

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

July 21, 2022

Wilderness Therapy report

Julia Cramer & Paige Wanner, *Washington State Institute for Public Policy (WSIPP)*
See page 4 for slides.

Highlights

- Legislature interested in wilderness therapy programs.
- Program participants receive time with licensed therapist, as well as other staff to do mindfulness activities, reflection time and other wilderness activities.
- Program models varied widely from 1 day to 1 yr.: with an average of 1 week, due to the large range of program offerings.

Chat:

- [How Wilderness Programs Affect Insurance Benefits](#)

Youth and young adult behavioral health bed capacity

Tina Burrell, *Health Care Authority (HCA)*

Caveat: All bed status numbers are “point in time”; they can change hourly.

- The number of beds funded is 419, with 271 active beds.
- The statewide total of funded beds in FY23 is 451 and increases to 483 in FY24.
- Workforce shortages are the expected reason for beds that are not online or active.
- **7/15/22 “point in time” bed status:**
 - Children’s Long-term Inpatient Program (CLIP) beds were 78,
 - Substance Use Disorder (SUD) beds were 71.
 - Acute Psych beds, including E&T adolescent beds were 188.
- 64 additional funded beds:
 - 12 Habilitative Mental Health beds coming as soon as possible.
 - 20 CLIP beds, coming as soon as possible.
 - 32 Residential Crisis Stabilization Program (RCSP) beds coming in 2024.
- Residential Crisis Stabilization Program, FY23 Capital Funding for two sites with this model at \$5,820,000 per site.
 - Plan for programs is to have 1 in eastern WA and 1 in western WA.
 - Funding also available for adult or youth CSU/triage facilities.

Chat:

- Washington State Department of Commerce [Funding opportunity: Behavioral Health Facilities grants.](#)

Youth and young adult SUD services

Amanda Lewis, HCA, Jill-Marie Costello, Cocoon House, and
Kristen Prentice, Renacer Youth Residential Services, Sea Mar Community Health Centers

See page 18 for slides.

Highlights

Cocoon House

- Offers low barrier services; including a drop-in center that provides basic need relief.
- Offer case management programs for some of the more specialized situations.
- Have a prevention department that works closely with families and young people.
- Most of the programs focus on meeting young people ages 13 to 24 where they are, including street outreach in encampments.

Renacer Youth Residential Services

- Primary purpose is the treat youth with substance use disorder.
- Renacer accepts youth from all over the state with male and female facilities. Both the male and female facilities are inpatient with recovery houses for 3-6 months.
- They have a 16-bed intensive inpatient program, caring for the more acute kids.
- Most of the youth served are involved in the juvenile justice.
- Finishing construction for a 12-bed recovery house program with lower acuity longer term program.

Discussion / Q&A

- Department of Health (DOH) has been willing to license evaluation and treatment facilities with secure withdrawal management and stabilization (SWMS) beds. (There was one in Spokane; it closed due to staffing and patient count.) Issues: Evaluation and treatment gets reimbursed at a significantly higher rate. Same need.
- What is the process of a youth transitioning from JRA – how are they referred to inpatient SUD?
Most JR facilities have an SUD assessment and treatment person on staff, they would send a referral and do a direct transfer to inpatient. We try to make it as seamless as possible. Ideally, transition from JR to inpatient to recovery house. Outpatient transition is a similar referral from JR.

Chat:

- [Substance use disorder prevention and mental health promotion](#)

Topics update

- August 11, 2022 – Faith-based organization services and supports and non-emergent transportation.
- August 25, 2022 – Prevention overview and SUD co-design.
- September 8, 2022 – Parent peer panel, hospital panel and Medicaid peer billing.
- September 20th is going to be focused on pulling out recommendations from our subgroup meetings and conversations and then finalizing those recs in the September 29th meeting.

Attendees:

Mursal Ahmady, Marysville Pediatrics
Kashi Arora, Seattle Children's
Kevin Black, Legislative Staff
Meridian Bonser
Tina Burrell, Health Care Authority (HCA)
Dr. Phyllis Cavens, Child and Adolescent Clinic
Jerri Clark, PAVE
Jill-Marie Costello, Cocoon House
Thalia Cronin, Community Health Plan of
Washington (CHPW)
Jessica Diaz, HCA
Amy Dura, HCA
Hawa Elias, CHNW
Zephyr Forest, HCA
LaRessa Fourre, HCA
Maranda Heckler, Columbia River Mental Health
Services (CRMHS)

Charlotte Janovyak, Legislative Staff
Amanda Lewis, HCA
Jasmine Martinez, COPE
Enos Mbajah, HCA
Ann Muno, Justice for Girls Coalition
Kristen Prentice, Sea Mar Clinic
Whitney Queral
Johnny Shults, HCA
Christian Stark, Office of Superintendent of
Public Instruction (OSPI)
Renee Tinder, Department of Health (DOH)
Bobby Trevino
Liz Venuto, HCA
Cindi Wiek, HCA