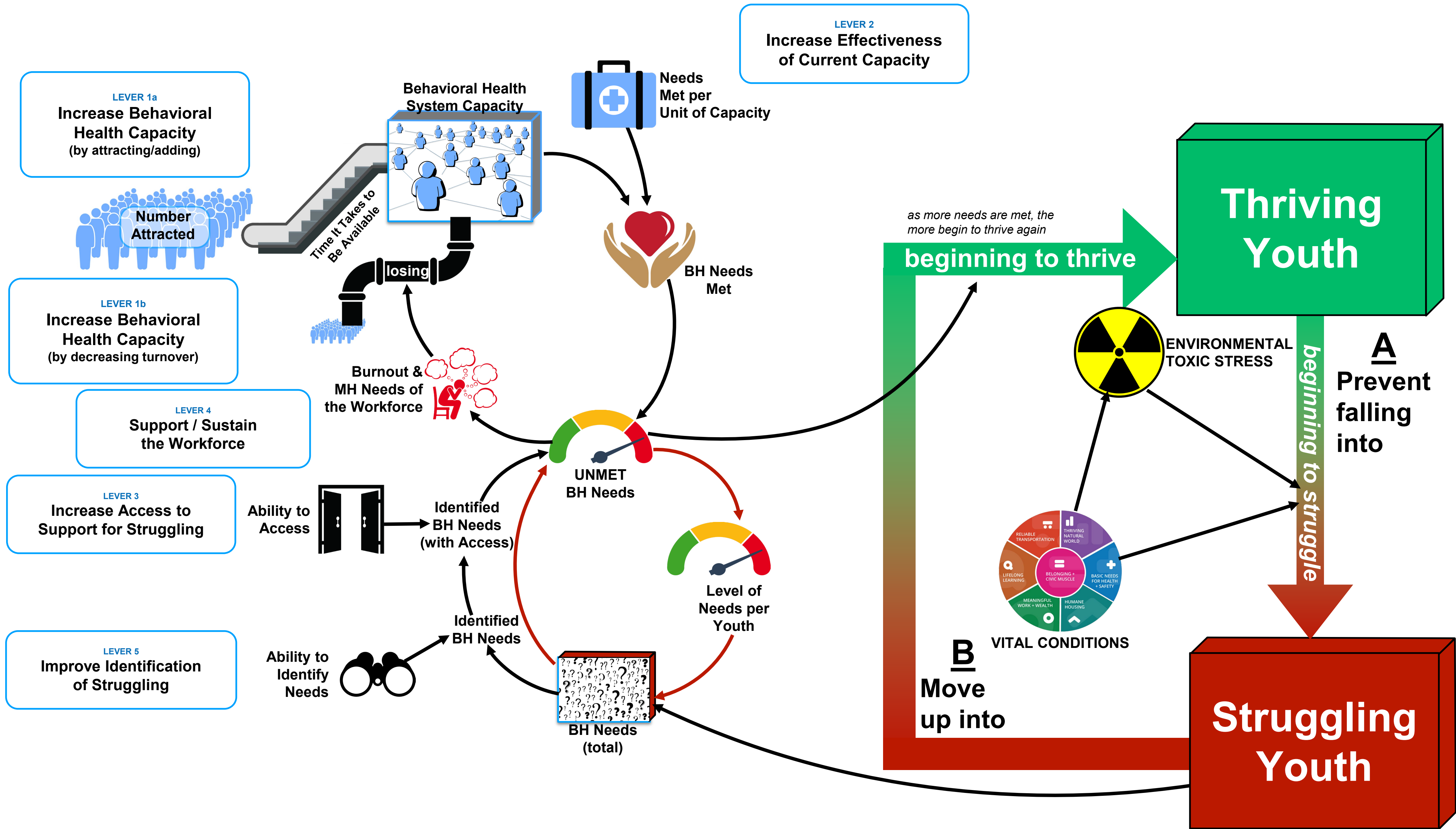


—Vicious cycle...where needs become greater

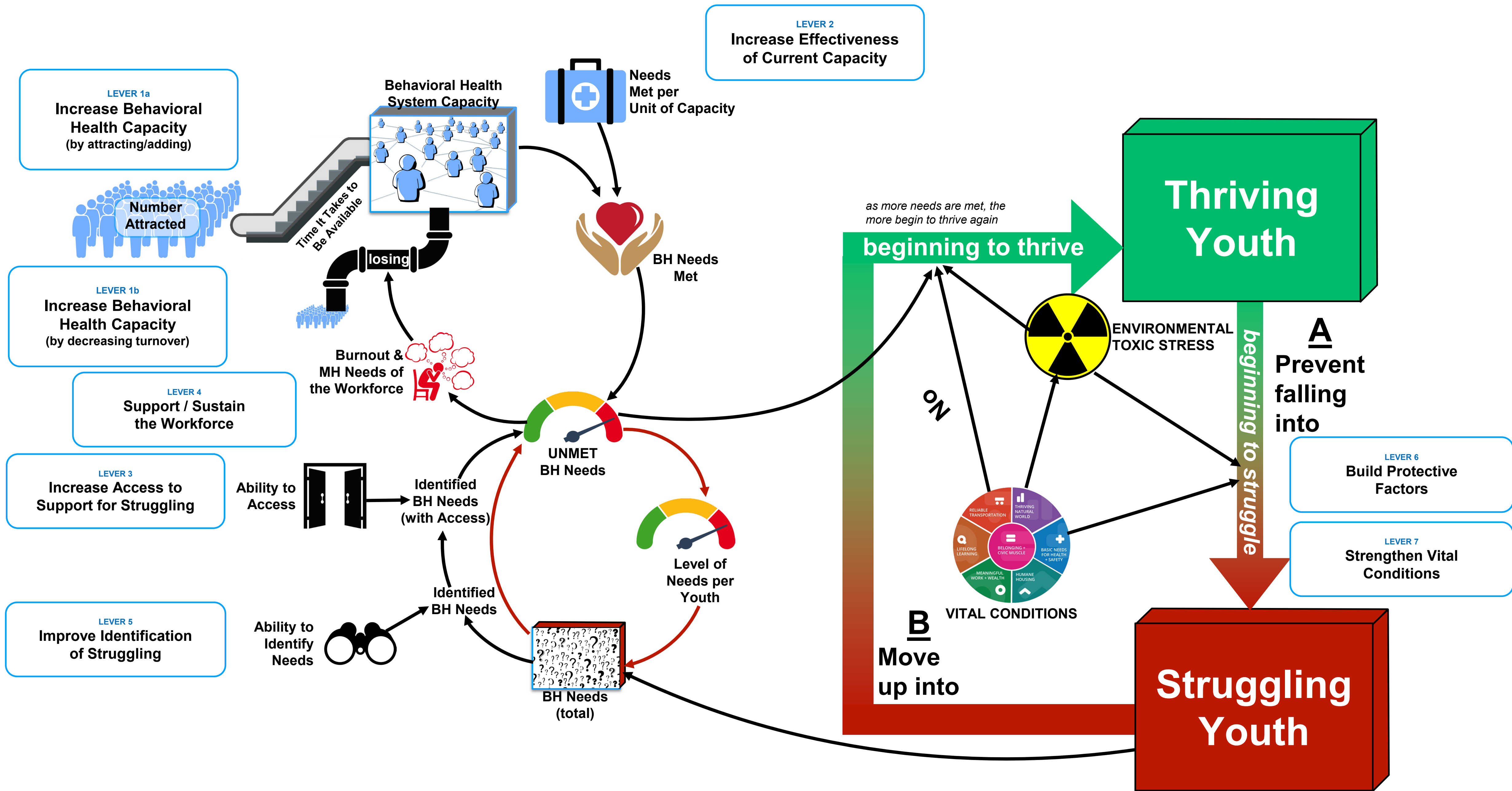




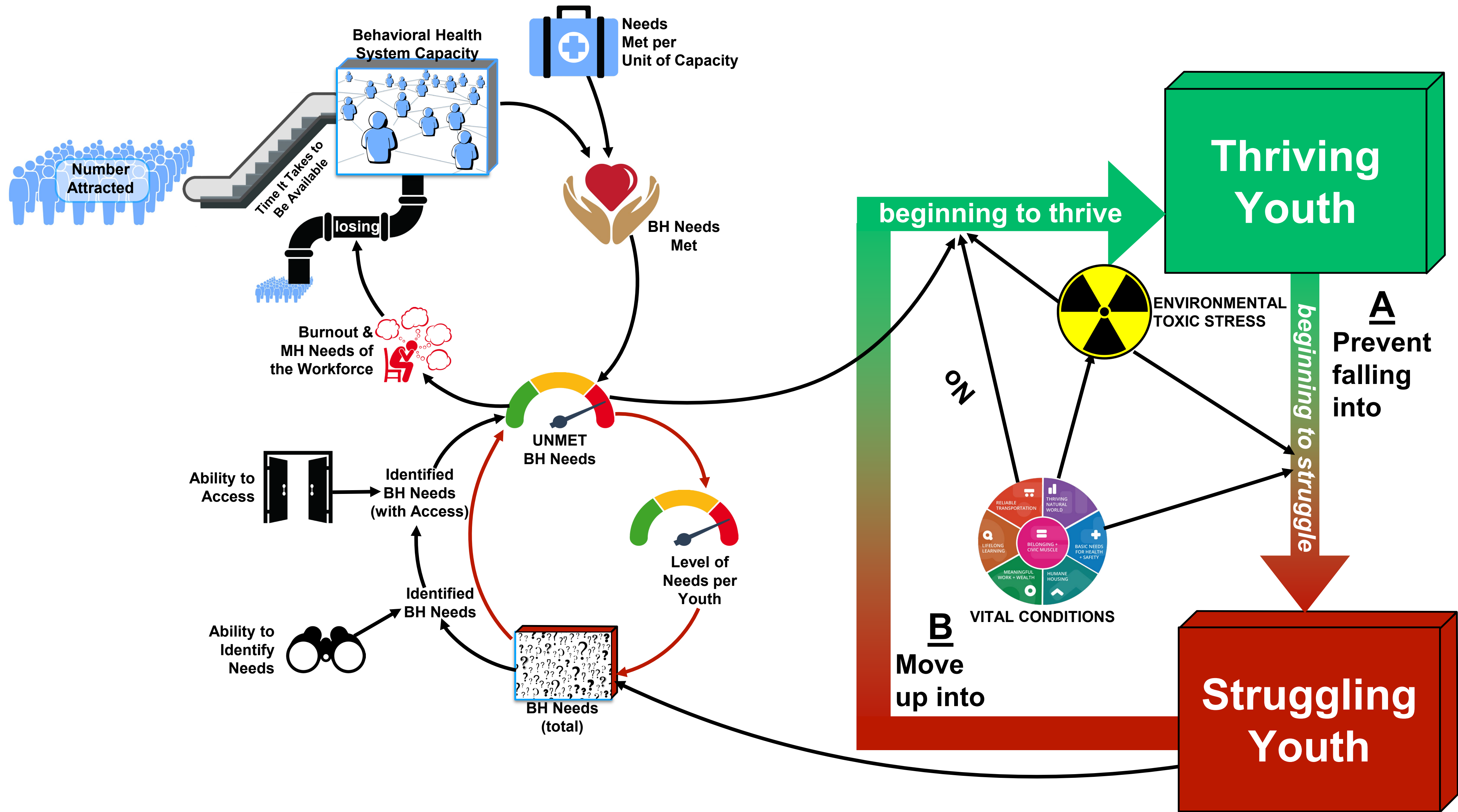
—Vicious cycle...where needs become greater



—Vicious cycle...where needs become greater



—Vicious cycle...where needs become greater



LEVERS ARE...

B LEVERS

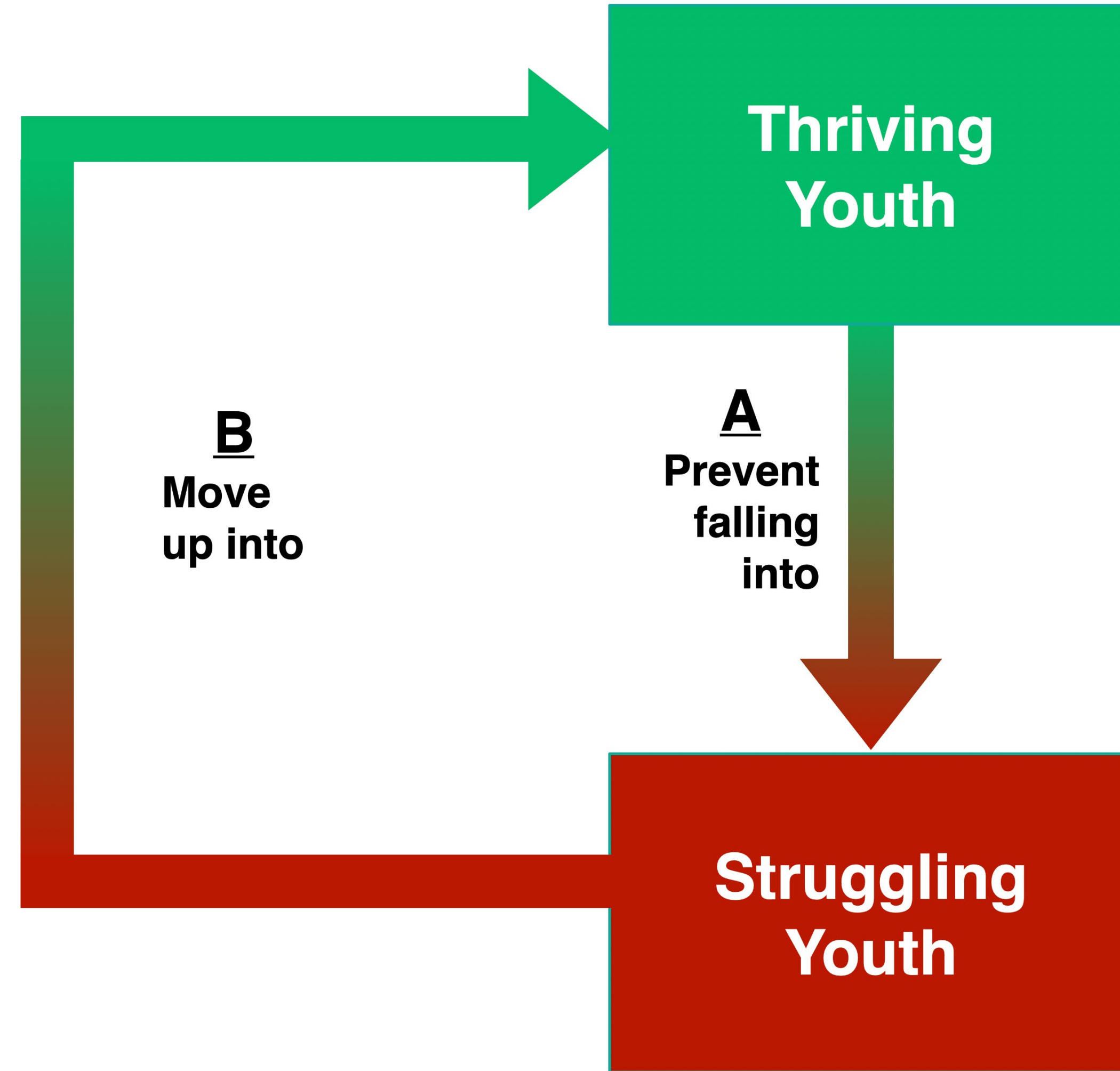
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(primarily)

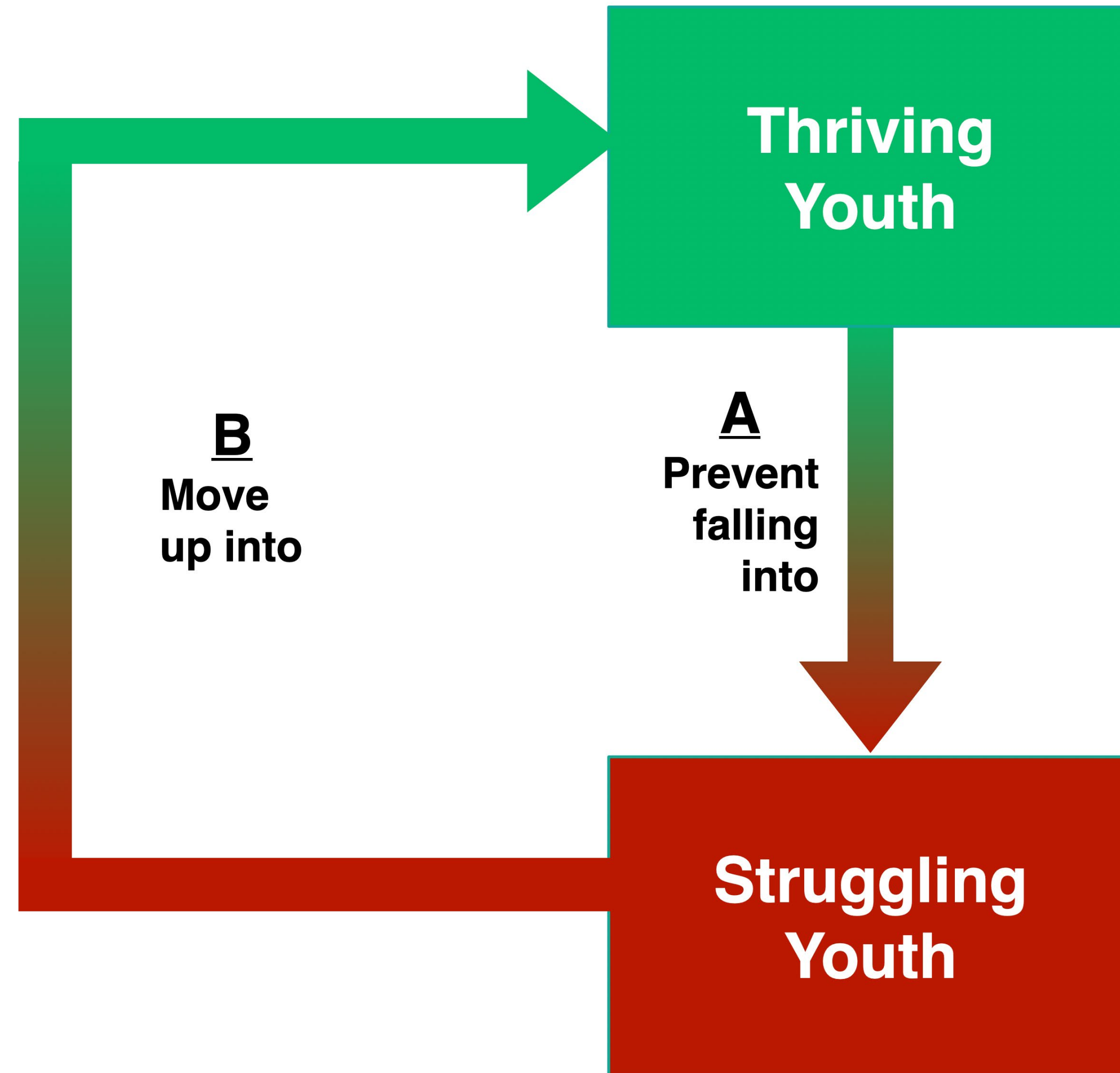
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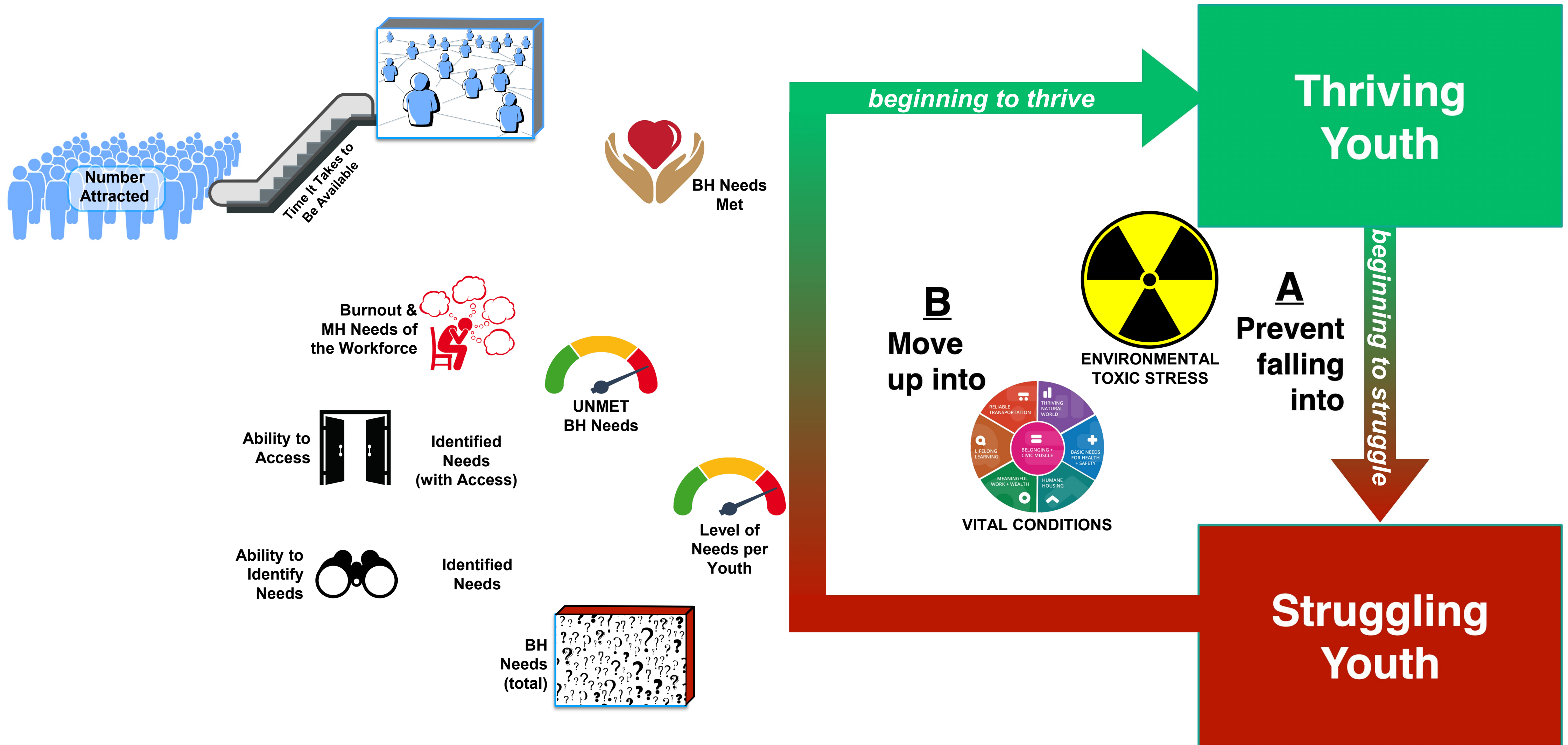


Well-being in the Nation (report)

LEVERS ARE...



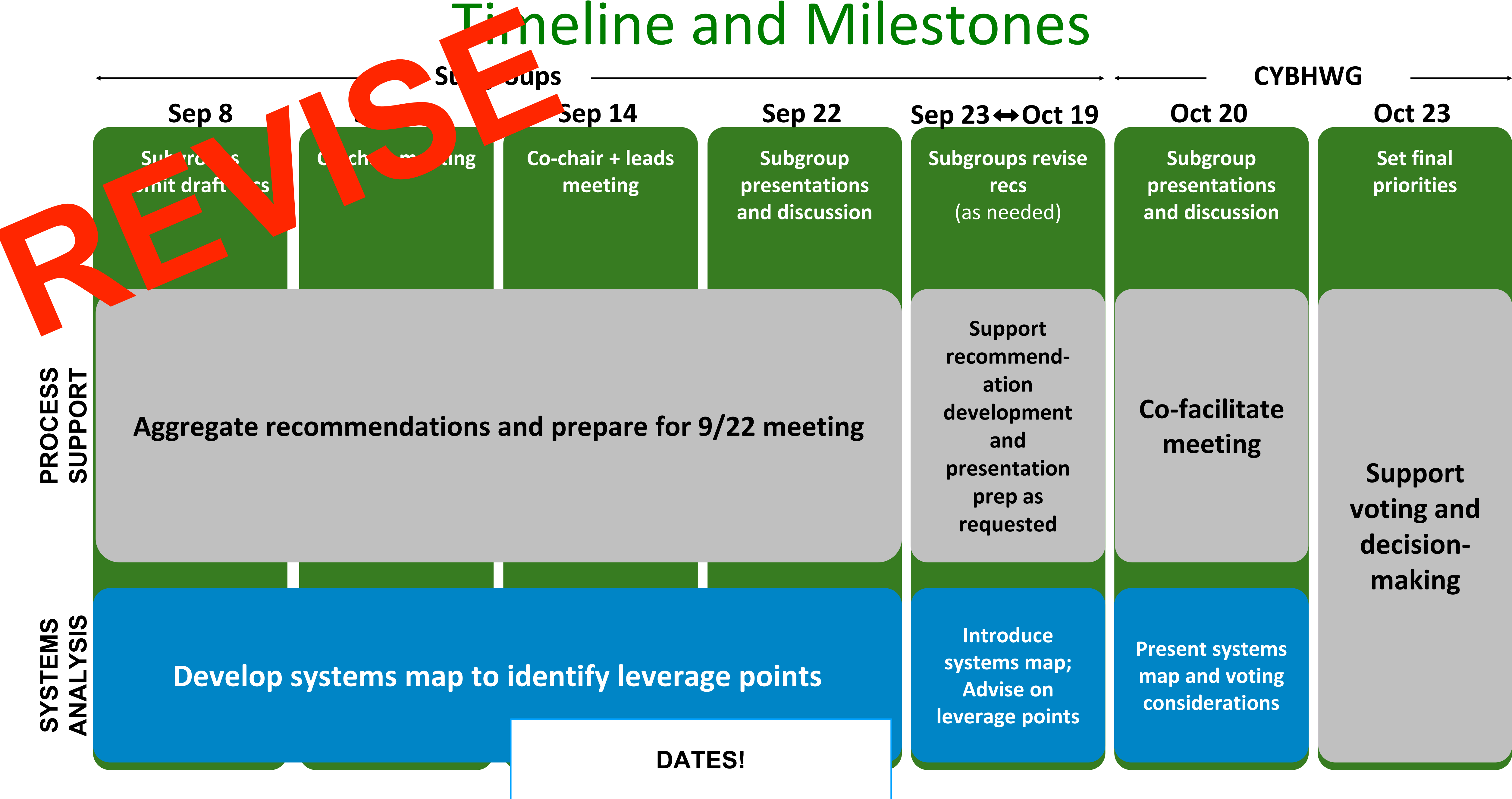
LEVERS ARE...



Objectives

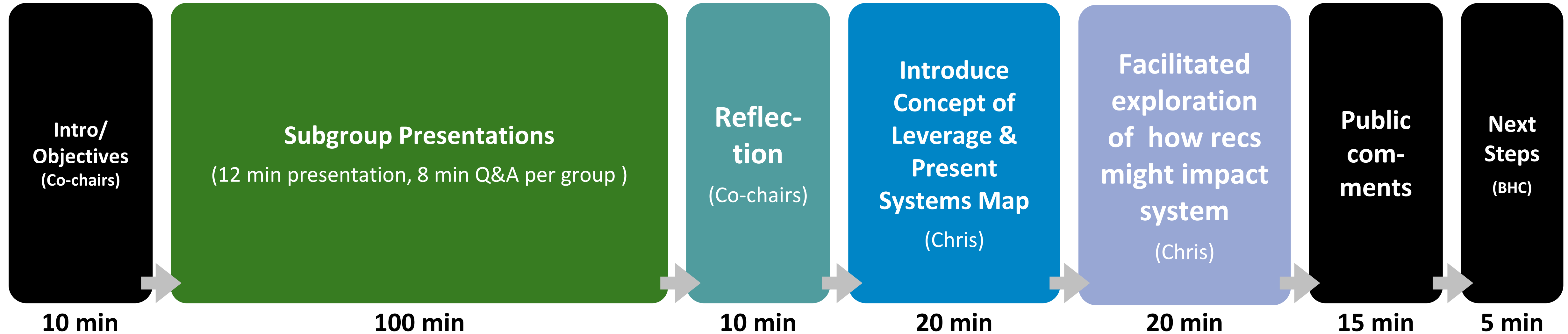
- Hear from co-leads about current draft recommendations
- Hear about 9/22 CYBHWG meeting structure/ approach
- See what a systems-informed recommendation looks like
- Hear about resolution of open questions

Timeline and Milestones



September 22 Meeting

3 hours (180 min) total



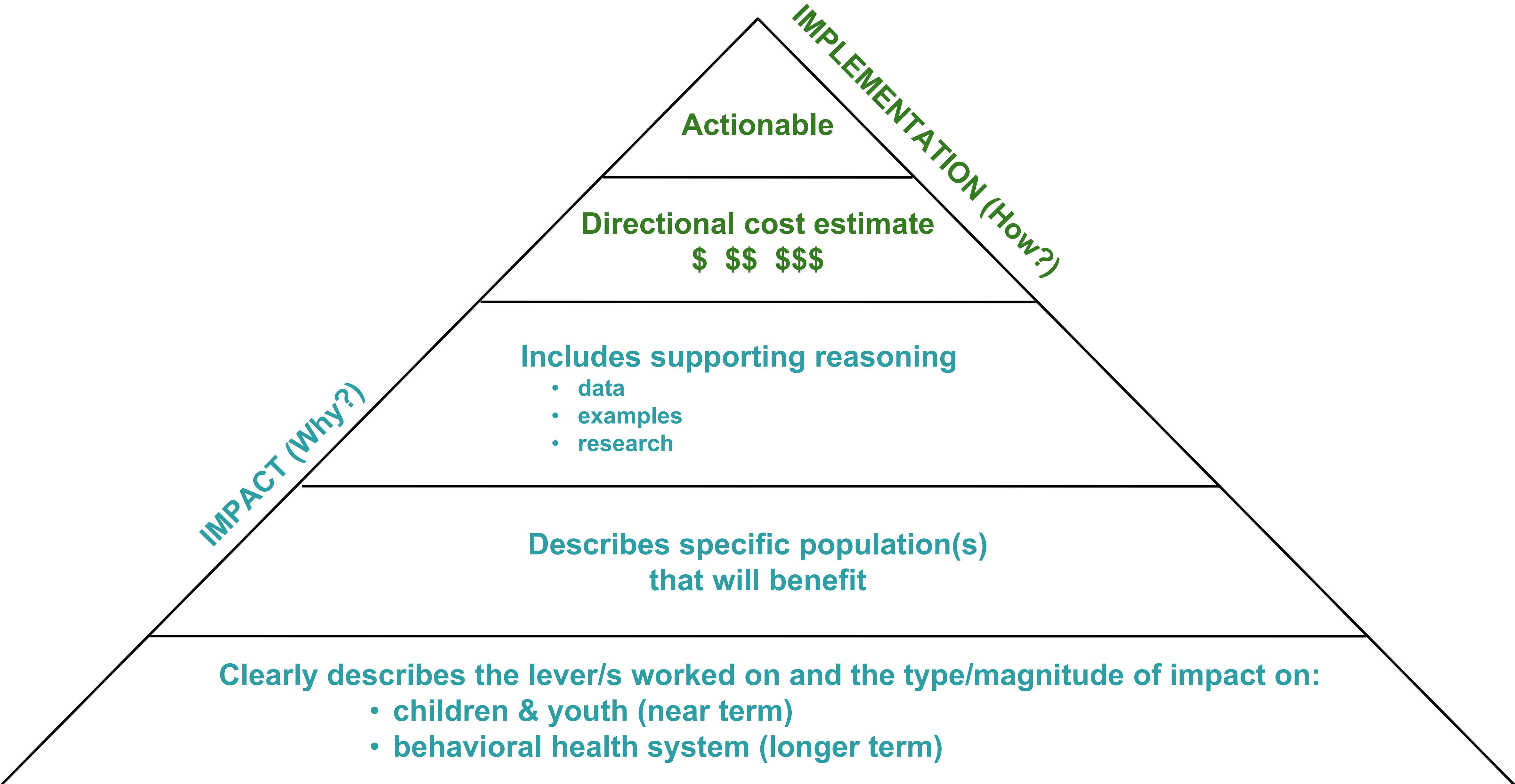
Critical success factors

- Pre-reads shared in advance
- Time management (above timing includes no buffer)
- Multiple channels for engagement (verbal, chat, Mural)
- Recording to support WG members who can't attend

Recommended approach to meeting management

- Co-chairs chair the meeting and facilitate agenda
- BHC manages technology (e.g. screensharing, timer)
- BHC uses backchannel to prompt co-chairs if needed

What's a Systems-Informed Recommendation Look Like?



Resolving open questions from last meeting

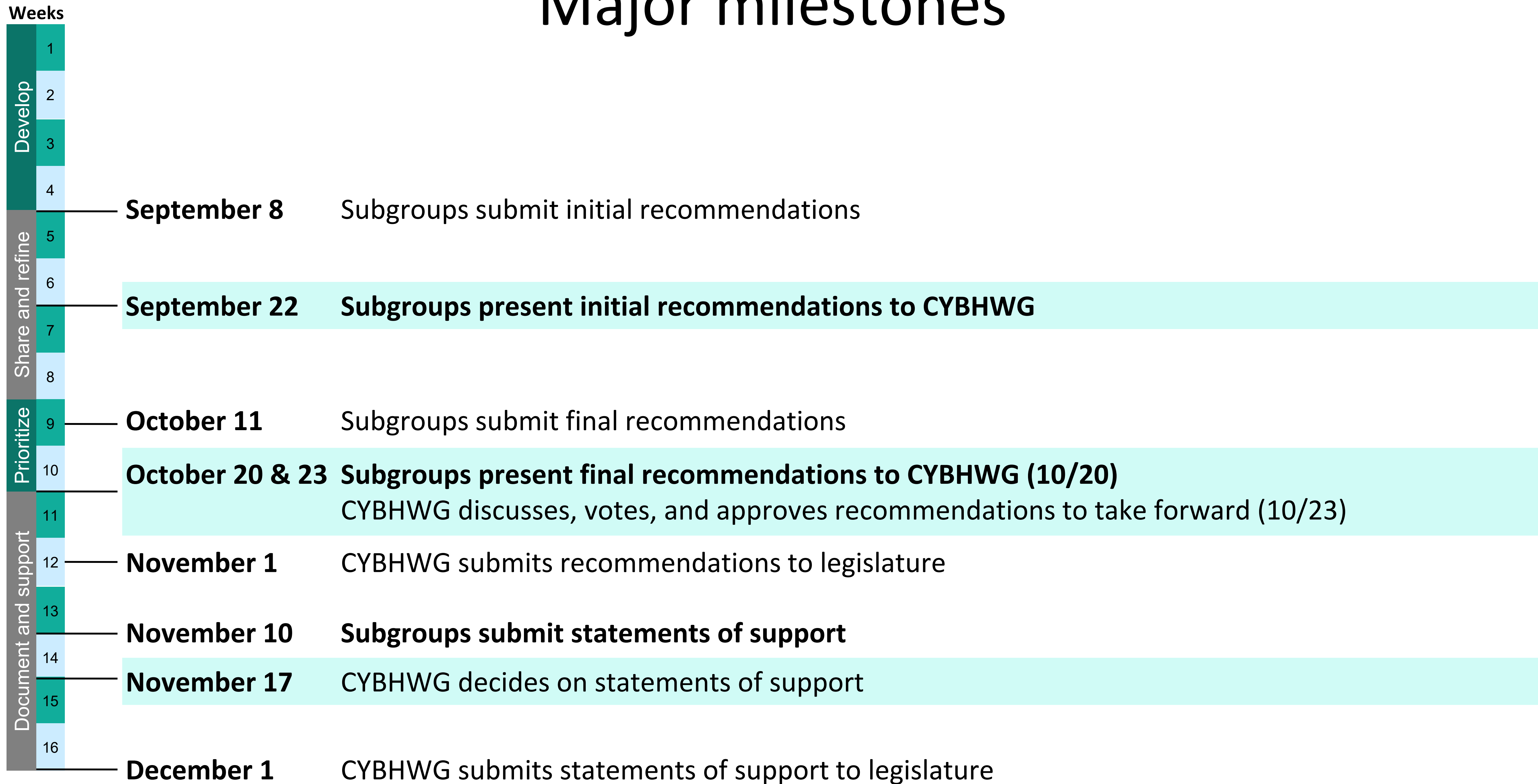
- Each named WG member will get 3 votes
- Virtual absentee voting will be offered in advance of 10/23 meeting
- At least one recommendation will be included from every subgroup
- Relative cost/complexity will be a consideration, not a criteria
- New versus previous will be a consideration, but not separate voting categories

VOTING PLATFORM still TBD

We will provide a demo of what we recommend at the next co-chair meeting (Oct 2)

APPENDICES

Major milestones



Prioritizing CYBHWG recommendations

Goal/vision for this process

CYBHWG and its subgroups use an **equitable, participatory process** to agree on a prioritized set of **high leverage recommendations** for 2024 supplementary budget and legislative session.

Design principles

To achieve goal/vision in compressed timeline

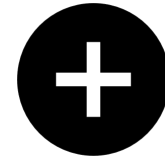
- Use concept of leverage and system map as **discussion tools** to inform prioritization
- Use **asynchronous collaboration** to make progress between meetings
- Deploy **user-friendly, vetted technology** to facilitate discussion and ensure seamless virtual voting process

NOTE!

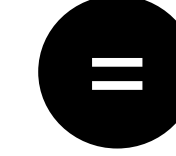
This process is focused on producing the working group's formal recommendations. This is not the only avenue for progressing the subgroups' many powerful ideas.

Approach to prioritization

Shared framework



Participatory process



Equitable, informed
prioritization

- Establish shared understanding of leverage as a concept
- Collaboratively define what characterizes “high leverage”
- Use a systems framework to assess potential impact of diverse recommendations
- Use structured exercises to inform prioritization

- Ensure all CYBHWG members have opportunity to consider recommendations
- Enable all CYBHWG members to vote
- Generate transparent voting results in real time

Critical success factors

- Working Group member engagement
- Strong meeting and process facilitation
- Thorough vetting and testing of technology features and usability

LEVERAGE POINTS



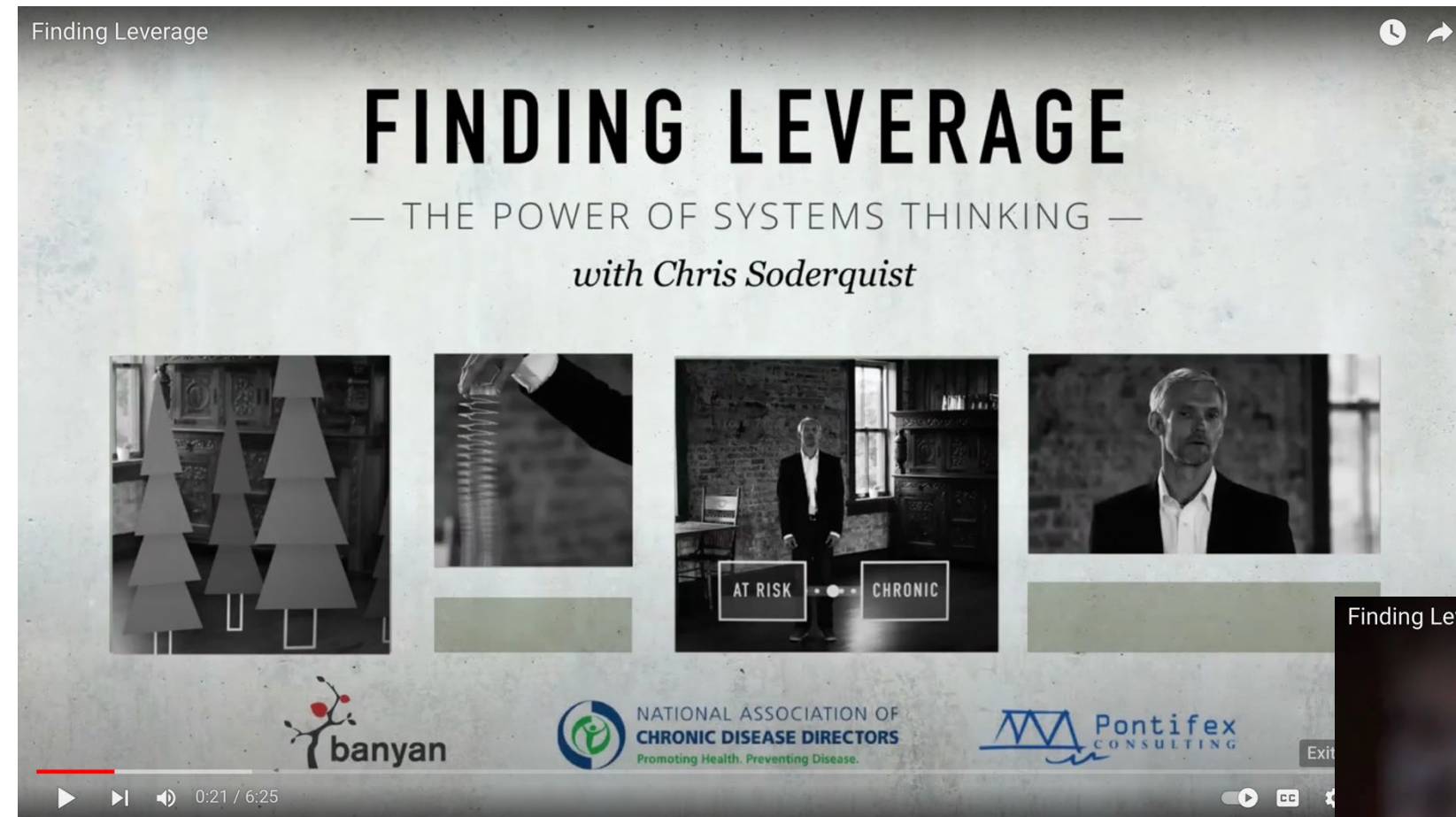
LEVERAGE POINTS

“These are places within a complex system (a corporation, an economy, a living body, a city, an ecosystem) where a small shift in one thing can produce big changes in everything.”

Donella Meadows

Donella Meadows

Watch the Finding Leverage Video



<https://youtu.be/X-OrFaCgte0>

LEVERAGE is GOAL: System Maps Help Find It

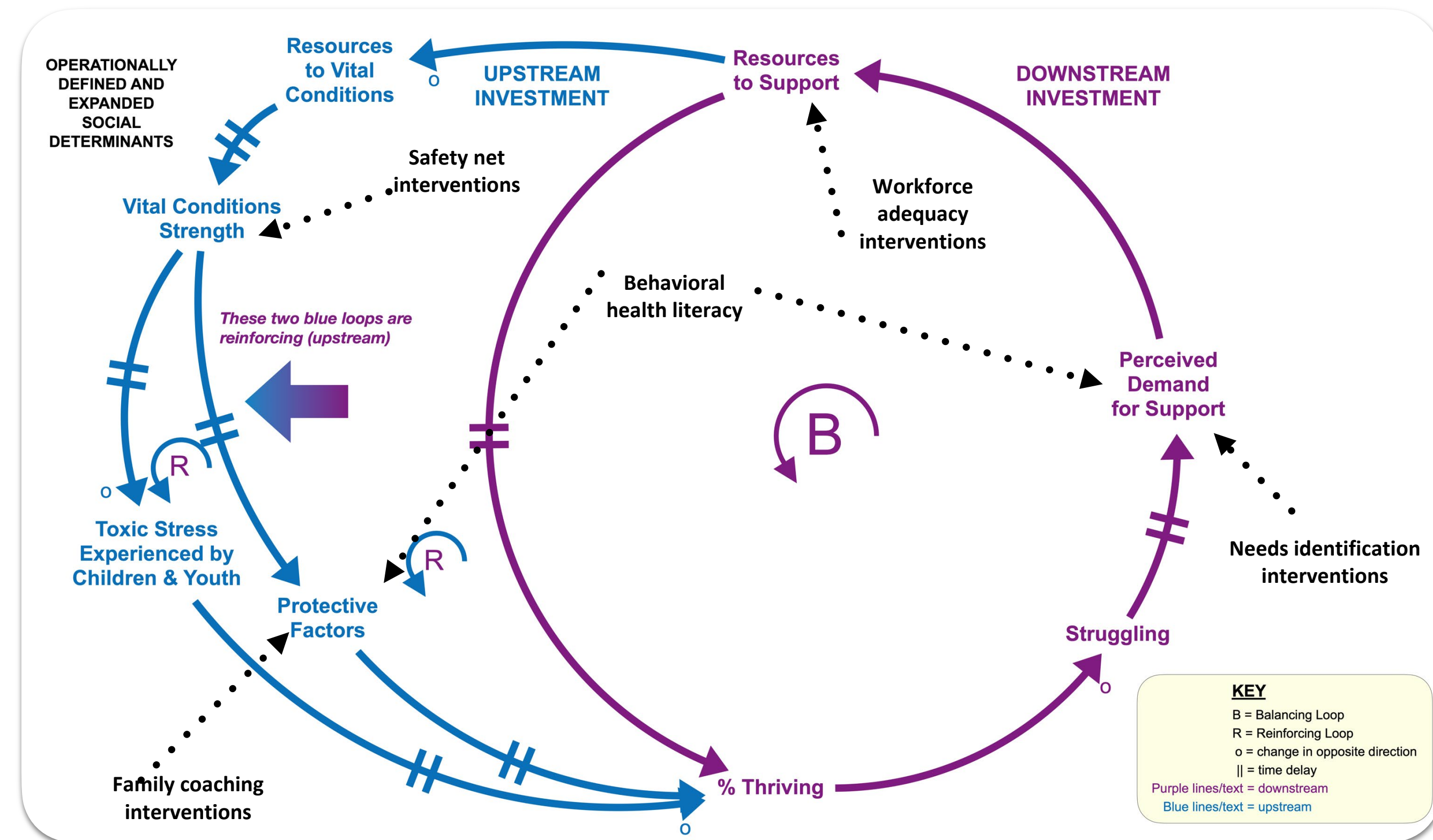


LEVERAGE is where 1 intervention =
LARGE & BROAD Ranging Impacts

[Leverage points] are places within a complex system...where a small shift in one thing can produce big changes in everything.

Causal Maps (systems maps) help **identify leverage**— assess where **interventions impact** across the expansive, interdependent ecosystem.

Built with ecosystem stakeholder input.



Ensuring equal group input *and* improved decision-making

Apply Modified Delphi Technique

PARADOX

- Group discussion can improve quality of thinking, and...
- Individuals often don't/can't speak up in large groups

SOLUTION=MODIFIED DELPHI TECHNIQUE*

- Individual voting
- Small group discussion
- Large group discussion
- Individual voting
- Group discussion

* described in *WISER* (Sunstein & Hastie)

