

Youth and Family Coalition		
9.9.2024	3:00 p.m. – 5:00 p.m.	Virtual
Meeting called by:	Tri Lead Bobbie Racine	
Note taker:	Maria Arreola	
Attendees:	Pat O'Maley-Lanphear, Vale Jones, Bobbie Racine, Kaleb Lewis, Sheryl Landstrom, Rick Deluga, Scott Swan, Gina Weintraub, Gina Chirichella, Dawn Scott, Sondra Archuleta, Ellen McGuire, Rachel Zakopyko, Starleen Lewis	

Introductions, Announcements and Updates
<p>Land Acknowledgement</p> <p>We acknowledge, with humility, that the land of the North Sound region today is the territory of People of the Salish Sea. Their presence is imbued in the waterways, shorelines, valleys, and mountains of the traditional homelands of the Coast Salish People, since time immemorial.</p>

Compass Health Child Youth and Family Crisis Team	
4:00 – 5:00	Bobbie Racine
ACTION: Action/Decision ( ) Discussion (x) For Information Only ( )	
<p>Starleen introduced the presenters.</p> <ul style="list-style-type: none"> <li>– Serving Whatcom, Skagit and Snohomish Counties</li> <li>– Meet individuals where they are at. They screen to see if they can safely return to there current environment.</li> <li>– Voluntary crisis outreach team that has the ability to respond to and provide crisis services in the community.</li> <li>– The Team serves youth that are experiencing a behavioral health crisis regardless of funding source.</li> <li>– The Team consists of a group of behavioral health professionals to collaborate with the individual and their family in crisis to develop a plan to get through the crisis, stabilize and move towards recovery.</li> <li>– Anyone under 21 years old who is physically located in Whatcom, Skagit and Snohomish counties and is experiencing a behavioral health crisis or is in a pre-crisis situation that seems to be deteriorating, and without intervention, could result in a behavioral health crisis.</li> <li>– Services offered <ul style="list-style-type: none"> <li>– Care coordination and safety planning to keep youth in their environment</li> <li>– Care planning services and crisis stabilization between 2 to 8 weeks</li> </ul> </li> </ul>	

- Individuals 13 and older voluntary consent. Under the age of 13 in Washington the parent can sign for consent. To receive the voluntary services. There is no cost to anyone in Washington state.
    - Community outreach meeting the client where they are
    - Referrals to community resources
    - Identify natural supports
    - Peer support for youth and family members
- The Team is made up of a Certified Peer Counselor, Care Coordinator, and a Mental Health Professional
- How to contact us: National Suicide Hotline 988 available 24/7 call or text. Hours are Monday through Friday 9 a.m. to 5:00 p.m.
- The Care Coordinators help the families navigate the system.
- The Certified Peer Counselors help build that connection.
- The needs of the individual and the parents change though the initial crisis and stabilization. The team is constantly re evaluating as the needs change.
- Can families access these services through 988 and Volunteers of America. Yes.
- When the call first comes in who are the first responders? The dispatch will come in. The MHP will go to where the individual is. The MHP will be the first to contact and the rest of the team can go depending on the call. If they get dispatched to a home, there is a safety screening that is done before the MHP goes.
- What families are able to engage? There are no restrictions. No one has to pay. Anyone under 21 and that are in the three counties.
- Do you have any equity challenges? The population being served are marginalized. It is a challenge is to meet the families where they are that is equity.
- Is there any youth or caregiver communication challenges? Yes. There are challenges on both ends.
- If the individual is enrolled with Wrap around with Intensive Services (WISe) what would happen with the services? When the individual makes the connection for the services WISe would be the first responder. CYFACT would make the connection if needed. Sometimes it is unknown if the individual is in WISe until the individual says they are.
- How big are the caseloads? Currently there are no caps on the crisis responses taken. Currently in the startup phase.
- How is the two-hour response time for everyone in the county? How is it handled when there is a long distance to respond? Prioritizing and communicating the time of arrival. In the meantime, they are told to call 988 or 911 if needed until they arrive.
- 988 doesn't do dispatch calls. The 988 staff screens for crisis or suicide and if needed to escalate for dispatch 988 moves the call to the regional crisis line for dispatch.
- The Regional Crisis Line is 24/7
- It was recommended if individuals are seeking for an outreach to call the Regional Crisis lin. If an individual is seeking crisis counseling to call 988.
- The 988 will do a warm transfer with the individual to the Regional Crisis line.
- 988 has a Follow Up Services program. This provides longer support to help them reach a SMART goal.
- The Regional Crisis Line is working together with 988 to learn about each other's programs and to integrate services.

<b>Trainings through WSCC</b>	
5:20 – 5:30	Val Jones
ACTION: Action/Decision ( ) Discussion ( ) For Information Only (x)	
Overview:	
<ul style="list-style-type: none"> <li>— Serving on Groups Training for families. Orient families and share understanding what working with YFC is all about.</li> <li>— Non-Adversarial Advocacy.</li> <li>— Understanding Family Initiated Treatment and Ricky’s Law</li> <li>— These will be given to Starleen to coordinate a training.</li> </ul>	

<b>Updates from WA Child and Youth Behavioral health Governance Structure</b>	
5:30 – 6:00	Val Jones
ACTION: Action/Decision ( ) Discussion ( ) For Information Only (x)	
Overview: Review the charger and website	
Discussion Points:	
<ul style="list-style-type: none"> <li>— Currently the workgroup is looking through recommendations that came from 5 sub committees. <ul style="list-style-type: none"> <li>○ Implement a health plan assessment to fund Medicaid mental health counseling professional fees at Medicare rates.</li> <li>○ Allow Mental Health Professionals to provide behavioral health supports to young children who may present with symptoms that do not merit a diagnosis.</li> <li>○ To ensure pediatric community health workers are sustained and valuable workforce for patience ensured in Medicaid through Washington state seeking adequate Medicaid rates from CMS.</li> <li>○ Ruby Parent training expansion.</li> <li>○ Expand Early Childhood Education Assistance Program ECEAP</li> <li>○ Increase investment in infant and early childhood mental health consultation holding hope program.</li> <li>○ Expand the complex needs funds for ECAP</li> <li>○ Increase psychotherapy reimbursement rates</li> <li>○ Create alternative payment pathways and reimbursement for care providers.</li> <li>○ Sustainable funding to expand and enhance community providers supporting the parent and infant in a NICU stay and or a diagnosis of a developmental delays.</li> </ul> </li> </ul>	

- Expand maternity support services regional coverage and provision of wrap around supports.
- Explore consumer tax models to create sustainable funding for P-5
- Continue funding for the mental health literacy coordinators
- Funding for school districts to be able to coordinate or provide school based supports to address emergent mental health crisis.
- Grow the behavioral health work force in schools.
- Expansion of behavioral health student assistance professionals
- Develop and publish a school health hub play book
- Designate and fund a lead agency for school based behavioral health
- Ensure viable and appropriate implementation of the Certified Community Behavioral Health Clinic (CCBHC) model.
- Behavioral health teaching clinic designation and enhancement rates.
- Fund the supervisors’ stipends program
- Additional scholarships to allow workers to access the training they would need contingent in serving in the public behavioral health agencies upon graduation.
- Maintenance funding and expansion for the partnership Access Line and Referral Service.
- Well being specialist designation to be identified in statute so the workforce can be expanded to have a Well being Specialist employed at agencies.
- Fund a youth focused curriculum for behavioral health support specialist.
- Expand access to peer support services.
- Support the expansion of recovery high schools.
- Fund the Administration of CAPS and streamline a pathway of first episode psychosis care.
- Expand the bridge residential program.
- Increase the sustain funding for youth wellness zones.
- Extend the timeline of house bill 1580.
- Support the autism spectrum disorder and intellectual developmental delay workforce serving youth and young adults.

**Conclusion/Outcomes**

Reviewed all the recommendations that are being reviewed by the workgroup.

Evaluations	
<b>15min</b>	
ACTION: Action/Decision ( ) Discussion ( ) For Information Only (x)	
Overview: Link was sent to the committee	
Discussion Points:	
– Evaluations link sent to committee	
Conclusion/Outcomes	
Committee will complete the online evaluation	

**Next meeting is – October 10, 2022, from 4:00 pm – 6:00 pm**