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

Tuesday, October 26, 2021
1:00 – 2:30 p.m.

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

Agenda Items	Notes
Community Agreement	• Community engagement meeting norms shared • Content warning shared • Land acknowledgement

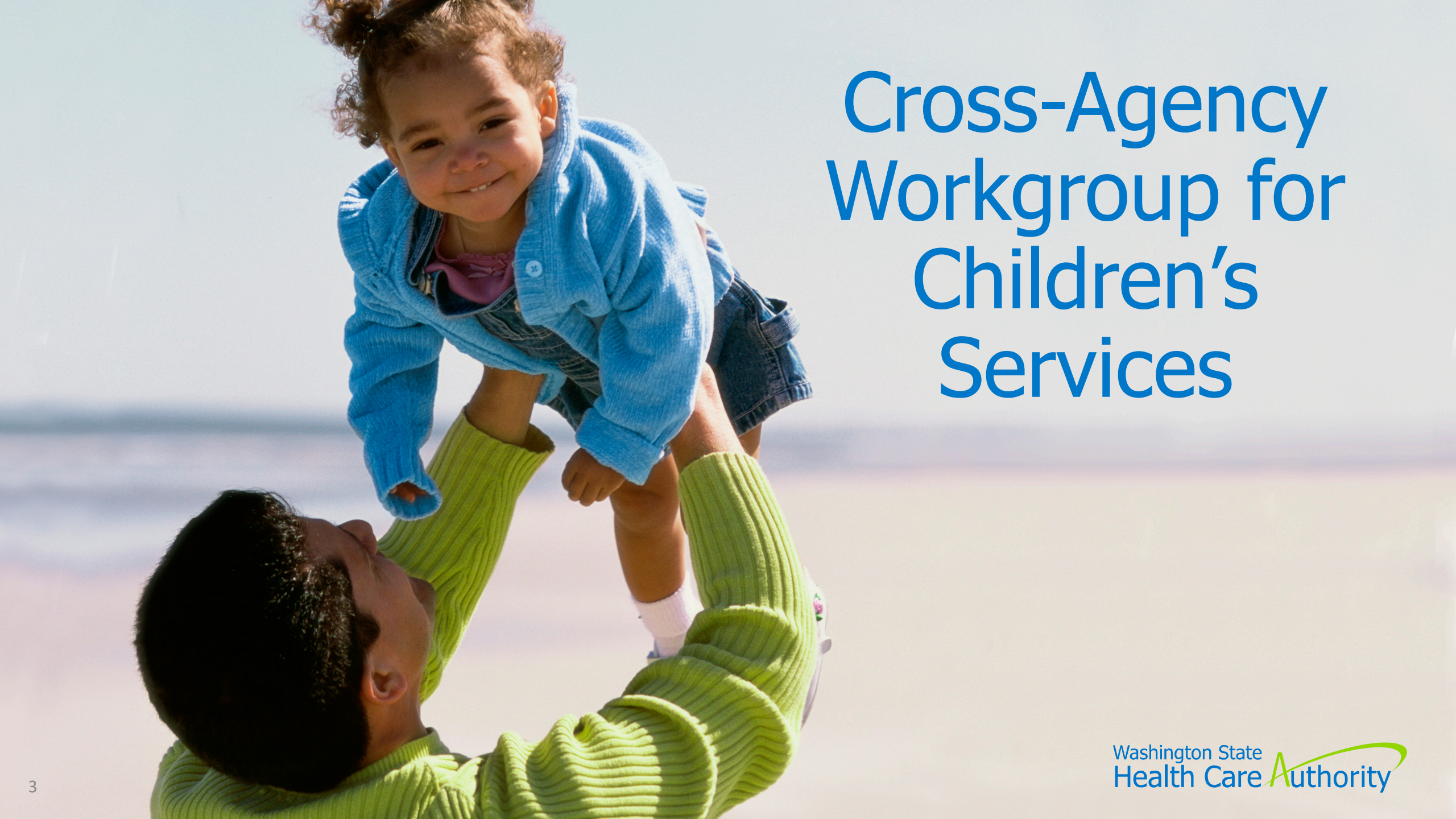
Cross-Agency Workgroup for Children's Services	**Jason McGill & Kathleen Donlin**, Medicaid Programs Division, HCA
	Participating in Q&A:
	Jenny Heddin & Barb Putnam, DCYF
	Nichole Jensen & Beth Kreibel, Developmental Disabilities Administration, DSHS
	See page 3 for slides.
	Highlights:
	• The cross-agency workgroup is addressing service delivery issues for children with complex needs in placement, or at risk of placement, within the child welfare system.
	• Created Multi Agency rounds to focus on, individual cases where the youth are experiencing barriers between stakeholders, multiagency and system levels.
	• Department of Children, Youth and Families (DCYF), Developmental Disabilities Administration (DDA), and Health Care Authority (HCA) meet weekly.
	  ○ DCYF brings specific, or extreme cases that present barriers to child/youth in dependency, at risk, or extreme situations.
	• Started at cabinet level; mostly Transition Age Youth (TAY) of 16-25 brought forward by Coordinated Care of Washington (CCW) to move barriers.
	• DDA
	  ○ 50K eligible clients; 35K receiving paid service. Caseload skewed toward younger – 50% under 21.
	• Foster Care
	  ○ 7K-8K kids in care at a time.
	  ○ 25% of foster care population has significant health issue/developmental disability/BH issues.
	Discussion Q / A:
	• Is there an opportunity to expand this group to include looking at housing stability and homelessness? Can the office of homeless youth participate?
	  ○ **Jason** - Yes, keeping in mind HIPAA laws and issues that may come of it. We have brought other plans forward, so may be able to collaborate.
	• What are the ways that system partners can be involved?
	  ○ **Jason** - We are continuing to refine relationships and look at service level agreements. Process at work to continually improve and identify who does what or adjust to close the gaps as identified.
	• When talking about youth and families, are we including unaccompanied youth?
	  ○ **Jenny & Barb** - Looking at developing internal work groups to identify and make sure homelessness/ unaccompanied youth gaps and needs are identified and part of the youth continuum needs.

	• Hotel stays – young people refusing placement? Has this come up? What solutions?
	  ○ **Jenny & Barb** - Some cases similar have been addressed. Working on developing new program for placement around supportive housing model for 16- and 17-year-old.
	  ○ Looking at how to better match youth for placement.
	• On occasions law makers hear directly from youth and families. What is the best way to connect?
	  ○ **Kathleen** - Via e-mail. Let them know of situations.
	• Gap still identified; Who is at risk and how do we define "at risk"?
	  ○ Challenging to find a definition, we see children falling through cracks.
	  ○ Youth living independently are not considered dependents, so this is a loophole for this population.

Questions about WISe	Gathered questions for HCA WISe team: • What does WISe define as "within scope" and "out of scope"? • Why does FIT not apply to CLIP? • What is your role in "stepping down" from inpatient and CLIP services or other systems of care? • When you think about populations that are challenging to serve, what would support your teams? (Specialized trainings like ECHO programs? access to resources?) • Would you share demographic data? It would be helpful if they shared how the program may look different for different ages, populations, and geographies/regions (I understand programs differ substantially by region) • What are the regional differences-not just quality but also program parameters etc.? • What is the data on outcomes including homelessness? • how are the workforce shortages impacting the WISe program? • What are the waitlists for WISe by region? • How do you help transition youth out when they don't have services, need for dual authorization for intense services?

Attendees:

Kashi Arora, Seattle Children's Hospital
Rachel Burke, Health Care Authority (HCA)
Dr. Phyllis Cavens, Child and Adolescent Clinic
Thalia Cronin, Community Health Plan of Washington (CHPW)
Becky Daughtry, HCA
Kathleen Donlin, HCA
Jessie Friedmann, YouthCare
Jenny Heddin, Department of Children, Youth & Families (DCYF)
Libby Hein, Molina Healthcare
Charlotte Janovyak, Legislative Staff
Nicole Jensen, Department of Social & Health Services (DSHS)
Kim Justice, Office of Homeless Youth
Beth Krehbiel, Developmental Disabilities Administration (DSHS)
Kat Lohman, Skagit Valley Family YMCA
Jason McGill, HCA
Taku Mineshita, (DCYF)
Kristen Prentice, Sea Mar Clinic
Barb Putnam, DCYF
Ted Ryle, DCYF
Noah Seidel, Developmental Disabilities Ombuds
Kacie Smarjesse, DSHS, DDA
Christian Stark, Office of Superintendent of Public Instruction (OSPI)
Jim Theofelis, NorthStar Advocates
Megan Veith, Building Changes
Liz Venuto, HCA
Cynthia Wiek, HCA
Greg Williamson, DCYF
Cesar Zatarain, HCA



Cross-Agency Workgroup for Children's Services

Washington State Health Care Authority

Work group building off prior work such as HHS subcabinet and legislation from 2021:

- **HHS Sub cabinet** work led to substantial organization and policy/program framework
- **CLIP HMH** (Habilitation Mental Health) - Expands the scope of CLIP by offering a specific inpatient unit designed to serve youth with behavioral health diagnoses and Intellectual and Developmental (I/DD) needs
- **ECHO (Extension for Community Health Outcomes) I/DD** - Designed to provide training using experts from University of Washington and Seattle Children's Autism Center and other organizations, for community health providers who work with children and youth with I/DD and behavioral health needs.
  - Three ECHO offerings:
    1. WISe (Wrap Around with Intensive Services)
    2. Medication Management for youth with I/DD and co-occurring behavioral health diagnoses (new to begin early 2022)
    3. Resources and Resource Navigation (new to begin January 2022)

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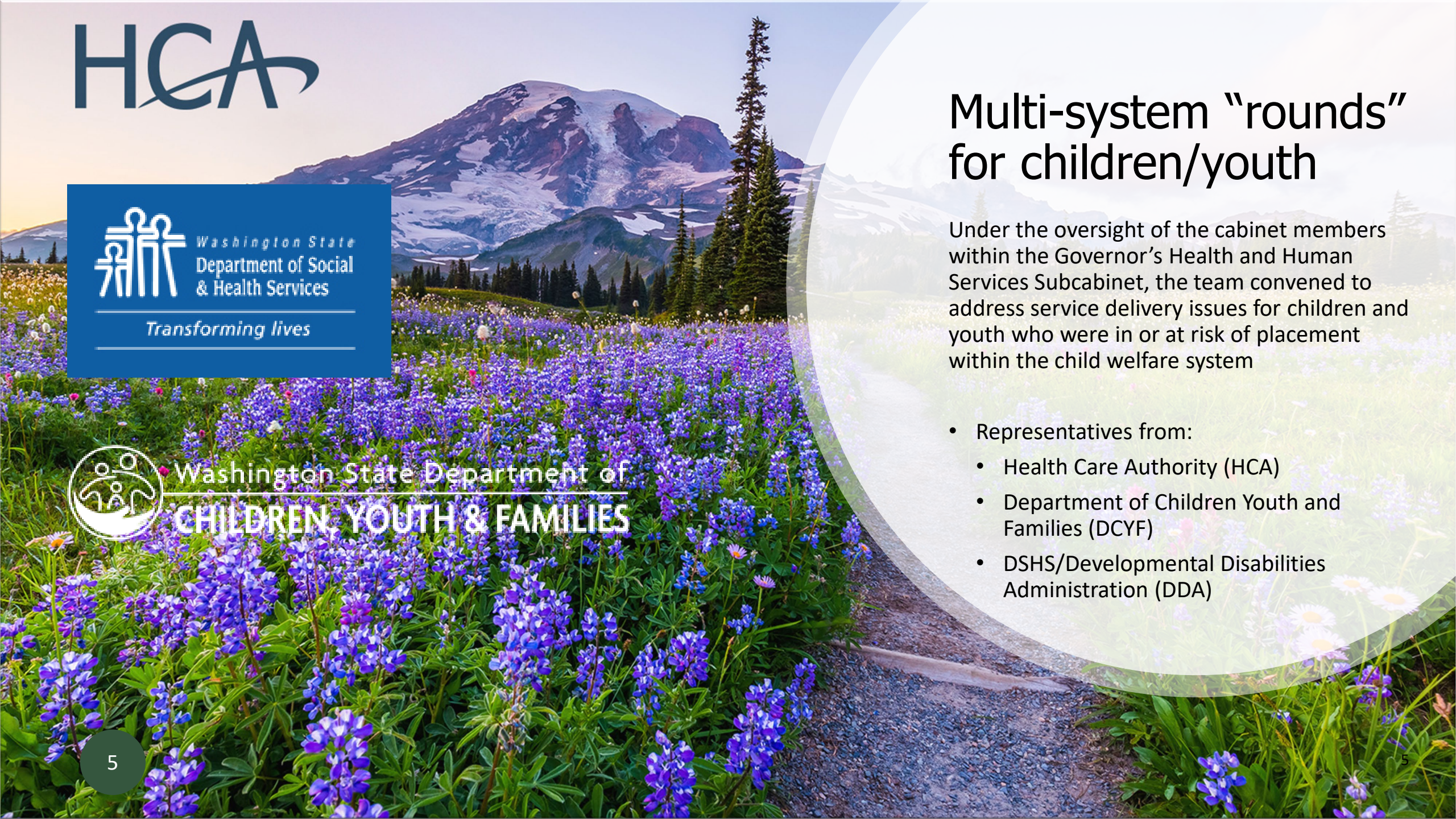

Multi-system "rounds" for children/youth

Under the oversight of the cabinet members within the Governor's Health and Human Services Subcabinet, the team convened to address service delivery issues for children and youth who were in or at risk of placement within the child welfare system

- Representatives from:
  - Health Care Authority (HCA)
  - Department of Children Youth and Families (DCYF)
  - DSHS/Developmental Disabilities Administration (DDA)

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Agency	Role
Health Care Authority (HCA)	Washington State's Medicaid agency purchasing and providing behavioral and physical health care for eligible Washington State residents, typically provided through Apple Health (Medicaid) Managed Care Organizations (MCOs) (700K+ children and 66K SCHIP coverage = 42% total population of 2.1M under 19 yo/ 10% 19-25 yo)
Department of Children Youth and Families (DCYF)	Cabinet-level agency focused on safety and well-being of children, including foster care
Developmental Disabilities Administration (DDA)	Agency serving individuals throughout their lifespan with developmental or intellectual disabilities

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Goals of Cross-Agency Work

- Identify barriers to care and solutions to removing them
- Multi-agency involvement to close any gaps which exist between child-serving agencies: DCYF, DDA, HCA
  - Develop working relationships to partner closely at all levels of each of the organizations (field level, regional, headquarters)
  - Develop escalation processes to support quick resolution at the lowest level
  - Ensure partnerships and expertise as needed (HCA = health care system; DCYF child welfare; DDA = I/DD system)
- Leverage the information identified from children and youth currently experiencing barriers to improve the system and prevent reoccurrence for future children and youth

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Multi-Agency Rounds

- HCA, DCYF, DDA, and MCOs attend weekly case presentations
- Children/youth-specific barriers presented to identify both system-level and child/youth-level solutions:
  - System-level work targets barriers and solutions to prevent reoccurrence for future children/youth
  - Child/youth-level work focuses on problem-solving across the agencies to reduce barriers to timely and appropriate care and supports
- Types of situations presented: Children with complex service and support needs across multiple systems (i.e., DCYF, DDA, and Medicaid), who may be in a dependency with DCYF or at risk of being in a dependency, and who are experiencing extreme or unusual barriers to care where field level problem-solving has not removed barriers so escalation to leadership is recommended.
- Frequency: HCA, DCYF, DDA, and applicable MCO attend once a week. Multi-Agency Rounds are in addition to existing case staffing's and other care coordination meetings occurring.

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Multi-Agency Rounds: Accomplishments to date

- Child/youth level resolution:
  - Cases have resulted in the provision of supports and services individualized and appropriate for the youth in crisis.
  - Currently 15 youth have moved from Multi-Agency Rounds as resolution has occurred as a result or youth no longer require this level of escalation due to multiagency work
  - Individual story: Kathleen will present individual story.

Multi-Agency Rounds: Accomplishments to date

- System level ideas and solutions:
  - List of system challenges identified and updated/revised weekly
  - The team creates subgroups and additional workstreams to address
  - Cross-team communication about related legislation and multi-agency supported decision packages in process
  - Charter between DCYF-DDA-HCA with interagency collaboration for children and youth, which is intended to:
    - Identify children and youth who require cross-agency services and collaborate and provide support in a timely manner
    - Identify solutions which may involve single-case agreements, client specific contracts or other innovative focused to utilize cross-agency systems
  - Expanded escalation processes/pathways developed within DCYF and DDA
    - Work in process to ensure expectations/communications are aligned across each agency
    - Keep work at lowest level possible to ensure quicker resolution
- Agenda topics include the use of “Parking Lot” items to:
  - Target system solutions
  - Led to decision packages
  - Service Level Agreements between agencies targeted on system solutions

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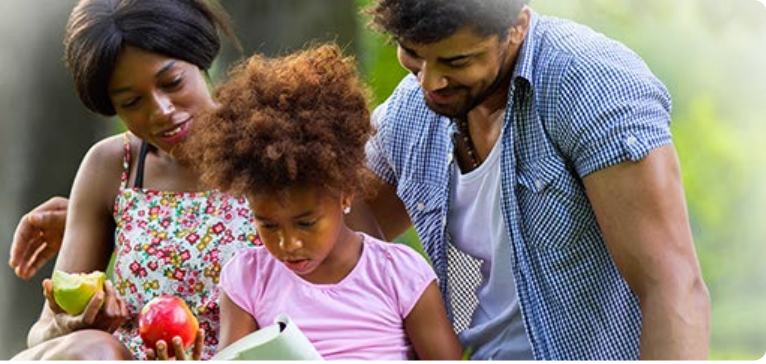
Led to Multi-agency Proposed Decision Packages for 2022: *Continuum of Care*



- **Continuum of Care**
  Residential Crisis Stabilization Program (RCSP). Supports short-term crisis stabilization with a no wrong door approach for children with multiple behavioral health needs
- **CLIP**
  Expansion of the CLIP system, adding 42 additional contracted CLIP beds (non-CSTC) that allow CLIP treatment to be provided closer to children's and youth's homes and communities. It would be funding 51 additional community CLIP beds to address the current system overspend due to demand.
- **Other agency priorities:** DCYF and DDA have specific priorities and decision packages supporting Continuum of Care; HCA focusing on transitional age youth and work related to 1115 waiver e.g. continuous eligibility 0-6; integrated eligibility, K12 BH etc.

DP: Placement Stabilization for Youth with High Levels of Service Needs

- Additional resources to:
  - Increase rates to Behavioral Rehabilitation Services (BRS) providers to stabilize work force and increase availability of Treatment Foster Care Homes
  - Address the inadequacy of the case aide hourly rate
  - Provide regular shared planning meetings to address challenges and barriers for youth with high levels of service needs
  - Develop a supportive housing placement option for youth ages 16-17 which supports them to transition into independent living when they turn 18 (potential pilot program.)

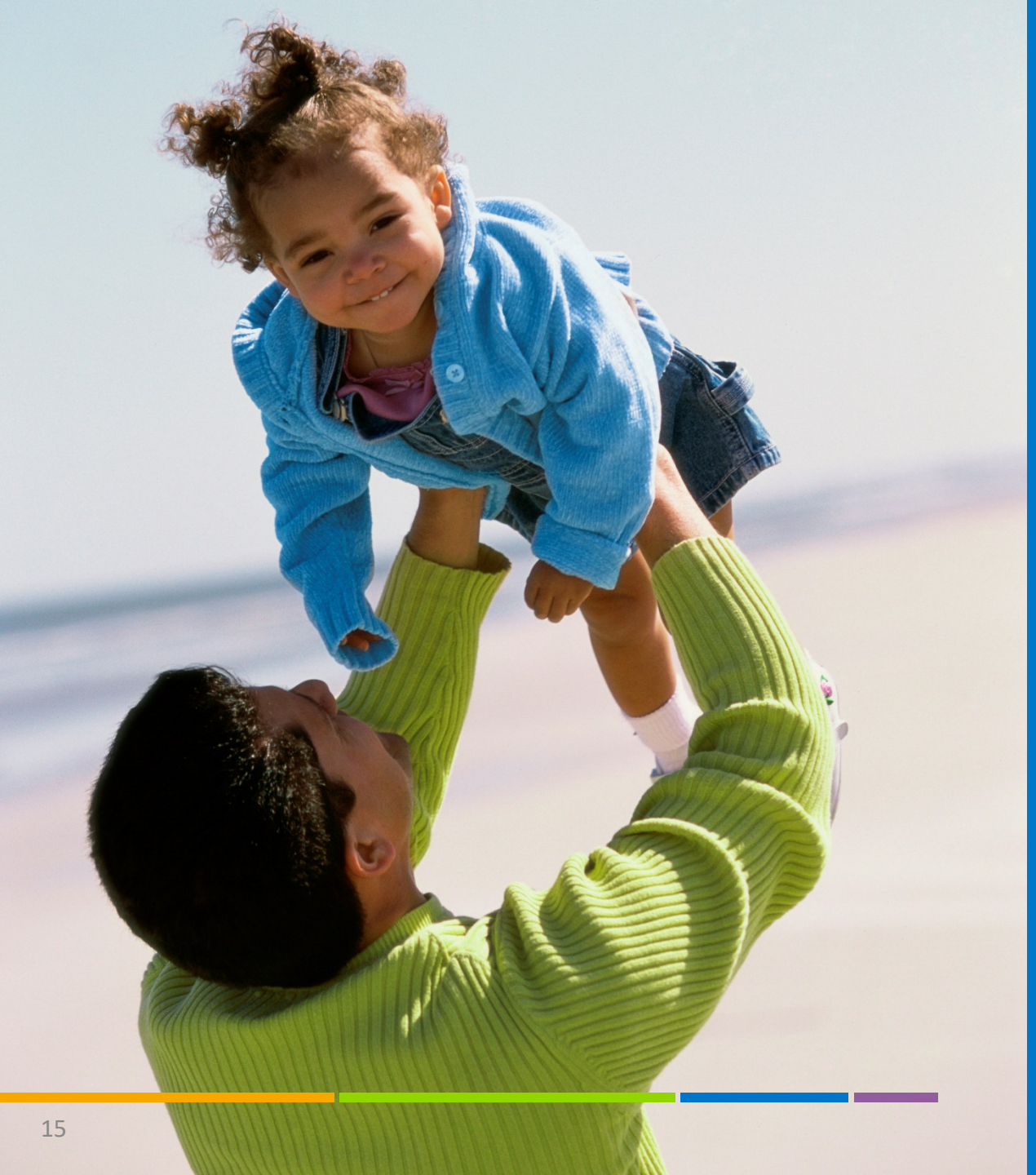
DSHS/DDA DP: Support to WA's Continuum of Care for children and youth with I/DD

- **Intensive Habilitation Services (IHS):**
  - Two contracted three bed facilities
  - Short-term stabilization services (up to 90 days)
  - DDA eligible clients between the ages of 8-20
  - Support children to acquire, retain, and improve upon self-help, socialization, and adaptive skills.
  - Supportive family model with a strong teaching and training component
- **Enhanced Out-of-Home Services (E-OHS):**
  - Six contracted three bed facilities
  - Long-term residential support for children and youth who are discharging from inpatient care such as CLIP, psychiatric hospitalization, or residential treatment facilities located out-of-state.
  - Equipped with staff who have specialized training and expertise in positive behavior support principles, therapeutic de-escalation techniques, and treatment modalities such as Dialectical Behavior Therapy (DBT) or Applied Behavior Analysis (ABA).
  - Model supports children receiving services in home and community-based settings, in lieu of institutional care.

Note: Additional community supports for children, whether it is short or long-term, are needed to continue to build the infrastructure in WA to promote a comprehensive continuum of care for individual with Intellectual and Developmental Disabilities and their families with a goal to reduce unnecessary admission to acute care hospitals, single night foster home placements, hotel stays, and out-of-state services.

Other Potential Areas of Focus (not developed for further action at this point)

- Increase Access to Applied Behavior Analysis (ABA) Providers (by increasing rates for Board Certified Behavior Analysts (BCBAs) who are trained/prepared to manage children with severe behavior disorders. Include contract dollars for training or classes by Seattle Children's Autism Center that are CEU eligible to prepare these professionals to meet the demand for access to these specialized services.
  - This includes those with self-injurious behaviors and soft tissue damage to others. Included contract dollars for training or classes that were Continuing Education Unit (CEU) eligible)
- Increase the rate for ABA technicians. There has been no rate increase since 2012 when the program was implemented, and we are in the lowest four payers of the state Medicaid agencies that now cover this service for kids.
- Developing continuum of care for the treatment of autism and self-injurious or assaultive behaviors: inpatient hospital setting, a Partial Hospitalization Program (PHP) and community center-based care for intensive behavioral assessment and treatment. Funding would be required for the partial hospitalization and the community center model. Inpatient care and home/clinic-ABA services are already a covered Medicaid benefit.
- Create Family Engagement Supports - requested funding for a contract with a consultant that would make recommendations for a program to support families.
- **Note:** More CLIP HMH beds will likely be necessary, but we need to implement the initial 12-bed authorization first, then assess; and we need to focus on the CLIP package.



Washington State Department of CHILDREN, YOUTH & FAMILIES

Questions?

Washington State Department of Social & Health Services
Transforming lives

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