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

Tuesday, November 9, 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 Content warning Land acknowledgment 									
HCA Update on WISe	Tina Burrell, Paul Davis, Patty King & Kari Samuel , Washington State Health Care Authority, Division of Behavioral Health and Recovery, Prenatal to 25 Lifespan Behavioral Health.									
Wrap-around with	See page 3 for slides.									
Intensive Services	Highlights:									
	 Youth/individuals participate in WISe an average of 9 months. Currently, around 3000 youth/individuals participating monthly and would like to increase to approximately 3345. 82 WISe sites across the state; 50 lead agencies. Need to grow more WISe teams and increase BH providers. To be at full capacity, 30-35 more teams are needed. 3 regions have high needs. (Thurston-Mason, North Sound, Southwest Washington) Workforce Shortage - Point in time – March 2021 – 120 openings in the WISe program across the state. WISe program includes care coordination to help with linkages: Respite care, DDA, behavioral analysis. Want to expand WISe to work more with co-occurring needs. Partners in WISe – Youth, Family & Providers When the workforce shortage started in 2014, MCOs, RSNs, ASOs worked to gain providers by offering signing bonuses and other incentives. 24 hr. response – high burnout position. Difficulty attracting the capacity that is needed, exacerbated by Covid. Workforce shortage and turnover affects every role. No established case load when it comes to WISe, only for care coordination. Workforce shortages include family and youth peers. Study showed MCOs – 60% of providers responded to a survey and indicated that 30 youth positions and 17 parent positions were unfilled. All providers required to use the WISe manual. Increase youth and family Certified Peer Counseling (CPC) trainings. We have traditionally offered 6 but this year will do 9 trainings thanks to federal grant money. Standard CPC trainings once per month are open to WISe peers. Preferred option is youth and family CPC training. 									

Discussion Q / A

- How is WISe connected to the governance structure, which includes FYSPRT and the CYBHWG? Why the lack of participation in some regions and value in FYSPRT?
 - Will consult with Kris Royal and get back to the group.
- Are there separate trainings for youth peer and family peer training?
 - o No, there is one training; peer and family are done together.
- How is the new project of Center of Parent Excellence (COPE) funded?
 - Through Mental Health Block Grant Funds.
- Challenges with finding and getting into the training within the time frame to be able to get the funds has been hard. What can we do to get more trainings?
 - This fiscal year funding was secured to move the number of trainings up to 9, with the goal in the future of being able to have one every month of the year.
 - There is an additional challenge with having limited personnel who can do the trainings, so workforce needs must be addressed.
- What would make it easier to recruit and retain people?
 - Need to increase pay.
 - Keeping people engaged by feeling they have the skills to do their work the right way.
 - Friends of youth and SPARK are collaborating to create an on-ramp for the youth peer profession.
- Immigrant child (recent 2-3 months ago) qualified for basic Medicaid but not WISe. In 2022, will children with this status be eligible for WISe?
 - Recent settlement agreement to open access but further details need to be figured out.

Chat:

WISe Quality Management Plan

Attendees

Kashi Arora, Seattle Children's
Rachel Burke, Health Care Authority (HCA)
Tina Burrell, HCA
Diana Cockrell, HCA
Alice Coil, Department of Children, Youth and
Families (DCYF)
Becky Daughtry, HCA
Paul Davis, HCA
Libby Hein, Molina Healthcare
Andrew Hill, Excelsior Wellness
Charlotte Janovyak, Legislative Staff
Patty King, HCA

Annette Klinefelter, A+K Ingenuity
Enos Mbajah, HCA
LaTonya Rogers, Behavioral Health Administrative Services
Organization
Kari Samuel, Health Care Authority (HCA)
Christian Stark, Office of Superintendent of Public
Instruction (OSPI)
Sandy Tomlin, King County Behavioral Health Recovery
Division
Cesar Zatarain, HCA



Overview of Current WISe Projects



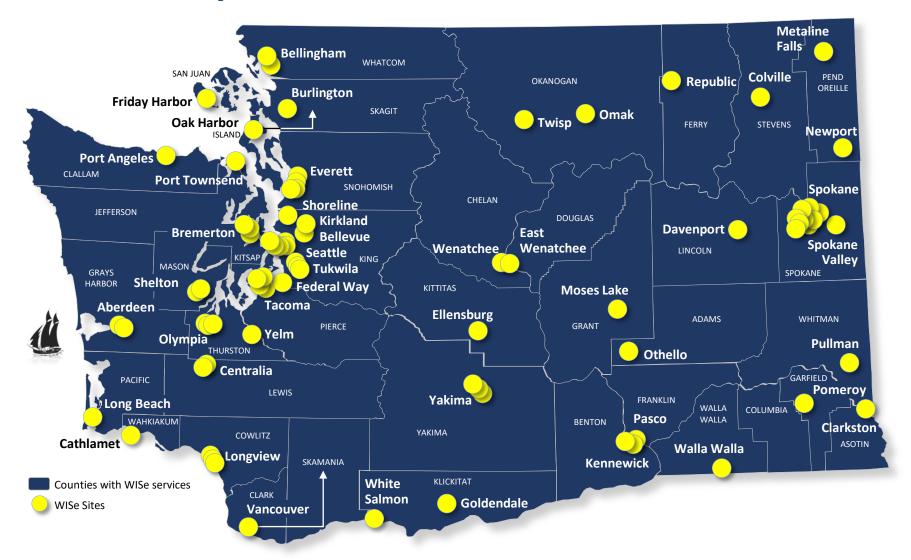
WISe service array examples

- WISe is:
 - Available to youth who are Medicaid eligible
 - Team-based
 - 24/7 outpatient crisis response
 - Built on wraparound principles and values
 - Focused on medically necessary behavioral health services, such as:
 - Individual therapy
 - Group therapy
 - Medication management
 - Family therapy
 - Peer support
 - Psychoeducation

- WISe is not:
 - Personal care services (DDA)
 - Respite (DDA)
 - Applied Behavioral Analysis
 - Substance Use Disorder treatment
 - Physical health & dental services
 - Educational services
 - Community & enrichment programs



WISe provider sites as of November 2021





Next steps for the current biennium

Mobile Crisis Response

- Bolster and sustain crisis services to eligible youth by:
 - Ensuring all new WISe providers are required to complete the crisis training curriculum that began in 2018 and develop a plan to provide the training to all existing providers
 - Modifying the basic WISe training to include trauma-focused strategies, safety plans and responses



Next steps for the current biennium

Transition Age Youth (18–20-year-olds)

- Increase access to WISe services by addressing the following:
 - Evaluate adding incentives for increasing screening and capacity for specialty providers (TAY/Homeless and co-occurring SUD or DD)
 - Evaluate setting targets or goals for increased screening and increased WISe enrollment
 - Improving access for youth with co-occurring substance use disorder needs
 - Developing and enhancing WISe providers' community connections with TAY; finding ways to integrate WISe services into other TAY programs and resources



Peer Support and Resources





Youth and Parent Partners in WISe

Workforce

- Workforce shortages and turnover affect every role on WISe teams
- WISe Workforce Survey (March 2021, conducted by MCOs)
 - Of the 50 WISe providers in Washington, 30 responded (60%)
 - Youth peers 31 positions open
 - Parent partners 17 positions open
- There is a high demand for Youth and Family CPC trainings currently.
 - We have traditionally offered 6 but this year will do 9 trainings thanks to federal grant money
 - Standard CPC trainings once per month are open to WISe peers
 - Preferred option is youth and family CPC training

Caseload

No established caseload limits for peers or therapists, only for Care Coordinators



Transitions out of WISe

How do you help transition youth out when they don't have services, need for dual authorization for intense services?

- Outpatient therapy when appropriate
- During their time with WISe, focus on building community supports which can include cross system, recreation, educational and natural supports
- Natural/community supports will likely be a focus and utilized in the transition plan.



Transitions out of WISe

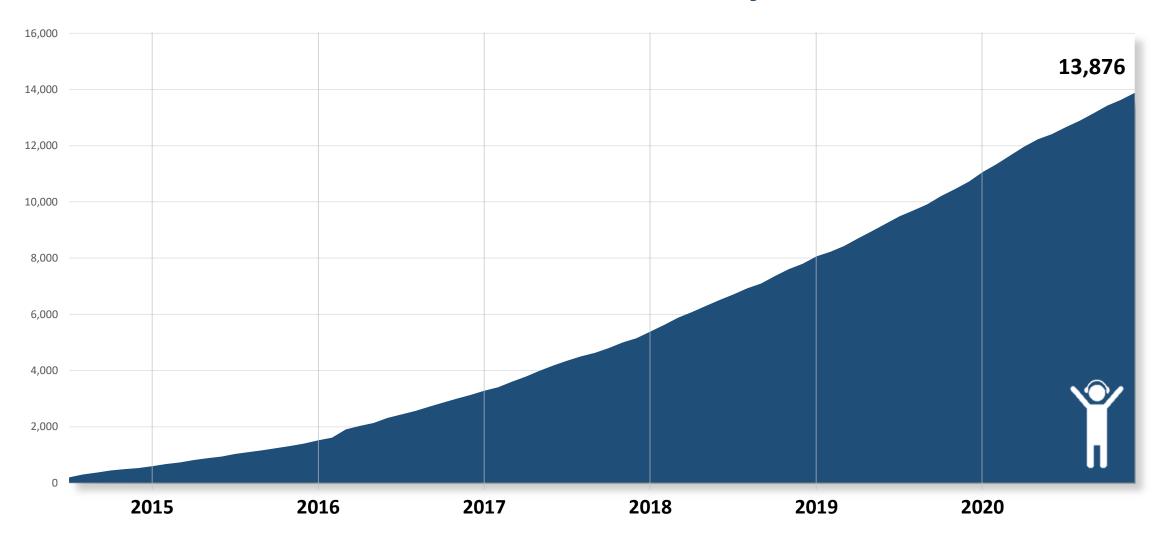
The Center of Parent Excellence (COPE) Project is a new support resource

- Regular parent support groups in each region
- Parent Empowering Parents training available spring and summer 2022
- One to one support by lead parent support specialists as needed during transition



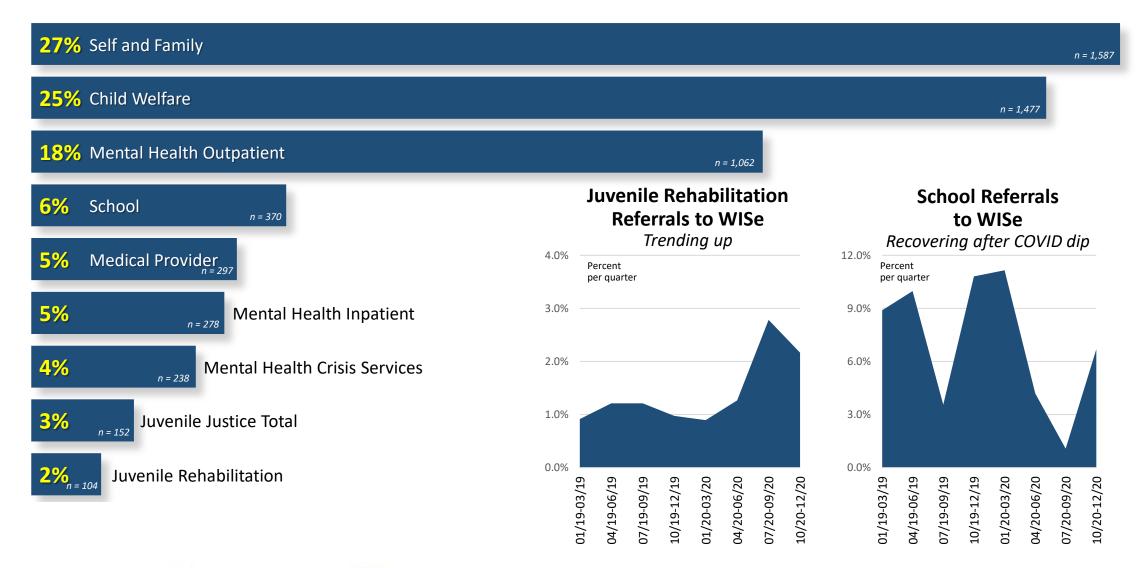
WISe Data and Outcomes

WISe has served more than 13,000 youth since 2014





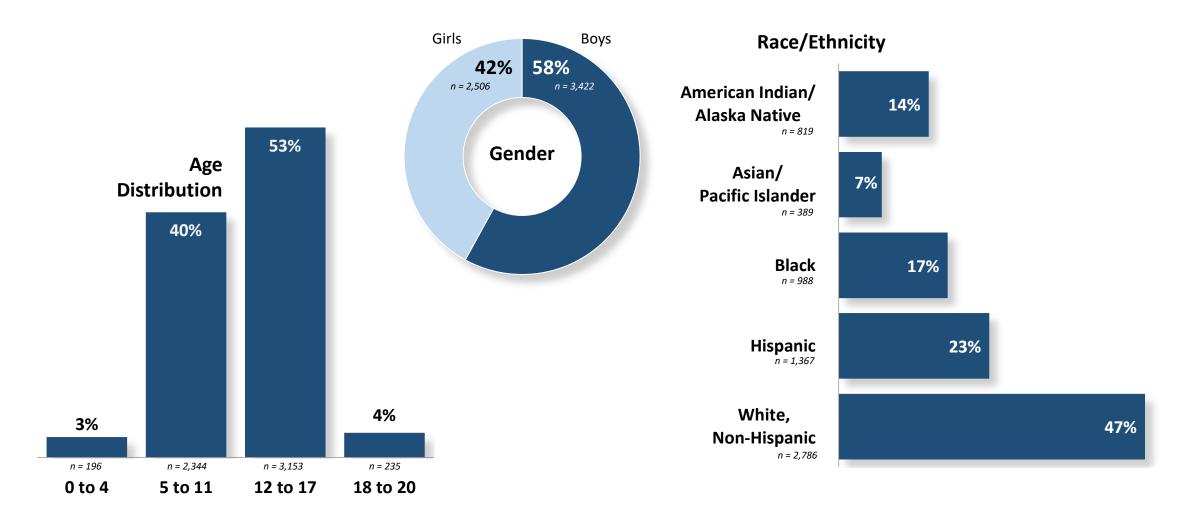
Referral sources for WISe screens in 2020





Demographics of WISe clients

Jul 2019 - Jun 2020





WISe clients are a high-needs population, with significant risk factors and cross-system involvement

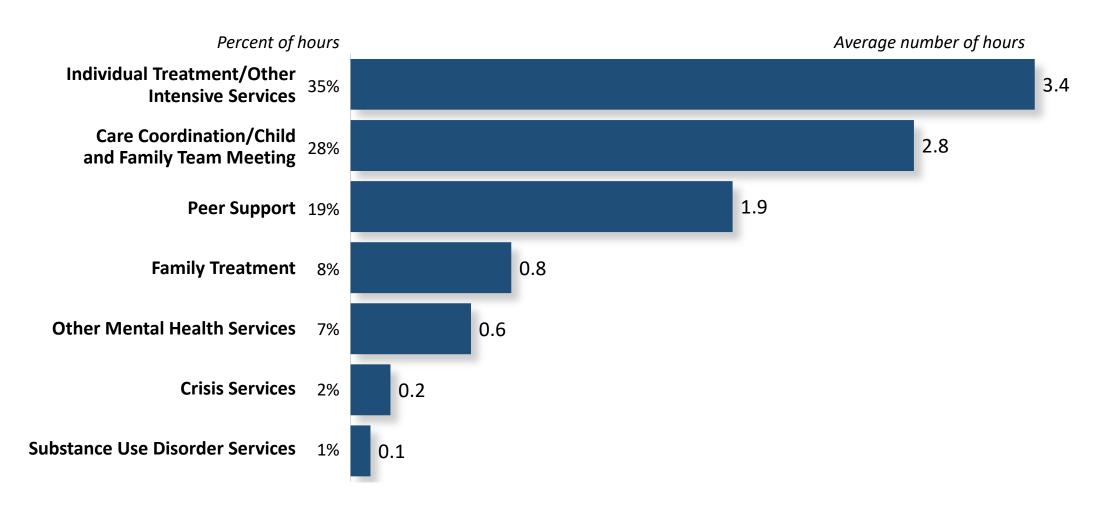
Characteristics of WISe Clients Served Jul 2019 – Jun 2020

▶ 12-months *prior* to WISe participation:



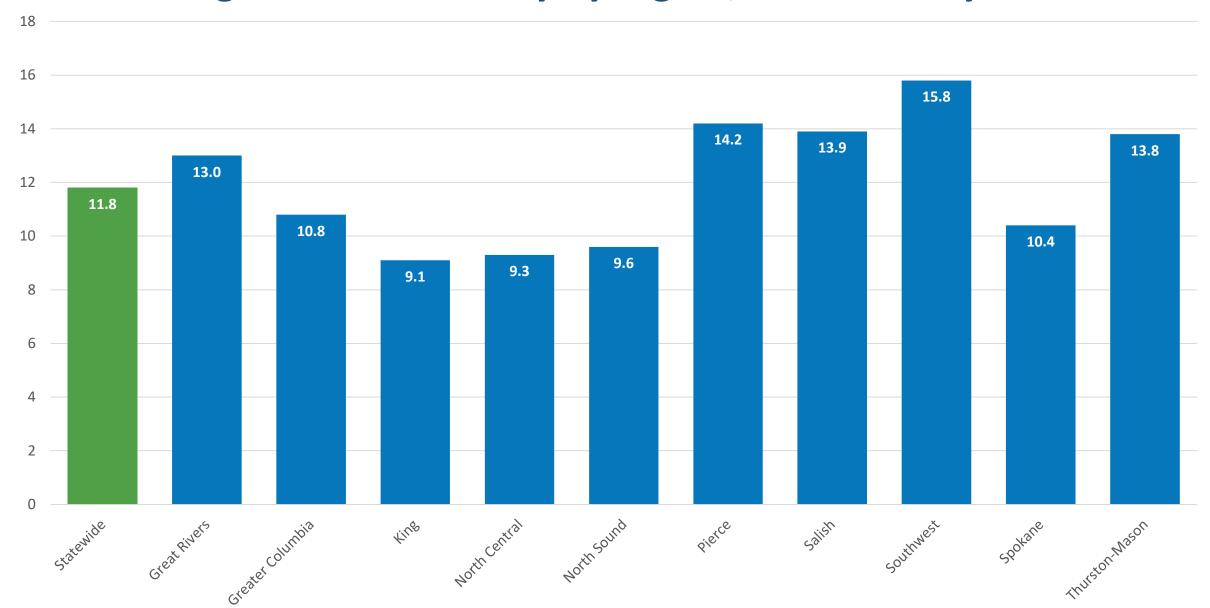


WISe provided 10 Service hours per client per month on average in SFY 2020

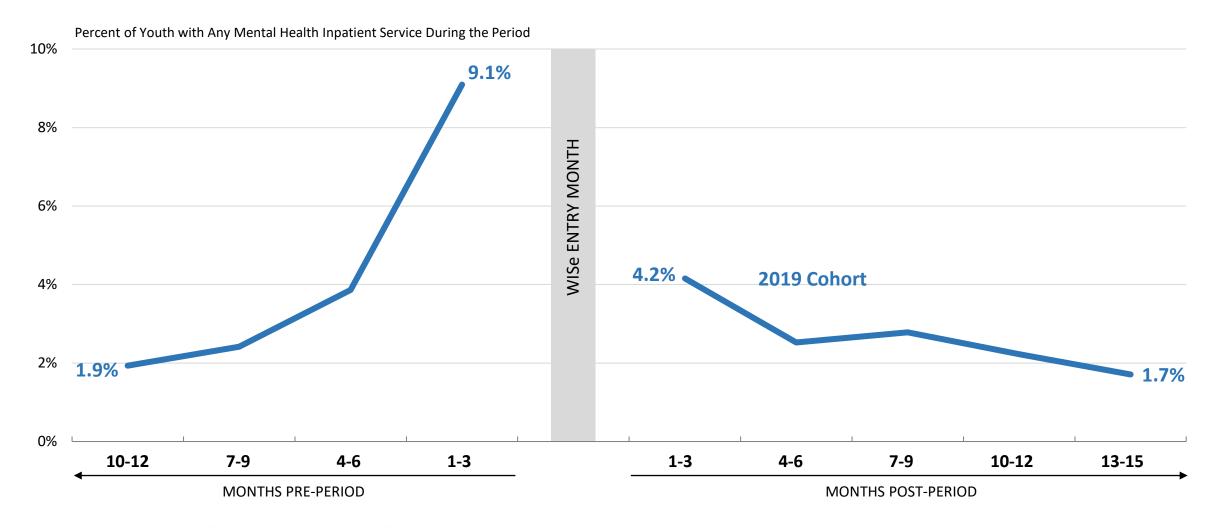




Average service intensity by region, as of January 2021

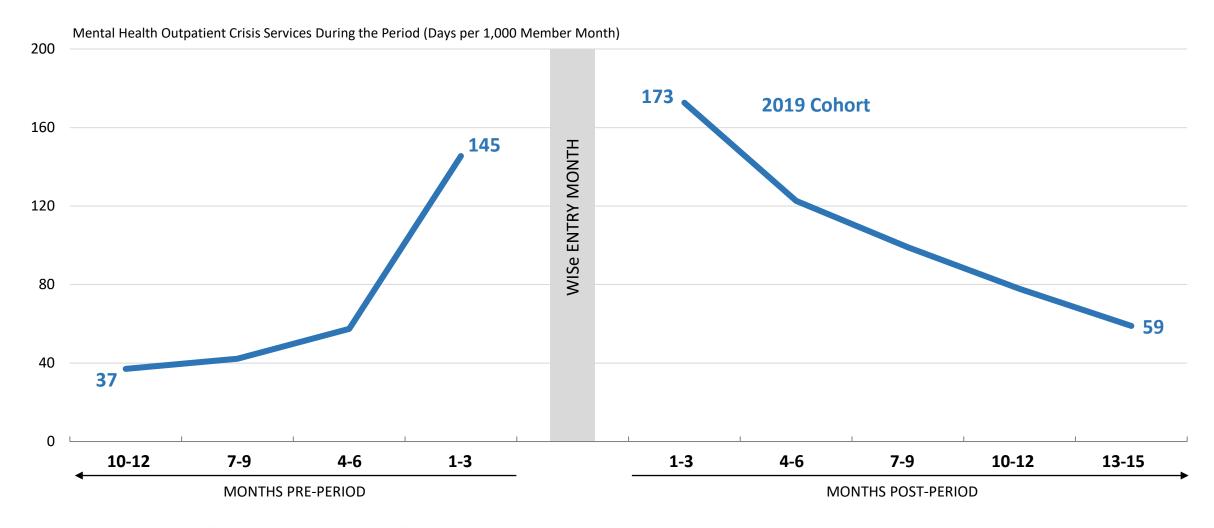


Mental health inpatient service utilization decreases following WISe entry



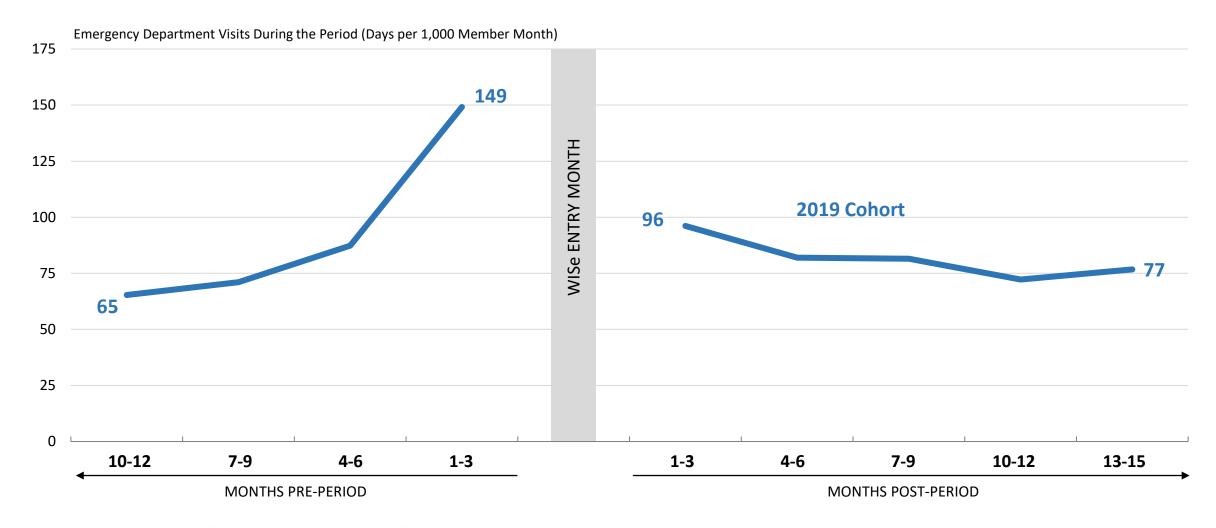


Mental health crisis services increase temporarily, then decrease following WISe entry



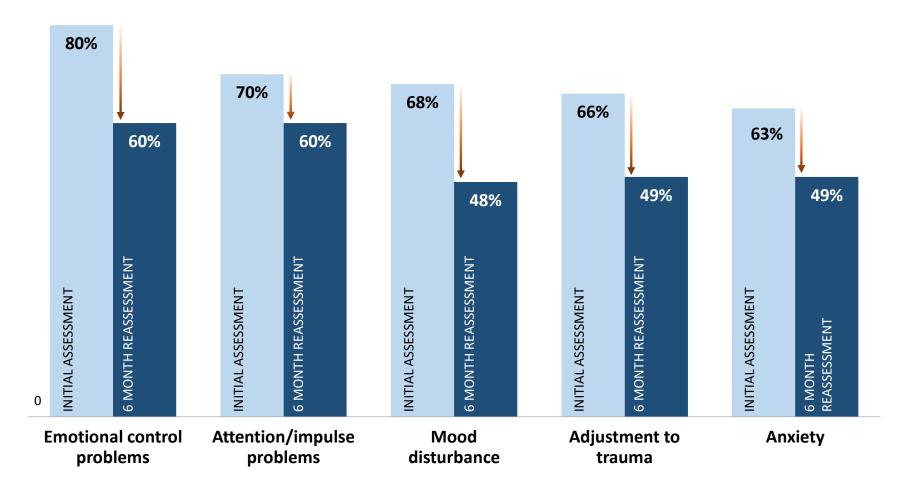


Emergency Department utilization decreases following WISe entry



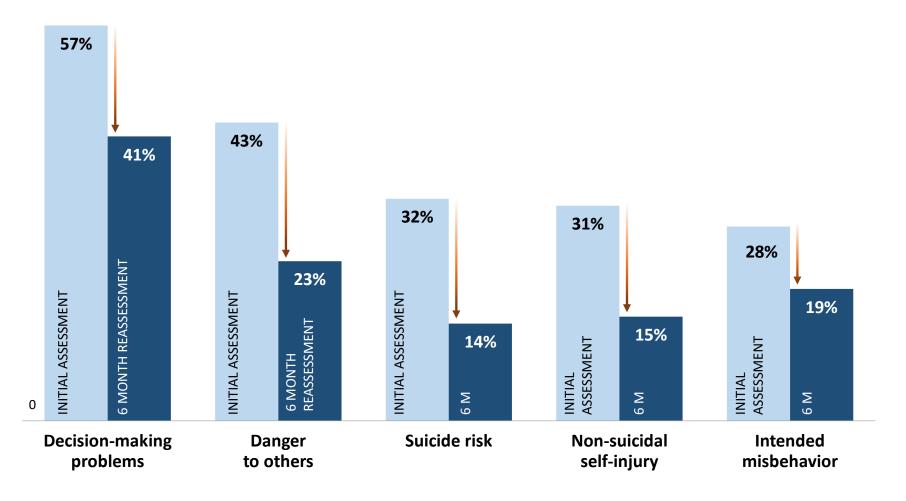


Behavioral and emotional needs decrease after 6 months in WISe



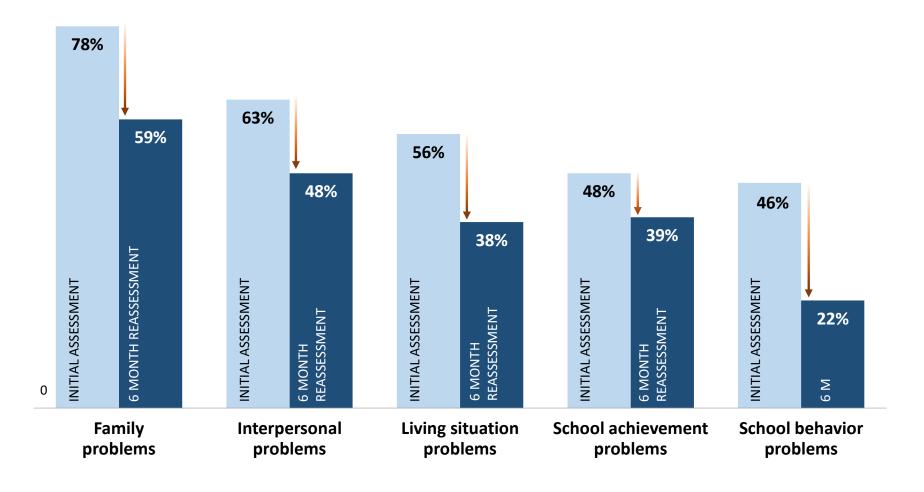


Risk factors decrease after 6 months in WISe



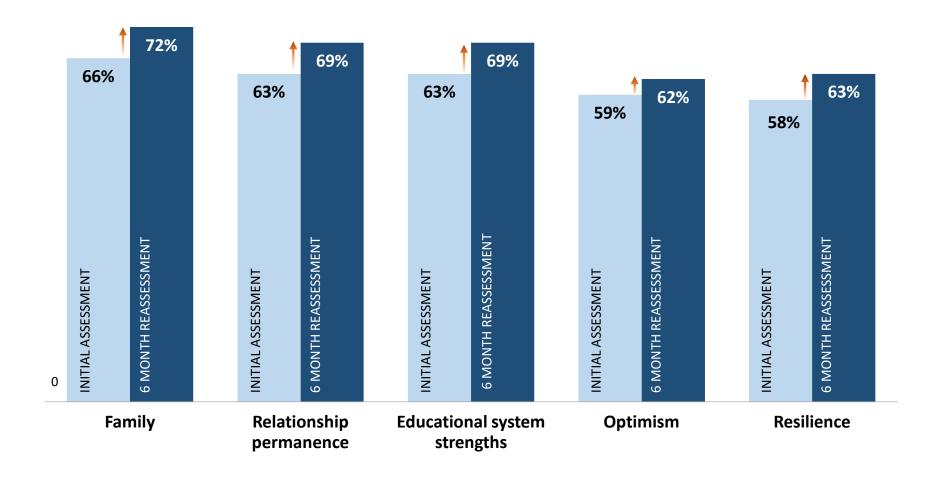


Problems with life domain functioning decrease after 6 months in WISe





Child and youth strengths increase after 6 months in WISe





WISe Special Initiatives

Overview of WISe focused projects for SFY22

- WISe and Tribes Curriculum Adaptation Workgroup
- Developing culturally specific WISe adaptations
- WISe and TAY pilot sites, may expand number of sites in 2022
- Youth Peer Workforce Development projects such as Students Providing and Receiving Knowledge (SPARK)
 - SPARK is bringing their program to youth in DCYF Juvenile Rehabilitation facilities
- Project ECHO to enhance ASD/IDD treatment capacity
- Implementation of a WISe and Autism Spectrum Disorder Specialty Team project



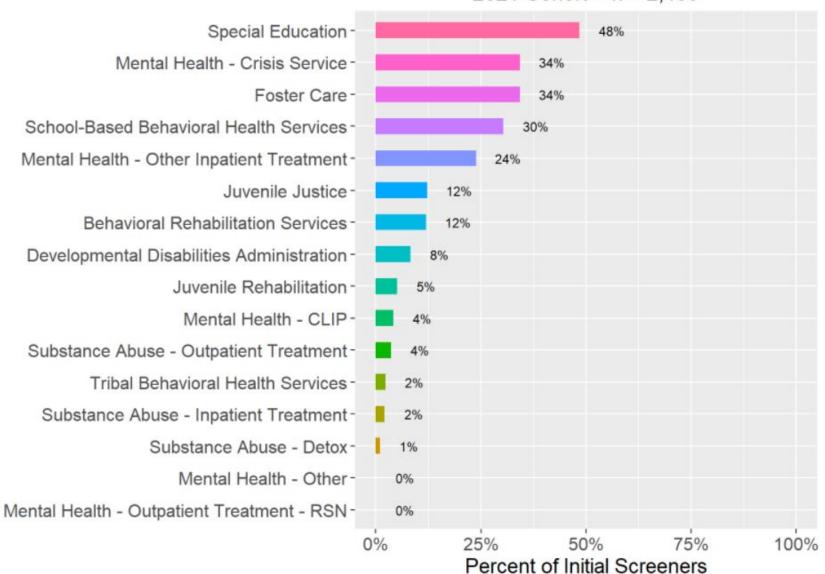
Demographic and Geographic Characteristics

	SCREENED for WISe							SERVED by WISe				
	ALL YOUTH		SUBGROUP		SUBGROUP		SUBGROUP		ALL YOUTH			
	SCREENED FOR WISe SERVICES				Referral Outcome: CLIP/BRS		Referral Outcome: WISe		RECEIVING WISe SERVICES		WISe PROXY (SFY 2015)	
	PERCENT		PERCENT		PERCENT		PERCENT		PERCENT		PERCENT	
	NUMBER	OF TOTAL	NUMBER	OF TOTAL	NUMBER	OF TOTAL	NUMBER	OF TOTAL	NUMBER	OF TOTAL	NUMBER	OF TOTAL
Gender												
Female	2,279	45.1%	259	41.9%	63	29.3%	1,957	46.4%	2,714	43.7%	12,102	48.2%
Male	2,772	54.9%	359	58.1%	152	70.7%	2,261	53.6%	3,497	56.3%	12,988	51.8%
Age Group			,	2		1			240	0.504	007	2.224
0-4	230	4.6%	2	2		1	201	4.8%	219	3.5%	807	3.2%
5-11	1,906	37.7%	253	40.9%	57	26.5%	1,596	37.8%	2,419	38.9%	5,269	21.0%
12-17	2,735	54.1%	309 ²	50.0%	138	64.2%	2,288	54.2%	3,310	53.3%	13,275	52.9%
18-20 Race/Ethnicity	180	3.6%					133	3.2%	263	4.2%	5,739	22.9%
Non-Hispanic White	2.264	46.8%	200	42.9%	82	38.1%	2.017	47.8%	2.004	40.00/	11.002	46.20/
Minority	2,364 2,687	53.2%	265 353	42.9% 57.1%	133	61.9%	2,017	52.2%	2,984 3,227	48.0% 52.0%	11,603	46.2%
•	2,687	55.2%	353	57.1%	155	61.9%	2,201	52.2%	3,227	52.0%	13,487	53.8%
Minority Category (not mutually exclusive)												
Hispanic	1,152	22.8%	195	31.6%	43	20.0%	914	21.7%	1,403	22.6%	5,195	20.7%
Black	868	17.2%	97	15.7%	40	18.6%	731	17.3%	1,019	16.4%	3,916	15.6%
American Indian/Alaska Native	703	13.9%	73	11.8%	52	24.2%	578	13.7%	816	13.1%	3,725	14.8%
Asian/Pacific Islander	334	6.6%	49	7.9%	12	5.6%	273	6.5%	411	6.6%	1,620	6.5%
Region												
Great Rivers	459	9.1%	2	2		1	393	9.3%	601	9.7%	1,751	7.0%
Greater Columbia	710	14.1%	136	22.0%	15	7.0%	559	13.3%	827	13.3%	3,265	13.0%
King County	567	11.2%	19	3.1%	25	11.6%	523	12.4%	834	13.4%	4,525	18.0%
North Central	208	4.1%	2	2	1	1	151	3.6%	179	2.9%	1,155	4.6%
North Sound	746	14.8%	31	5.0%	34	15.8%	681	16.1%	902	14.5%	3,287	13.1%
Pierce County	657	13.0%	116	18.8%	13	6.0%	528	12.5%	722	11.6%	3,157	12.6%
Salish	330	6.5%	2	2	1	1	268	6.4%	388	6.2%	1,401	5.6%
Southwest	360	7.1%	38	6.1%	10	4.7%	312	7.4%	442	7.1%	2,037	8.1%
Spokane Region	771	15.3%	108	17.5%	88	40.9%	575	13.6%	803	12.9%	3,272	13.0%
Thurston Mason	243	4.8%	1	1	2	2	228	5.4%	513	8.3%	1,240	4.9%
TOTAL POPULATION with linked data available	5,051		618		215		4,218		6,211		25,090	
TOTAL POPULATION	5,078		623		215		4,240		6,239		25,090	

8% of youth who are screened for WISe are also involved with Developmental Disabilities Administration (DDA)



Cross System Involvement 2021 Cohort 2021 Cohort -- n = 2,460





CONTACT INFORMATION

For general information and inquiries wisesupport@hca.wa.gov

TINA BURRELL

tina.burrell@hca.wa.gov

PAUL DAVIS

paul.davis@hca.wa.gov

PATTY KING

patty.king@hca.wa.gov

KARI SAMUEL

kari.samuel@hca.wa.gov



