



Children and Youth Behavioral Health Work Group – Youth and Young Adult Continuum of Care (YYACC) Subgroup

September 24, 2024

Glossary of Terms

ASD: Autism Spectrum Disorder
BHI: Behavioral Health Integration
CAPS: Central Assessment of Psychosis Services
DOH: Department of Health
HCA: Health Care Authority
IDD: Intellectual and Developmental Disabilities
NAMI: National Alliance on Mental Illness
RUBI: Research Units In Behavioral Intervention
RFP: Requests for Proposal
UW: University of Washington
WA-CEEP: Washington Center of Excellence in Early Psychosis
WISe: Wraparound with Intensive Services
YAC: Youth Advisory Council

Meeting Topics

Final discussion & refinement of 2025 YYACC recommendations
Prioritization Poll & Discussion

Discussion Summary

Final discussion & refinement of 2025 YYACC recommendations

Recommendation topics and supporting discussion, listed below. Please see previous meetings' notes for more extensive background details for each issue.

1. **Expand access to peer support services**
 - a. The subgroup wants to make the peer workforce sustainable by providing supports for those professionals to make sure that they are getting the resources they need, including sustainable pay, lessened administrative burden and training requirements, and quality assurance.
 - i. There are a lot of challenges with peers who are operating in intensive services, such as Wraparound with Intensive Services (WISe) and New Journeys, due to training requirements and lack of availability of peers in those settings.
 - ii. The subgroup wants to find ways that we can both support these professionals and expand the profession and bring more youth into this professional type.



- b. Department of Health (DOH) currently has three [grantees](#) they are supporting – each receiving \$65k for different projects:
 - i. Manson School District:
 - 1. This district already had a peer support group established (called Hope Squad) in its middle and high schools.
 - 2. They now want to expand to elementary school, starting with grades 4th and 5th.
 - i. Seattle School District:
 - 1. The district has the idea to create gender affirming lockers with educational materials, resources, trans and non-binary clothing, period products, and more inside.
 - 2. They are also training LGBTQ+ high school students to become certified peer support providers within their schools.
 - ii. Medical Lake School District:
 - 1. The district has a wellness center right next to the high school.
 - 2. The district is working to modify a curriculum for MH promotion and suicide prevention training for parents and caregivers, which will also train them to lead other parents and caregivers.
- c. DOH is in the beginning stages of this project and will have their first set of deliverables at the end of this month regarding the evaluation process for each program.
- d. This project is funded for 10 months, but the hope is to extend this and expand beyond the current three grantees.
- e. Discussion surrounding this item included the following:
 - i. Peers are certified through a professional certification run through Seattle Public Schools.
 - ii. It is a very competitive job market for certified peer counselors.
 - iii. There needs to be more education around the value of peers, especially as an addition to other services.
 - iv. Youth peers are underutilized in the southwest region of the state, and there are inconsistencies in providing peer services across the state.
 - v. There are age-related barriers for peer support specialists – young people who are 18+ can be certified and met the qualifications but won't be hired until they are 21 years old, as well as low wages.
 - vi. The DOH Youth Advisory Council (YAC) is discussing access to both formal and informal peer support services in schools.
 - 1. [Adolescent and Young Adult Health Youth Advisory Council Report - 2022 Cohort](#)
 - vii. [Nexus Mental Health Hubs for Schools](#)
 - viii. The National Alliance on Mental Illness (NAMI) has curriculum for trauma response training for teachers in schools.
 - ix. [Upcoming trauma response training](#)
 - x. This recommendation does not have a final ask, as it is a complex and cross-cutting issue. The goal is to:



1. Sustain the current peer workforce and develop sustainable pay for these professionals so they can continue this work and there is incentive for them to do so, and
2. Think about creative ways to get more youth into this professional type, and get resources from peers into the settings where they are most needed, such as crisis, intensive services, and school-based settings.

2. Support expansion of recovery high schools

- a. This recommendation is to convene an advisory committee to establish a statewide network of recovery schools throughout Washington.
- b. There are no major updates to this recommendation.
- c. The best guess for cost is \$250k for a half-time or full-time employee at the Health Care Authority (HCA) to convene this advisory committee.
 - i. King County could participate for free.
 - ii. Parents and students could be involved in an advisory committee.
- d. Discussion surrounding this item included the following:
 - i. The accessibility of the pathway to becoming a student at a recovery high school:
 1. Recovery high schools are a voluntary program – a young person visits the campus and attends a recovery support group - then has a conversation with the school counselor regarding if it is a good fit.
 2. Traditionally, recovery high schools would take people from inpatient treatment centers, but in the real world that is not always possible, because inpatient treatment is not accessible to everyone.
 3. The main criterion for schools is that the young person has to have the desire to be sober; the school will work with anyone who has that desire.
 - a. The school can help people get inpatient treatment if needed.
 - b. The school provides support if a student relapses, and also helps students transition elsewhere if it isn't working well for them.
 - c. The school has helped create a network of support groups for young people.
 4. The school operates as a public school so it can be open to anyone who needs it.
 - ii. The school has students from other districts who have transferred in; however, it takes a lot of time for students travelling from far distances. The goal is to establish more schools to reduce these barriers and burdens.
 - iii. The recovery schools team put together suggestions for what the advisory committee could do, including consulting people who have had luck with this process before, such as Oregon.
 1. Oregon has a stepped-up program, where they open a couple of schools at a time.
 2. There needs to be good community outreach and connection to the behavioral health treatment providers in the neighborhood, so they know about the schools as well.
 3. A potential connection in Oregon is jammie@flourishlabs.net
 - iv. For more information about the Interagency Recovery Campus, please email jwyatt@kingcounty.gov for the enrollment brochure, briefs that describe the program



and student characteristics and outcomes from 2015-2022, as well as arranging visits to the campus.

3. Fund administration of Central Assessment of Psychosis Services (CAPS) and streamline pathway to First-Episode Psychosis care

- a. The essential elements of the CAPS service as it has been visioned, are the following:
 - i. Starting with a psychosis awareness campaign to get the word out about early warning signs of a psychotic or major mood illness.
 1. The focus would be to reduce stigma, raise awareness of those signs and symptoms, and encourage help seeking or referrals.
 - ii. Streamlining the pathway to an assessment and to a referral.
 1. The goal is to have one "front door" rather than many – including a website where people can take an online quiz to get them on CAPS's radar and link them to accessible online resources.
 2. People can also call a phone number for professional consultation, or a family member or a person with concern can access the program, and then the program can provide care navigation.
- b. The CAPS team has engaged in an intensive stakeholder process with HCA, University of Washington (UW) Medicine, service users and families, New Journeys teams, and Washington Center of Excellence in Early Psychosis (WA-CEEP) academic partners to get feedback on the best way to streamline the pathway to care.
 - i. Individuals who are or have received care through New Journeys and their caregivers were interviewed, and mentioned long wait times in the pathway to care, high costs, frustration and demoralization, and that this process sets their loved ones or themselves back in their care.
 1. Clinical literature backs up this feedback from stakeholders – when people don't get started in treatment right away, this disrupt their recovery trajectory.
- c. Front-end work has been done to ensure that this program is a viable clinical service through UW Medicine and there is a PR/marketing company ready to work with the team that has a track record with psychosis awareness campaigns.
- d. The team is working on the provider referral directory, and the funding is necessary to be able to launch this service.
- e. Discussion surrounding this item included the following:
 - i. This is connected to a previous subgroup priority dealing with early identification of psychosis – it builds out and enhances that service.
 - ii. There is not yet a tool for diagnosing psychotic illnesses (such as Canvas DX), but the team does use a variation of an individualized psychosis risk calculator, which was developed by a research consortium and has been modified for telehealth administration.

4. Expand the Bridge Residential housing program

- f. The Bridge Housing program is part of North Star Advocates' vision to build a developmentally and culturally responsive behavioral health system for young people, youth and young adults.



- g. State data shows that about 1,000 young people per year become homeless within 12 months after leaving a system of care, such as foster care, juvenile justice and inpatient behavioral health treatment.
- h. This was a support item last year for the work group, and North Star was able to set up two long term housing programs (one for the East side and one for the West side), for up to 90 days for young people coming out of inpatient treatment.
 - i. North Star expects HCA to release the requests for proposal (RFP) soon to run the two existing programs, and there has been a lot of provider interest to start serving young people.
- i. Young people coming out of inpatient programs are most likely to be discharged to emergency shelters, encampments, or drop-in centers.
 - i. North Star thinks this is both saving money that's already been spent, as well as serving as an exit ramp for homelessness for young people.
- j. The program is offered to 18- to 24-year-olds and provides an environment where young people support each other in being substance free, taking medications, being healthy and healing.
- k. The current proposal is requesting funds for two more of the 90-day housing programs, as well as one longer term facility for people who don't have somewhere to go after 90 days.
- l. There is also money budgeted to make sure there is onsite behavioral health support in the programs and the community, and about \$50k of flexible funding to help folks in the 90-day programs with their long-term plans.
- m. Discussion surrounding this item included the following:
 - i. This program is for folks with substance use and/or mental health concerns – they can be co-occurring or not.
 - ii. The program is still determining capacity for folks with cognitive and developmental disabilities.

5. Increase and sustain funding for Youth Wellness Zones

- a. Youth Wellness Zones supports a process for local communities to assess the landscape of mental health services in their communities and make strategic investments that align with local community mental health service needs.
 - i. The approach builds upon national models for cross system and community involvement in health and educational planning.
 - ii. The process empowers parents and youth in their communities to express which supports and services they need from their local service providers.
- b. This was funded through a proviso, and the request is to extend that funding for another year to allow the four wellness zone sites to implement their plans and create sustainable policies and services, with time for evaluation.
- c. Each of the four sites in the state (Northeast Spokane, Parkland, Yakima Valley, and Renton) are convening youth leaders to design and inform their plans.

6. Support the Autism Spectrum Disorder (ASD)/Intellectual and Developmental Disabilities (IDD) workforce serving youth and young adults

- a. This recommendation is to support the existing workforce that serves youth with ASD/IDD, as well as fill the gaps in the ever-expanding need for service for this population.
- b. The ask is for \$350,000 to fund a one-year pilot program to enhance program coordination and system navigation for families with children diagnosed with ASD/IDD.



- i. The program coordination includes mapping services, overseeing navigation, collecting metrics, utilizing nurse navigators for medical advocacy and care coordination and social workers for community advocacy and care coordination, testing a tiered intervention approach, and expanding training for professionals to assist with diagnostics by providing diagnostic kits and trainings for different practitioners.
- c. These services would occur pre-diagnosis for families on long waitlists but also support diagnostic assessments for those who are off the waitlist.
- d. Discussion surrounding this item included the following:
 - i. Questions and concerns about whether this pilot is specific to Mary Bridge or addresses a statewide waitlist for care.
 - ii. The Behavioral Health Integration (BHI) subgroup is pursuing a recommendation around the Research Units in Behavioral Intervention (RUBI) training in primary care settings, as another way to reach families on the waitlist pre-diagnosis.

7. Extend the timeline of House Bill 1580 **overarching CYBHWG*

Prioritization Poll & Discussion

1. The tentative prioritization results are the following:
 - a. #1 – Expanding access to peer services
 - b. #2 - Expanding the Bridge Residential Housing Program
 - c. #3 – Supporting the expansion of Recovery High Schools
 - d. #4 – Funding the administration of CAPS
 - e. #5 – Increasing and sustaining funding for Youth Wellness Zones
 - f. #6 – Supporting the ASD/IDD workforce
2. Feedback on prioritization:
 - a. There needs to be further clarification or refinement of the recommendation about supporting the ASD/IDD workforce, and how it may or may not interact or provide similar services as Kids Mental Health Washington.
 - b. There is no maximum number of items that can be put forward to the workgroup.

Look Ahead: 24/25 Schedule

- The prioritization poll will be re-administered, to accomplish final prioritization by October 1st.