

CYBHWG Youth & Young Adult Continuum of Care (YYACC) subgroup

June 9, 2022

Leads: Representative Lauren Davis, Representative Carolyn Eslick, Michelle Karnath (parent), and Lillian Williamson (young adult)

Youth outreach discussion

Highlights

Crisis services:

- Crisis services are not communicated well to youth and young adults. Most youth only knew about crisis services from their schools in health class, or when someone they went to school with had passed by suicide. The youth emphasized that they need knowledge of, and access to these services all the time.
- The youth often felt like they didn't know what they were getting into with crisis services and wished that potential outcomes were communicated more clearly.
- Young people often don't access crisis services because they're worried, they will experience legal repercussions (especially around drug use).
- ERs (which are last-resort, but still widely used) are unprepared to take people in crisis, and youth are waiting in the ER to get treatment or have been discharged with no treatment. None of the participants today had positive experiences in the ER, and most felt either ignored or further traumatized.

Communication:

- The youth loved the recommendation to increase communication services, and they want to see even more put into it.
- Often, social media-based communication when done by government or nonprofit groups is boring and not appealing to youth.
- The youth emphasized the importance of communication about services through a wide spectrum of channels--from social media, providers, schools, families, word of mouth, etc.

Peers:

- The youth did not know about certified peers but thought they would be useful and want to see access expanded.

Inpatient services:

- There is a wide spectrum of quality in inpatient care facilities. Some youth expressed that they received great services; others say they were further traumatized by the services.
- The youth emphasized that there needs to be more regulation over inpatient services, or some form of accountability to ensure that there's no malpractice.
- Some youth mentioned that many families must take their children out of state for them to receive care because of limited beds in Washington.

Schools:

- Everyone wanted better education about mental health in schools. The current lessons often feel out of touch. Young people want a more open dialogue about behavioral health with more frequent and focused lessons on behavioral health issues outside of anxiety and depression.
- Virtually every young person goes to a school, so schools can serve as a central point for behavioral health care. Youth want more behavioral health-focused staff and consistent check-ins.

Parent/family-initiated treatment:

- The consensus was that if a young person is in a severe crisis, the parent has the right to step in. But many young people felt like the voice of the family/parents is taken more seriously than their own, even when they're not in crisis.
- Mental health advanced directives are useful and important. One youth especially wanted legislators to be more aware of them.

Overall:

- Many youths shared that, especially across state systems, they felt like there was little to no continuity and almost like they were starting from square one every time.
- Many youths mentioned how WA's behavioral health system is a "band aid system." We're not thinking systematically about how to address the issue, but just putting "band aids" on crisis areas.
- The whole group agreed that increased equity and accessibility in mental health care and being intentional about recruiting diverse perspectives into advocacy and policy-making spaces are top priorities.
- The youth will need to see that they're being heard and the direct outcome of their opinions to stay engaged, which is why they often get frustrated with working groups with mostly/only adults.
- They want to be in spaces where they don't feel tokenized or like they're there to "check a box," and they want to be recruited into the groups by people that they already know so that the groups feel "vetted."

Children's Long-term Inpatient Program (CLIP)

Amber Huber and LaRessa Fourre, *Health Care Authority (HCA)*; Lisa Daniels, *CLIP Administration*; Dr. Fran Dewalt, *Department of Social and Health Services (DSHS)*; Kymm Dozal, *Pearl Youth Residence*

See page 5 for slides

Highlights

- Child Study and Treatment Centers (CSTC) provides inpatient forensic services for youth, including competency evaluation or restoration services.
- CSTC treatment plans are complex and intensive. May include a mix of different treatment options to meet the individual needs of each child.
- Quarterly retreats are an important part for getting family involved. This includes teaching them skills, offering tools, and helping parents become involved and engaged in their youth.
- For kids who for whatever reason cannot make it into schools, teachers come to site to offer education services.
 - CLIP school example: Work with Tacoma school District, usually two pairs and two counselors for in-class support.
- CSTC is also supported by WSU and UW, so the Center has the support of their child psychiatrists.
- Parents can now fill out a mental health consultation form and if CLIP is recommended then they get moved to the evaluation which can be used on the application.
- The CLIP Improvement Team is helping to define best practices.
- Would love to see some more of CLIP services offered in the community so that we could prevent individuals from needing to go to CLIP.
- 180-day orders are not given priority; waiting list is entirely chronological to ensure equity.

Discussion and Q/A

- Does the Pearl facility offer school during their stay?
 - Yes, all CLIP facilities include school. 3 of the 4 CLIP programs offer extended school year programming and credit retrieval.
- How does Pearl facilitate family time?
 - Quarterly retreat and engaging activities. Families are included in the youth's healing process with activities to engage and give families the skills and tools needed.
- What does the wait list look like?

- Currently, there are 8 youth under the age of 11 years and 28 youth 11+ who are awaiting admission.
- What treatment modality is used for competency restoration?
 - Dialectical Behavior Therapy (DBT); often treatment is more medical intervention to provide psychoeducation so that they can be competent and participate in the legal process.
- Does every facility have a parent advocate?
 - No, currently they do not, but we are working to expand to include a parent advocate in every facility.
- Are the CLIP facilities connected to the UW Spirit lab programs aimed at family support and training like Psychosis REACH and Family Bridger?
 - Will connect to get more information regarding the programs that are not.

Chat

- Jerri is a member of the family advisory panel for the UW Psychosis REACH program and can help with connections to that team and family bridger.
- Kevin: Maria Monroe-DeVita and Sarah Kopelovich are the UW contacts for family bridger and psychosis REACH. Sen. Warnick had a bill last year (SB 5807) that would have brought these programs to the three state hospitals--CSTC, Western State Hospital, and Eastern State Hospital.

Native youth discussion

Representative Debra Lekanoff, *Washington State Legislator*

Highlights

- One of the rising concerns is the need for tribes to better partner with state and local governments to address challenges with opioids in youths; mental health needs are also growing.
- Native Americans have the highest rates of suicide.
- Interested in having a tribal round table around youth behavioral health.
- Looking for ways to partner with tribal communities to open more facilities for youth based off existing wrap-around facilities.
- Potentially creating 4 pilot projects directed at healing based on western practices built around respect and integration of tribal practices, norms, and considerations.

Attendees

Kashi Arora, Seattle Children's
Kevin Black, Senate Committee Services (CMS)
Meridian Bonser
Rachel Burke, Health Care Authority (HCA)
Tina Burrell, HCA
Dr. Phyllis Cavens, Child, and Adolescent Clinic
Jerri Clark, PAVE
Diana Cockrell, HCA
Thalia Cronin, Community Health Plan of Washington (CHPW)
Lisa Daniels, CLIP Administrator
Dr. Fran Dewalt, Department of Social Health And Services (DSHS)
Kymm Dozal, Pearl Youth Residence
Gabriel Evenson, HCA
LaRessa Fourre, HCA
Mary Sprute Garland, Department of Children, Youth And Families (DCYF)
Elias Hawa, CHPW
Andrew Hill, Excelsior Wellness
Mandy Huber, HCA
Avreayl Jacobson, King County Behavioral Health & Recovery
Charlotte Janovyak, Legislative Staff
Annette Klinefelter, A+K Ingenuity Foundational Youth Services (AKI)
Representative Debra Lekanoff, Washington State Legislator
Laurie Lippold, Partners for Our Children
Jasmine Martinez, A Common Voice and Center Of Parent Excellence (COPE) Project
Enos Mbajah, HCA
Avery Park, University of Washington (UW)
Whitney Queral, DCYF
Penny Quist, Parent Advocate
Janice Schutz, Washington State Community Connectors
Christian Stark, Office of Superintendent of Public Instruction (OSPI)
Jim Theofelis, A Way Home Washington
Liz Trautman, Mockingbird Society
Liz Venuto, HCA
Cindi Wiek, HCA
Jennifer Ziegler, Washington State Alliance of Boys and Girls Clubs

Children and Youth Behavioral Health Committee: Youth and Young Adult Continuum of Care Subgroup

Children's Long-Term Inpatient Program (CLIP) System June 9, 2022

LaRessa Foure, CLIP Administrator, HCA/DBHR

Amanda Huber, Behavioral Health Administrator, HCA/DBHR

Lisa Daniels, CLIP Administration Coordinator, CLIP Administration

Dr. Fran Dewalt, Child Study & Treatment Center, Clinical Director, DSHS/BHA/CSTC

Kymm Dozal, Program Director, Pearl Youth Residence, Comprehensive Life Resources

What CLIP is

- ▶ The most intensive, long-term, inpatient psychiatric treatment available to Washington State residents.
- ▶ Available to Washington State youth, ages five (5) to seventeen (17).
- ▶ Funded by 50/50 match of federal and state Medicaid dollars.
- ▶ A planned inpatient treatment course that includes multidisciplinary psychiatric treatment.
- ▶ The goal of CLIP treatment is to transition the child or youth back to their home, family, and community at the earliest clinically indicated time possible.

Continuum of Care

Increasing intensity



What CLIP is not

- ▶ A placement or facility for a child or youth to grow up.
 - ▶ **Parent, caregiver, and family participation in treatment is the foundation of CLIP treatment.**
- ▶ A place for a child or youth to permanently live.
 - ▶ CLIP is a medically defined and monitored course of treatment.

CLIP eligibility

- ▶ All children and youth, 5 through 17 years of age, who have a primary diagnosis of a severe psychiatric disorder that has been determined to significantly impact the child's or youth's ability to function safely and adaptively in a community setting.
- ▶ Available community-based behavioral health services and resources are not able to meet the treatment needs of the child or youth.
- ▶ Proper treatment of the child's or youth's psychiatric condition requires treatment on a long-term in-patient basis under the direction of a physician.
- ▶ Children and youth must meet medical necessity criteria for admission to CLIP.
- ▶ Children and youth admitting to CLIP must be a resident of Washington State.

CLIP provides

- ▶ Medically-based, multi-disciplinary team approach, and individualized treatment.
- ▶ Treats and stabilizes youth diagnosed with a primary diagnosis of a severe psychiatric disorder.
- ▶ Provides current evidence-based practices and interventions.
- ▶ CLIP is an opportunity for long-term evaluation and treatment in a controlled setting.
- ▶ Parents and caregivers are provided the opportunity to learn new skills and strategies to effectively understand and manage their child's illness.

CLIP administration office

- ▶ The CLIP Administration Office was created to meet the Federal requirements under 42 CFR 441.152 and 441.153, for an independent team to certify the need for inpatient psychiatric services.
- ▶ Oversees all voluntary referrals and 180-Day ITA court orders for admission to the CLIP programs.
- ▶ Approves and manages all admissions to the CLIP programs in accordance with established admission criteria and procedures.
- ▶ Conducts medical necessity certification & re-certifications for continued need for CLIP level of care.
- ▶ Reviews all clinical documentation of care in order to ensure that admissions, discharges, transfers, and re-certifications take place in accordance with established criteria and guidance.
- ▶ Designated authority for placement of youth in CLIP programs in accordance with laws governing mental health for minors (RCW 71.34.760) and ensures equitable access to CLIP treatment.

CLIP admission pathways

▶ Voluntary admission pathway

- ▶ Youth, parents, caregivers, family members, can contact the youth's health plan or BHASO for youth who are non-Medicaid, no coverage, or fee-for-service, to request a voluntary CLIP application.

▶ 180-Day Involuntary Treatment Act (ITA) admission pathway via mental health courts

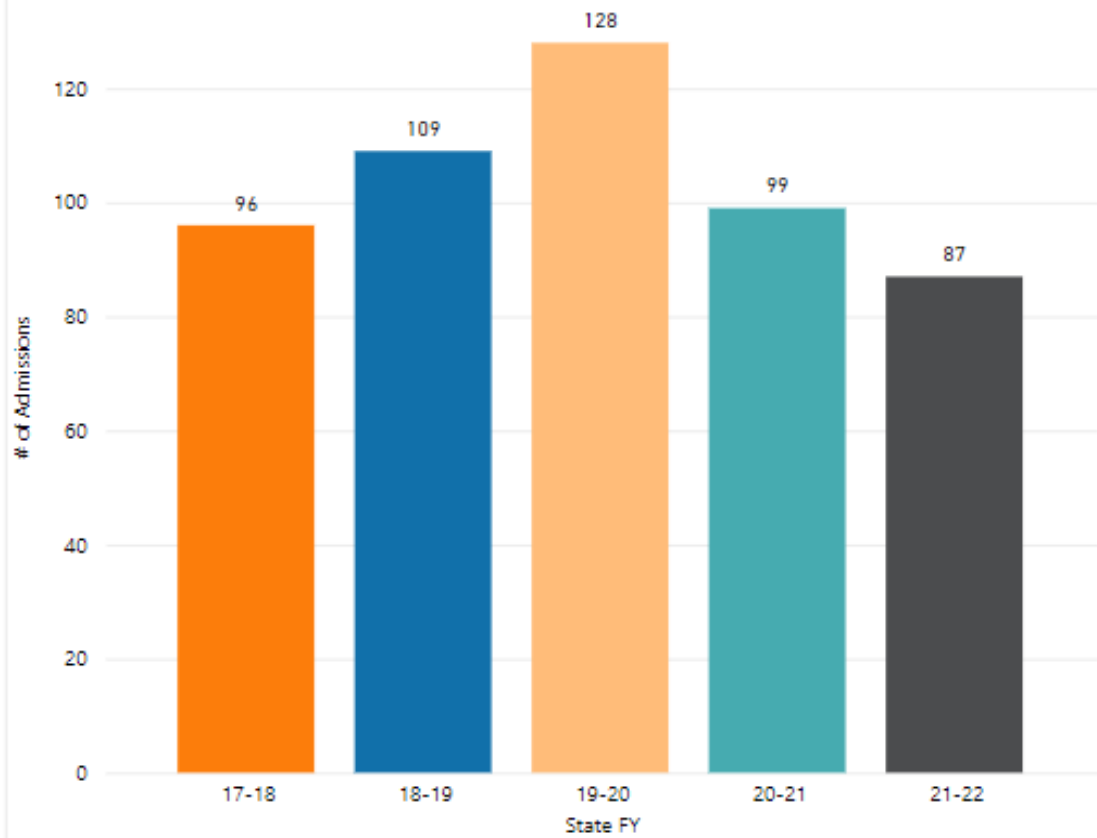
- ▶ Youth subject to a 180-day ITA court order are placed on the CLIP admission list, as of the date of their ITA court order.

▶ CLIP admissions management

- ▶ CLIP admissions are managed in chronological order, according to the date of a child's or youth's completed voluntary CLIP application or the date of their 180-day ITA court order.

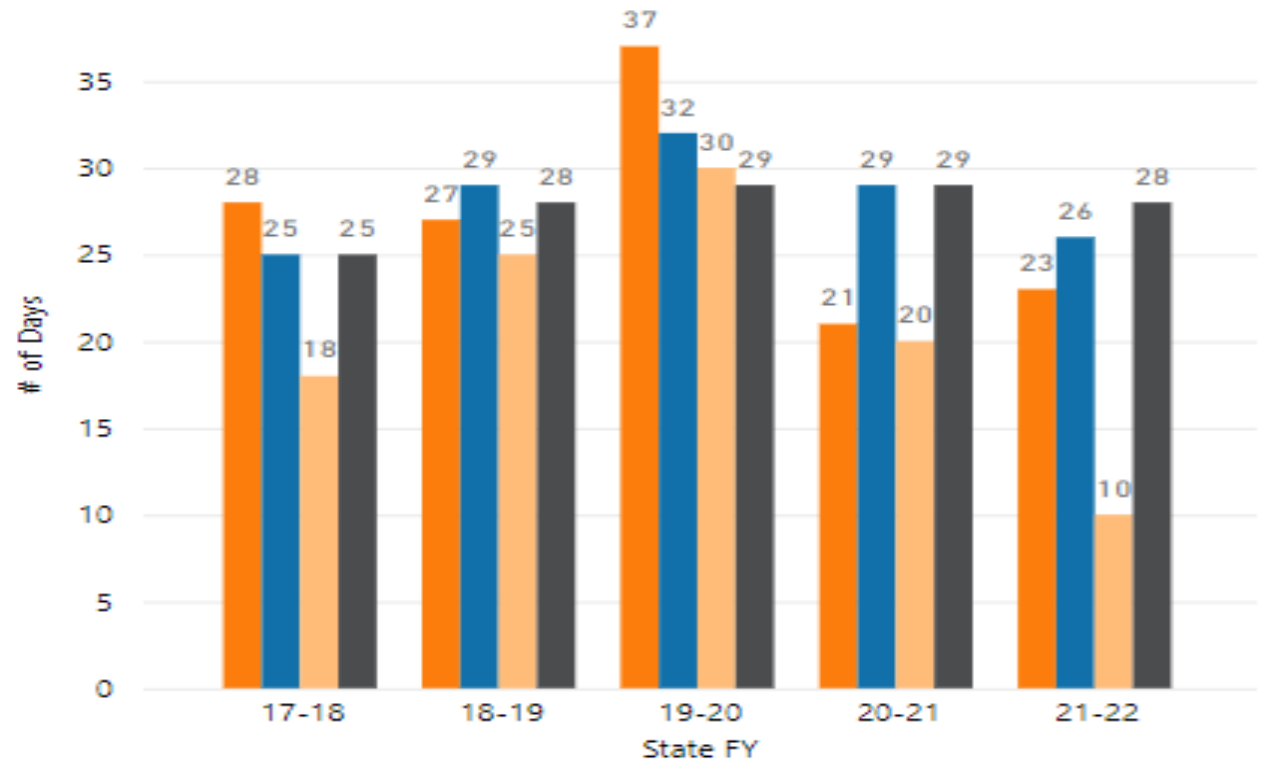
CLIP admissions: 2018 - current

of Admissions by State FY



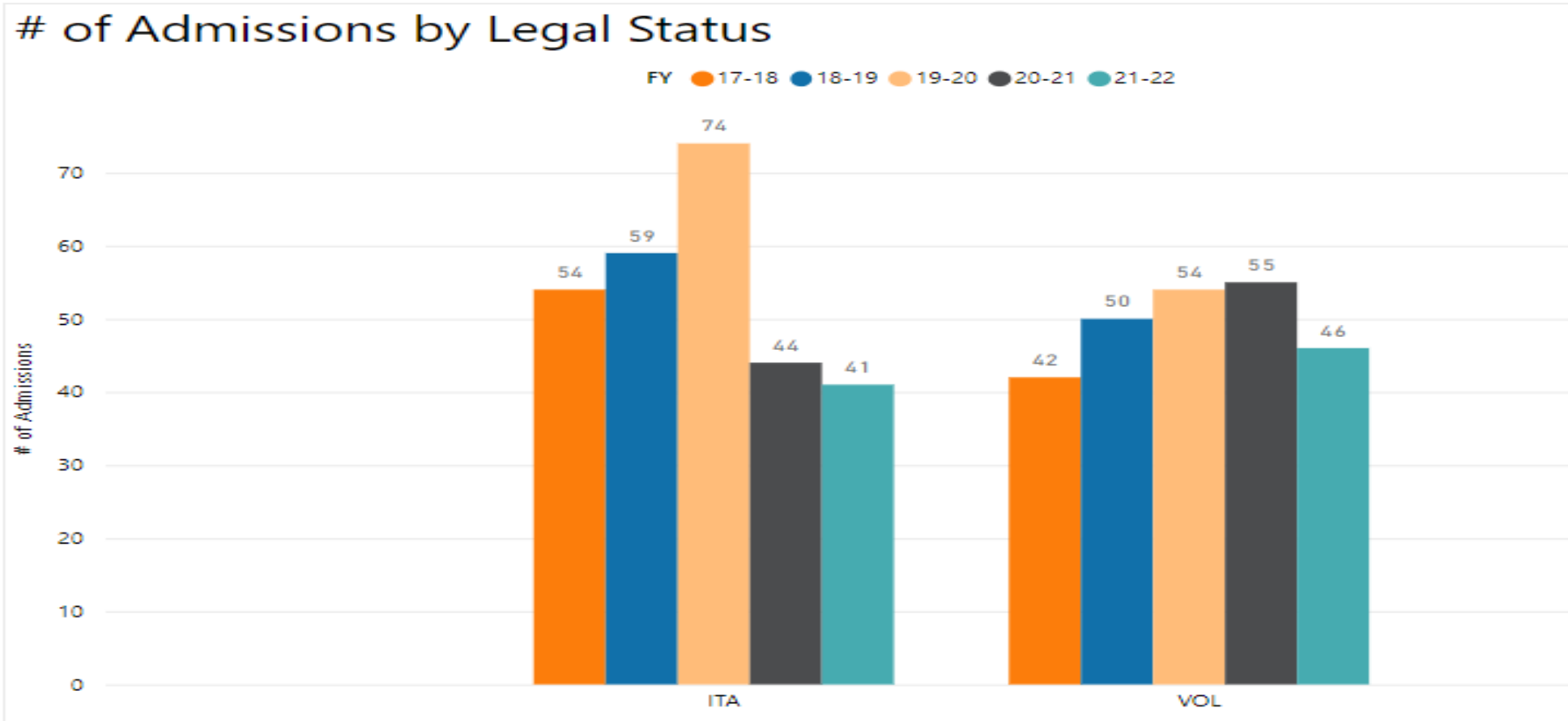
of Admissions by Quarter

Fiscal Qtr ● 1 ● 2 ● 3 ● 4



Source: CLIP Administration: 6/2/2022 Note: Data does not include, RCW 10.77 (Forensic admissions);, JRA transfers; transfer admissions from one CLIP Program to another; or "safety net admits" which are re-admissions within 60 days of discharge. Safety Re-Admits for FY 20 = 2; ; FY 21= 4;; FY 22=7

CLIP system admissions: 2018 - current

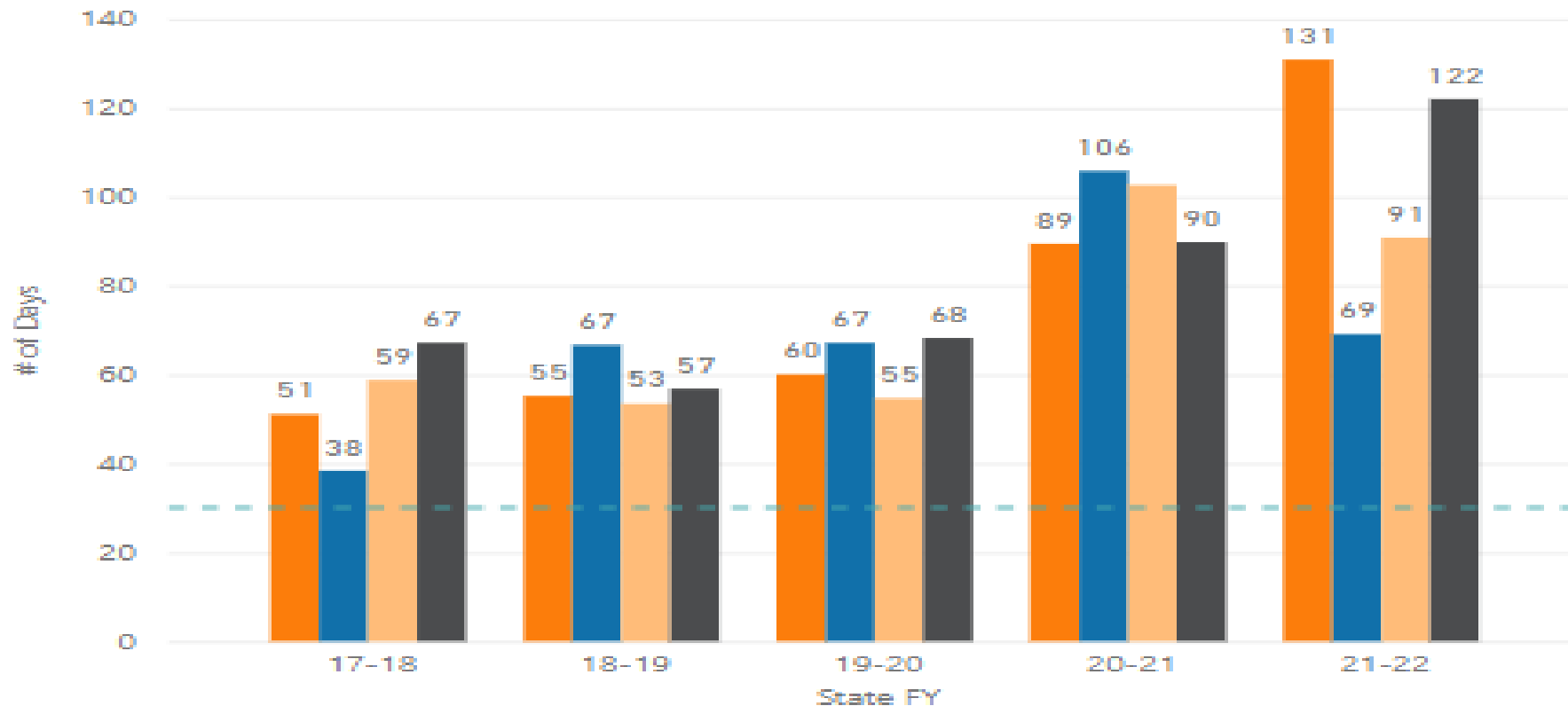


Source: CLIP Administration: 6/2/2022 Note: Data does not include, RCW 10.77 (Forensic admissions);, JRA transfers; transfer admissions from one CLIP Program to another; or "safety net admits" which are re-admissions within 60 days of discharge.

CLIP admission wait times: 2018 - current

Average Wait Time

Fiscal Qtr ● 1 ● 2 ● 3 ● 4

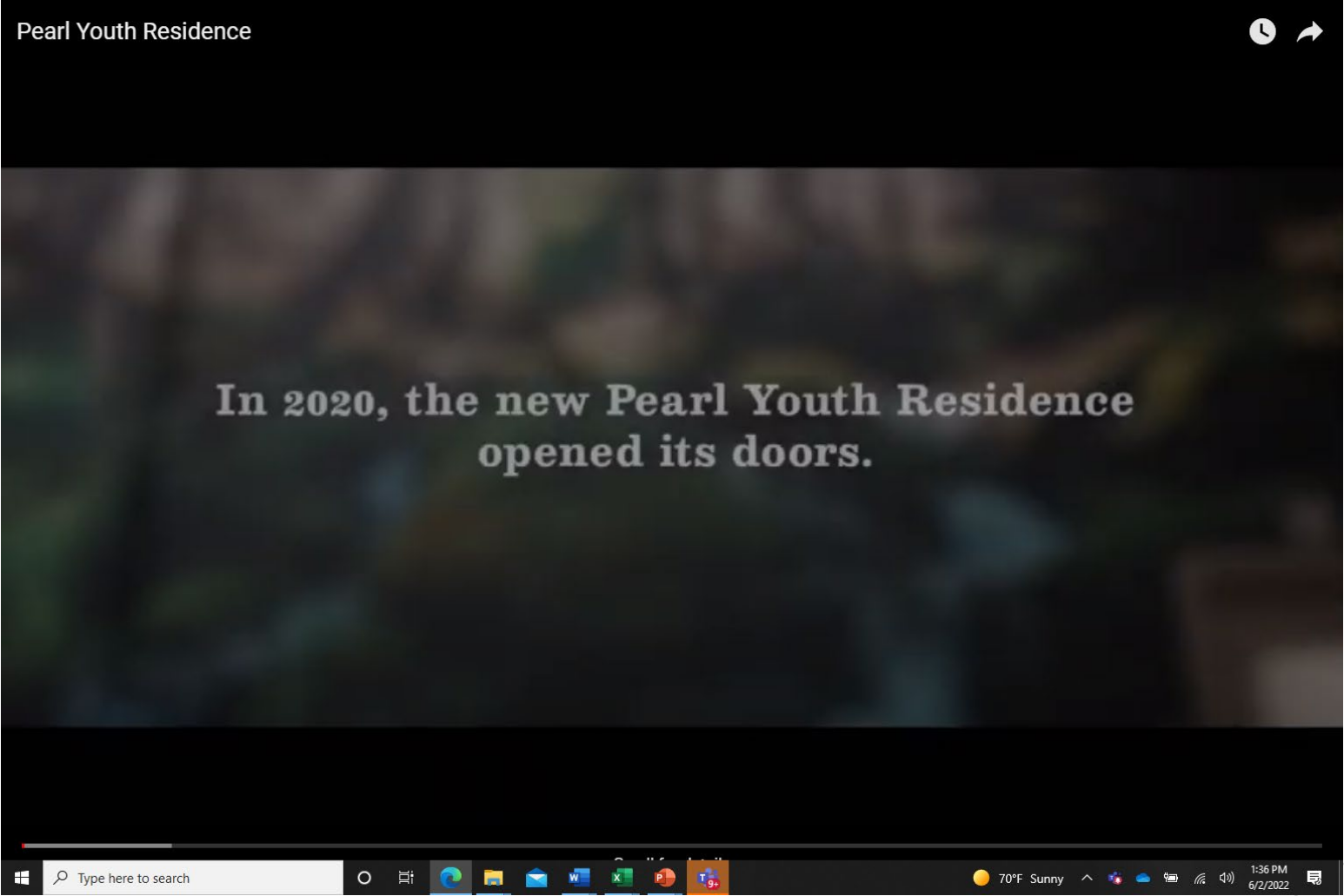


Source: CLIP Administration: 6/2/2022 Note: Data does not include, RCW 10.77 (Forensic admissions); JRA transfers; transfer admissions from one CLIP Program to another; or, "safety net admits" which are re-admissions within 60 days of discharge.

PEARL YOUTH RESIDENCE

Presented by: Kymm Dozal, MSW, LMHC
Program Director

PYR VIDEO



Pearl Youth Residence

<https://www.youtube.com/watch?t=60s&v=uoY6ynUuNos>

Pearl Youth Residence:

Pearl Youth Residence (PYR) is an HCA contracted CLIP program.

Pearl Youth Residence was formally known as “Pearl Street,” and is operated by Comprehensive Life Resources.

From 2017-2020, PYR utilized behavioral health reimbursement grants offered by the Department of Commerce to modify a building owned by Comprehensive Life Resources and expand CLIP bed capacity from 13 to 27 beds.

PYR’s new facility formally opened in May 2020 and began increasing CLIP census to meet CLIP demand.



- Fuji- 5 bed unit
- Ozark- 11 bed- Older youth (15-18)
- Denali- 11 bed- Younger youth (age/developmental) 12-15
- Accreditation through Joint Commission

TREATMENT AT PYR

Family Therapy
Individual Therapy
Group Therapy
Recreational Therapy
Milieu Therapy

Motivational Interviewing
Trauma Focused Cognitive Behavioral Therapy
Substance Use Disorder Treatment
Collaborative Problem Solving
Dialectical Behavioral Therapy
Solution Focused



Pearl Youth Residence

- ▶ **Staffing**
 - ▶ Hiring
 - ▶ Staff Retention
 - ▶ Needs: Nursing, Behavioral Health Technicians (BHTs), especially swing and weekends, therapists, recreational therapists, and parent/caregiver/family advocates.
- ▶ **Challenges to full census**
 - ▶ Workforce challenges (staff hiring and retention) must be addressed before increasing full census or further expanding capacity.
 - ▶ Staff turnover- 2020 - 68%
2021 - 72% (BHT's were at 110%)
2022 - BHT's needed to operate at full census- **53** Current staff- **25**
 - ▶ PYR is not able to compete with the significant salary increases, hiring incentives, and retention bonuses, staff are being offered for similar roles across the region, state, and out of state.
- ▶ **Complex Discharges**
 - ▶ No placement available.
 - ▶ Limited outpatient community services and supports due to continued impacts from the pandemic.

Transforming
Lives

Child Study and Treatment Center



Presented By: Francesca Dewalt, Ph.D.

Washington State Department of Social and Health Services



CSTC Video

Transforming Lives



Transforming lives

Child Study and Treatment Center Transforming Lives

- Only state operated psychiatric hospital for youth
- 4 Cottages
 - Camano: 5-12
 - Ketron: 12-15
 - Orcas: 15-17
 - San Juan: 15-17
 - Forensic Services
- Accredited by The Joint Commission



Treatment

Transforming
Lives

- Individual Therapy
 - Cognitive Behavioral Therapy, Dialectical Behavior Therapy, Trauma Focused-Cognitive Behavioral Therapy, Motivational Interviewing
- Family Therapy
 - DBT skills
 - Quarterly Retreats
- Group Therapy
- Milieu Treatment
- Recreational Therapy



System Challenges

- Staffing Challenges
 - 27% vacancy rate (28)
- Admissions
 - Camano:
 - Capacity: 16
 - Current census: 14
 - Ketron:
 - Capacity: 16
 - Current census: 10
 - Orcas:
 - Capacity: 15
 - Current census: 14
 - San Juan:
 - Capacity: 10
 - Current census: 3

- Transition:
 - DCYF
 - DDA
 - Community Resources

Transforming
Lives

Contact Information

Transforming
Lives

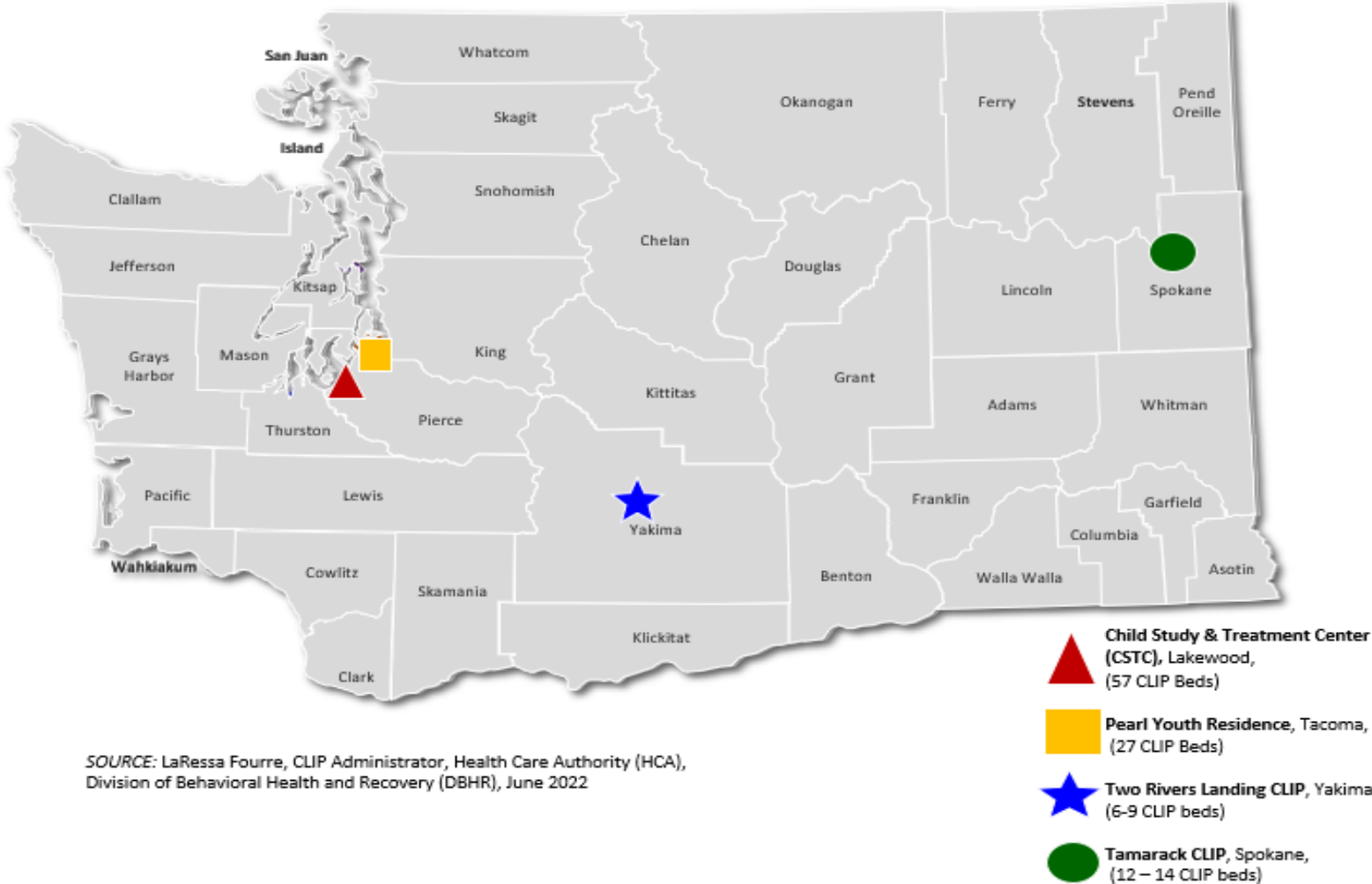
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Children’s Long-Term Inpatient Program (CLIP) Resources



SOURCE: LaRessa Foure, CLIP Administrator, Health Care Authority (HCA), Division of Behavioral Health and Recovery (DBHR), June 2022

Child Study & Treatment Center (CSTC) is a state-run CLIP hospital operated under the authority of Department of Social & Health Services (DSHS)/Behavioral Health Administration (BHA). Pearl Youth Residence, Two Rivers Landing, and Tamarack Center are contracted through the Health Care Authority and receive a different daily reimbursement rate than CSTC.

Two Rivers Landing CLIP Program

- ▶ Operated by Comprehensive HealthCare
- ▶ Located in Yakima
- ▶ Offers both acute E&T and CLIP beds
- ▶ 6-9 CLIP beds



Tamarack Center CLIP Program

- ▶ Located in Spokane
- ▶ Offers both private insurance and CLIP beds
- ▶ 12-14 CLIP beds



CLIP system support needs

▶ Staff hiring & retention

- ▶ Workforce shortages are having critical and ongoing impacts on children and adolescent inpatient bed capacity.

▶ Community transitions

- ▶ Due to Medicaid service limitations, state-only funding is required to improve transitions for youth preparing to discharge back to their homes, families, and communities.
- ▶ Impacts from wait times for outpatient services.

▶ Complex discharges

- ▶ Transition and discharge supports are needed for youth not able to return home or need system-partner placement resources.
- ▶ Proactive, intensive, and ongoing discharge planning and care coordination involving CLIP treatment teams, system partners, child, youth, and family teams are the foundation of successful discharges.

▶ Building children's inpatient workforce

- ▶ Increased support for clinical faculty and teaching positions within all CLIP facilities.
- ▶ Increased linkages between CLIP programs, hospitals, and universities can support inpatient behavioral health workforce.
 - ▶ CLIP programs provide unique teaching opportunities for college and graduate level students to gain direct experience working with children and youth who have a wide range of psychiatric, co-occurring, and severe behaviors, which is a critical need at all levels of the continuum.

▶ Parent/caregiver training opportunities

- ▶ Increased support to strengthen group and individualized training opportunities for parents, caregivers, and family members, to learn evidence-based practices and specific interventions that are working for a child or youth while receiving CLIP treatment.

Capacity expansion

▶ CLIP funding capacity expansion

- ▶ Funded in SFY23
 - ▶ Supports expansion of additional contracted CLIP beds
 - ▶ Includes a 4.5% rate increase, effective Jan. 1, 2023
 - ▶ No capital dollars are directly linked to project.

▶ Increased funding to support expanded capacity

- ▶ Graduated implementation plan
 - ▶ 25 additional beds end FY22
 - ▶ 10-plus beds by end FY23
 - ▶ Total of 129 CLIP beds (72 contracted CLIP beds/57 CSTC CLIP beds)

▶ Interested providers

- ▶ Current providers are interested in expanding capacity
- ▶ New providers are interested in providing CLIP services
- ▶ Both current and new providers face the same critical staffing challenges to expanding CLIP bed capacity

▶ Primary challenge to expanding capacity

- ▶ Current focus: Keeping current facilities open and operating, and increasing overall CLIP bed capacity
- ▶ Staffing, staffing, and staffing...

Quality improvement groups

▶ **Children's Long-Term Inpatient Program - Improvement Team (CLIP-IT)**

- ▶ The purpose of CLIP-IT is to improve successful transitions for children and youth between community-based treatment and inpatient treatment settings, including identifying gaps and barriers to improve access, and continuity of care.
- ▶ Members include MCOs & BH-ASOs CLIP Liaisons, CLIP Program Directors, CLIP staff, acute inpatient, outpatient, and community system partners.

▶ **CLIP Parent Steering Committee**

- ▶ Provides effective parent and caregiver support while promoting inclusion of parents and caregivers throughout CLIP treatment
- ▶ Serves as a resource to parents, caregivers, and professionals who are serving families with complex needs.
- ▶ Provides training, consultation, and support to CLIP parent advocates and CLIP staff.

Questions?

More information about CLIP

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More information about Child Study & Treatment Center (CSTC)

Dr. Francesca Dewalt, PhD

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More information about Pearl Youth Residence:

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