

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

Thursday, September 30, 2021
4:00 – 5:30 p.m.

Agenda Items	Notes
<p>Neuropsych Evaluations (FYSPRT issue) FYSPRT – Family Youth System Partner Round Table</p>	<p>Michelle Karnath, Statewide FYSPRT tri-lead</p> <ul style="list-style-type: none"> • FYSPRTs — tri-led problem-solving groups – 10 regions. • Last year – respite challenge for youth with BH. • Issue in a couple regions – NE region: access and capacity for neuropsychic evaluations. <ul style="list-style-type: none"> ○ Neuropsych evals must be completed by a clinical psychologist with specialized training. ○ Testing – Standardized evaluations are full scale and neuropsych evaluations focus on cognitive ability and brain function. • Identified up to 6 months wait times. (even before the pandemic) <ul style="list-style-type: none"> ○ Those who could refused to accept Medicaid or had only a few Medicaid eligible appts available. ○ A parent had to pay out of pocket to get the evaluation. WISe providers – 6 month wait periods. ○ This wait time also includes cognitive testing. • Some services like DBA are not available without a neuropsych eval being completed. • Desired solution: Need for network adequacy; address the gap between providers’ awareness of criteria for these evals. <p>Discussion:</p> <ul style="list-style-type: none"> • Why not more identification in schools? School district resources working together. Can they increase identification, or to what level do they do this? <ul style="list-style-type: none"> ○ School-based subcommittee may be able to answer identification in schools-OSPI • Has anyone heard of school districts where they psychologists are doing this? • Issue: All regions are so different. Could they share one among several districts? • Youth say: I want to know how my brain works so I can be successful in schools, so I can understand what I do. • Is there data whether problem is more about workforce or more that providers don’t take or limit the number of Medicaid clients because of the low reimbursement rate? • With workforce shortage important to be proactive and not reactive. How? <p>Chat:</p> <ul style="list-style-type: none"> • Why is there not more coordination coming through the School Districts? • I (parent) tried to get one with a highly rated provider in Spokane. They couldn't take us as we have private insurance as primary and Medicaid as secondary and they don't take Medicaid. Even though I offer to pay the co-pay out of pocket, they wouldn't take us • Do we have any sense of how much of the problem is workforce capacity and how much is related to Medicaid reimbursement rates? <ul style="list-style-type: none"> ○ It's both! • The last conversation I had with a Seattle Children's neuropsych was a bit ago and they did cite Medicaid as an issue • Functional MRI - only available for the most part for research
<p>Excelsior Wellness, New programs</p>	<p>Drew Hill, CEO, Excelsior Wellness <i>See page 5 for slides.</i></p>

	<p>Youth and family stabilization resource pilot (including respite services)</p> <ul style="list-style-type: none"> • We believe we need to support community organizations that are serving their community. • Working with outside funders to push out....did not get it. • Respite – day service – summer day camp program – 50 youth enrolled. • Kids want engagement; that matters to them and the therapeutic efforts are part of that engagement. • Bed-based respite for young adults – dorm style engagement service for them. • Warm-line engagement. • More urgent bed-based respite – engage them at the ED and get them into respite. Seeing almost an immediate response from caregivers and their concern for their child. If we only see them. • Who’s paying: HCA, philanthropic \$, including the Excelsior Fdtn, MCO foundation. <p>New facilities opened (Youth center, etc. in Spokane and how that work is going?)</p> <ul style="list-style-type: none"> • Designed to function as 4 separate facilities in one center, so it could respond to the actual needs in the community, e.g. CLIP, SWM, etc. <ul style="list-style-type: none"> ○ New SWM building. ○ Outdoor secure environment. ○ Trauma-informed design. • Opened 2 wings during COVID with live-in staff. Not a sustainable model. <p>Discussion:</p> <ul style="list-style-type: none"> • Let’s make sure that parts of HCA talk to each other (waiver and SOC pilots). • What’s the expectation of how the respite connects to the MH process? So they’re not parallel tracks. • Peer support important for the programs as well as encouraging patients to take an active role in decisions to guide the service plan. <p>Chat:</p> <ul style="list-style-type: none"> • Integrating BH services, RTF licensure requirements, and developmentally appropriate housing for YYA, needs to be piloted (Hybrid RTF Licensure). • Need centralized diversion fund, step down services. • Flexible funding to help ensure youth and young adults have stable housing, whatever that means for that individual. • Look at Commerce, behavioral health facilities capital grant program. • Look at Mini Oxford Houses – or similar program. • I agree with the small homes for young adults being able to locate in different communities as many of these youth need a place to find a fresh start and build a healthy support system. • Annette Klinefelter is happy to share a plan that outlines these models, operating costs, and existing funding streams. (Rep. Eslick and Theofelis requested the plan be sent). • There is a model like that in MA as well. Hub house staffed, step down house that is staffed part time during the day, and then apartments with peers where individuals can come to the hub house as needed.
<p>Explore potential recommendations to address SB 6560 report findings</p>	<p>Potential recommendations to address SB 6560 report findings</p> <ul style="list-style-type: none"> • What are specific asks we can make? Operating fund \$? Capital fund \$? What to fund? What to build? <p>Discussion:</p> <ul style="list-style-type: none"> • Housing + supports (many youth do not have family, other supports). • Tension in report: youth want to be independent, living independently, but also EBPs all indicate they need supports, too.

	<ul style="list-style-type: none"> • My experience: Yes, they want a sense of independence; don't necessarily want to live alone. • 2/3 of youth who end up homeless are those coming out of inpatient, not foster care, not juvenile justice. <ul style="list-style-type: none"> ○ Young person discharged from Fairfax on a Sunday afternoon to a drop-in program, no beds, facility closed on weekends. How can we have a soft landing for youth coming from inpatient? <ul style="list-style-type: none"> ▪ A flexible fund pot for youth when they are discharged for wherever they are living (grandparents, etc.). Possibility of building on the west side – short-term stays, help getting a long-term \$. Proviso from last year – to do feasibility study on what the building would need – slated to be completed in January (for needs of capital fund request). • Recovery housing in the Medicaid fee schedule for SUD, but not for mental health. <ul style="list-style-type: none"> ○ Figuring out a way to make mental health recovery housing Medicaid-eligible. Could discharge youth from CLIP sooner. ○ Use permanent supported housing. Single family homes – fewer zoning issues, much more scalable. • SHARE Housing (L.A.) – model similar to Oxford House for people with MH challenges – supportive, peer model. • Blended funding project in King Co – looking at building a village with hub housing for staff and additional housing for families and youth. • Kashi: There are also a number of younger kids who we have a problem discharging. Kids that fall through the cracks in these systems. <ul style="list-style-type: none"> ○ Need systems and programs that can flex and meet the needs of these kids and families; shoring up existing programs like WISE to be able to do so? What's the role of WISE here and can we shore it up? • Existing question – is there a way to “fix WISE”? Longer term... • Kim Justice: Would love to share with this group a couple proposals – not explicitly IP, but all youth – <ul style="list-style-type: none"> ○ (1) DP to expand Commerce SOC grants, and ○ (2) rapid response team • What's struck me: Recovery housing – can we create a subset of recovery housing specifically for young people, and some TA for people who offer recovery housing? Community BH rental assistance program (CIPRA) –long-term. HARPS – short-term. There is no one person responsible for connecting youth with HARPS or CIPRA. • HCA holds contracts with the 5 MCOs. Specific contractual obligations for release from facilities regarding discharge from inpatient settings. On the correctional side, MCOs were way out of compliance. So, we funded a position at HCA to focus on compliance for MCOs related to correctional facility discharge. • Through 1115 waiver, we are allowed to pay for foundational supports. To what extent do we have youth providers? Can we beef up these services for youth providers? <ul style="list-style-type: none"> ○ Current modeling is for adults. Need specific supports for service providers to support young adults, as opposed to all adults. Better serve 18–24-year-olds. • Discharge planning – people are trying to do a good job – this is about gaps in the continuum of care. It's so difficult if there's nowhere to put them where they can get the care that they need.
Next Steps	<p>Next Steps</p> <ul style="list-style-type: none"> • October 7, 2021 finalize meeting recommendations

YYACC meeting notes - 9-30.2021 – Children and Youth Behavioral Health Work Group – Youth and Young Adult Continuum of Care

	<p>Action items</p> <ul style="list-style-type: none">• Liz will follow up with Medicaid group. Ask Melodie Pazolt for data.• More context to answer the question Why not more identification in schools? – Possibly ask SB Subcommittee.
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Attendees

Kashi Arora, Seattle Children’s Hospital
Jeanette Barnes, Parent
Rachel Burke, Health Care Authority (HCA) Nicole Calhoun, Excelsior Wellness Center
Dr. Phyllis Cavens, Child and Adolescent Clinic
Thalia Cronin, Community Health Plan Washington (CHPW)
Becky Daughtry, HCA
Rep. Lauren Davis, WA State Legislature
Matt Davis, Office of Homeless Youth
Hawa Elias, CHPW
Jessie Friedmann, YouthCare
Libby Hein, Molina Healthcare
Andrew Hill, Excelsior Wellness Center
Avreayl Jacobson, King County Behavioral Health and Recovery
Charlotte Janovyak, Legislative staff
Val Jones, FYSVRT representative
Kim Justice, Office of Homeless Youth
Michelle Karnath, Clark County Juvenile Court, Statewide FYSVRT tri-lead, Parent

Annette Klinefelter, AKI
Maya Pavlovich, CHPW
Julie Peddy, Parent
Cammie Perretta, HCA
Deborah Pineda, Child and Adolescent Clinic
Whitney Queral, Department of Children, Youth and Families (DCYF)
Penny Quist, Parent advocate
Representative Carolyn Eslick, Washington Legislature
Representative Lauren Davis, Washington Legislature
Janice Schutz, Washington State Community Connectors (WSSC)
Jim Theofelis, NorthStar Advocates
Liz Venuto, HCA
Sazi Wald, HCA
Cindi Wiek, HCA
Greg Williamson, DCYF
Lillian Williamson, Youth/Young adult



EXCELSIOR WELLNESS



A Holistic Approach to
Learning



A Holistic Approach to
Advancing Community Health



A Holistic Approach to
Family Medicine



A Holistic Approach to
Inpatient Care



Contact Information

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INTELLECTUAL

Recognizing your abilities and finding ways to expand knowledge and skills

EMOTIONAL

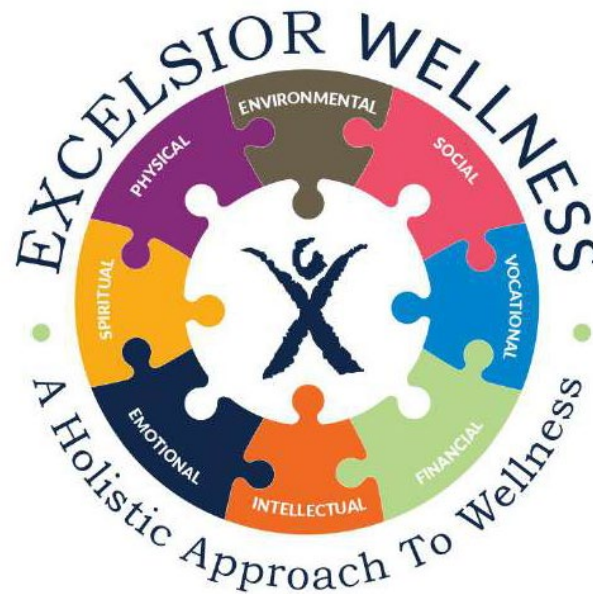
Coping effectively with life and creating satisfying relationships

SPIRITUAL

Feeling connected to cultural norms, customs, or having confidence in your interpersonal definition of culture and meaningful experiences

PHYSICAL

Recognizing the need for physical activity, healthy foods and sleep



ENVIRONMENTAL

Good health by occupying pleasant, stimulating environments that support well-being.

SOCIAL

Developing a sense of connection, belonging and a well-developed support system

VOCATIONAL

Personal satisfaction and enrichment from one's work

FINANCIAL

Satisfaction with current and future financial situations

HOME OF THE MARMOTS



Your Future **Begins Here.**

EHS

EXCELSIOR HOLISTIC SCHOOLS

Job Readiness Training

- Engine and Automotive
- Cosmetology
- Food Service
- Microsoft IT Academy
- Construction
- Career Tech-Ed

Specialized Services

- Odysseyware Online Learning
- GED Preparation
- Open Doors
- Reengagement Program
- Art and Music Programs
- Access to Healthcare
- Access to Behavioral Health

Middle and High School

- Regular Education
- Special Education
- IEP Planning
- 504 Planning
- High School Diploma
- Credit Recovery

Health and Wellness Education

- Therapeutic Recreation
- Certified Peer Support
- Care Coordination
- Community Support

Assertive Community Services

- Intensive Care Coordination
- WISe Services
- Crisis Services

Mental Health and Substance Use Services

- Individual Counseling
- Group Counseling
- Substance Use
- Assessments



Tests and Elective Procedures

Tests

- COVID-19
- Urine Pregnancy Test
- Urinalysis
- Rapid Step Test.
- Flu Swabs
- RSV

Elective Procedures

- Circumcisions (Newborns)
- Splinting
- Aspirations
- Biopsies
- Treatment of ingrown nails
- IUD placements/removals
- Joint-bursa related procedures
- Cyst related procedures
- Trigger point injections

Exams and Procedures

Exams

- Primary Care Visits
- Urgent Care Visits
- Medicare Visits
- Preventive Care
- Annual Wellness Exams
- Well Child Exams
- Sports Physicals
- CLD, AME

Procedures

- Adult immunizations
- Flu shots
- Child Vaccines – no charge
- Uncomplicated wound suture
- Incision/drainage of boils
- Simple fractures
- Nebulizer treatments
- Liquid nitrogen procedures



Integrated Behavioral Health

- Individual Counseling
- Couples and Family Therapy
- Psychiatric Evaluations
- Psychiatric Prescribing
- Medication Monitoring
- Medication Support
- Psychological Testing

Intensive Outpatient Services

- Co-occurring Intensive Outpatient
- Intensive Outpatient (MH/SU)
- Day Treatment

Inpatient Services

- Family Initiated Treatment
- Crisis Stabilization
- Inpatient Psychiatric Care
- ASAM 3.1 Recovery
- ASAM 3.5 Intensive Inpatient
- ASAM 3.7 Secure Withdrawal Management
- Evaluation and Treatment

Professional Services

- Assessment
- Individual Counseling
- Family Therapy
- Psychiatric Evaluations
- Psychiatric Prescribing
- Medication Monitoring
- Medication Support



MEET EXCELSIOR

Mobile Stabilization Resources for Children, Young Adults, and Families

Individualized Services

- 24/7 Warm-line
- Urgent response
- Engagement in the community
- Safety planning

- Stabilization services
 - Respite Continuum of Care (RCC)

- Access to a full continuum of service providers
 - Care coordination expertise across all public systems
 - Connecting families to medical, education, and behavioral health resources
 - Social Determinant of Health resources including transportation, food, clothing, hygiene, and housing & employment support



Respite Continuum of Care

- Wellness focused
- Peer led
- Person and family-centered
- Diversion from crisis system
- Diversion from EMS
- Continuum of Care Services
 - Triage and Safety
 - Mobile
 - In-home
 - Day support
 - Bed-based

Potential focus areas to support Youth and Young Adults (YYA)

- 1. Peers must be eligible to deliver services prior to, or without, a mental health-or-Substance Use (SUD) assessment/diagnosis (HCA-DOH-MCO complexities).**
- 2. RN workforce recruitment and retention strategies for youth behavioral health need to be more robust (supplement monetary incentives).**
- 3. Integrating BH services, RTF licensure requirements, and developmentally appropriate housing for YYA, needs to be piloted (Hybrid RTF Licensure).**