

## Children and Youth Behavioral Health Work Group – Youth & Young Adult Continuum of Care (YYACC) Subgroup

November 9, 2023

### Glossary of Terms

HCA: Washington State Health Care Authority

NEMT: Non-Emergency Medical Transport

SUD: Substance-Use Disorder

W&R: CYBHWG Workforce and Rates subgroup

WISe: Wraparound with Intensive Services Washington

YAHP: Young Adult Housing Program

### Meeting Topics

- Review CYBHWG October 23 vote results
- Discuss potential support items and come to consensus on those to be submitted to CYBHWG for consideration
- Hear presentations from state agencies on their decision packages relevant to YYACC.

### Discussion Summary

1. Review CYBHWG vote
  - a. YYACC put forward three recommendations to be considered:
    - i. Deliver and sustain funding for BH360 (formerly Parent Portal)
    - ii. Accelerate the adoption of technological innovations across the behavioral health continuum of care
    - iii. Ensure equitable access to and realize the intended outcomes of intensive programs serving youth and young adults with the most complex behavioral health needs
  - b. It was voted that funding BH360 would move forward as a CYBHWG recommendation.
  - c. It was voted that ‘intensive services for youth with complex needs’ would move forward as a CYBHWG recommendation, combined with the W&R WISe administrative burden recommendation.
    - i. W&R and YYACC leads will be working together to create a robust proposal that incorporates shared priorities.
2. Support items voted to move forward
  - a. Bridge Residential Program – presentation by Jim Theofelis
    - i. Northstar advocates and Bridge Coalition are requesting to have a six to ten bed residential program on both the east side and west side of the Cascade mountains for youth 18-24 exiting inpatient care and experiencing

homelessness

1. Stays will be for between 1-90 days
  2. Focus on maintaining care and support system
  3. Requesting \$3 million (1.5 for each site) to fund 24/7 staffing and subcontracting for SUD and mental health support.
  4. programs to have a philosophical approach that is developmentally and culturally responsive to young people ages 18 through 24 who are being discharged from inpatient behavioral health treatment and with no safe housing or services and at risk of unaccompanied homelessness.
- b. NEMTs – HCA decision package
- i. HCA request for \$7 million to increase broker administrative funding and stabilize their workforce.
  - ii. Broker administrative rates have not been adjusted since prior to COVID, and brokers are struggling to hire and retain staff. Brokers oversee contracted NEMT service providers.
  - iii. Concerns with NEMT service provision for youth have been raised year after year, with issues of safety, difficulty in accessing services, contract oversight, driver training, and insufficient processes for providers, youth, and families to provide feedback or have their concerns addressed.
  - iv. Without proper broker administrative funding to enable appropriate oversight of NEMT service providers, the concerns and needs for services for youth and young adults utilizing NEMTs will continue to go unmet.
- c. Technological Innovations
- i. request for \$3 million to create a pot of flexible funds to identify and pilot the utilization of technological innovations to scale access to a variety of services across the behavioral health continuum of care.
  - ii. Deployed properly, technological innovations improve equitable access to services, short- and long-term patient crisis management and stabilization, patient adherence to treatment plans, efficiency of clinician workflow, documentation compliance and continuity of care, all while reducing overall cost and liabilities across the behavioral health continuum of care from assessment and early intervention to treatment and recovery support services.
- d. Office of Homeless Youth Prevention decision package - YAHP
- i. Request for \$3 million to expand the Young Adult Housing Program (YAHP) that provides transitional housing, rental assistance, and case management to young adults ages 18 through 24.
  - ii. The proposed expansion of the YAHP will prioritize young adults exiting publicly funded systems of care, especially residential behavioral health treatment. Continuity of housing when existing criminal justice and inpatient behavioral health institutions is a significant risk factor for young adult behavioral health.

- iii. \$1 million of the ask would go towards a program for pregnant and parenting teens and young adults.
  - iv. Strategic planning efforts revealed expansion of this program would make significant strides toward achieving the goals set out in Senate Bill 6560.
3. Support items to be considered in the future
- a. Office of Homeless Youth Prevention decision package – direct cash transfer pilot
    - i. Direct cash transfer: the provision of direct cash assistance to young people experiencing or at risk of homelessness in order to meet their needs
    - ii. The program would be ongoing (not one-time) but time-limited
    - iii. Similar national pilot programs – ex. Oregon pilot successfully serving 16 young people
    - iv. The ask: planning dollars to complete a robust, co-design planning process.
      - 1. The funding would support staff costs, a workgroup of lived experts, and part-time lived expert consultants to work alongside a technical assistance provider with expertise in the model to design a pilot specific to addressing Washington’s needs.
    - v. Eligibility would be a lot less restrictive than traditional homelessness crisis response programs. Any young person who is experiencing or at risk of homelessness would be eligible for financial assistance. Low barrier service.
    - vi. There would be a monthly stipend amount, subject to service provision requirements.
    - vii. Subgroup members decided they would need more information on the program to vote to move it forward.
  - b. 23-hour crisis centers for youth

*This item was picked up by a voting member of CYBHWG*

- i. Propose amending Senate Bill 5120, passed in 2023 to create 23-hour crisis relief centers for adult populations, to add youth to its service model.
- ii. Currently youth are allowed to be served by a similar but less complete model of services broadly characterized as crisis outreach, observation, and intervention services.
- iii. The model currently available for youth provides loose guidance around the types of services that could be offered but has no significant standards or requirements and thus is a poor alternative to what a 5120 model would provide. Amending 5120 will enhance the state's continuum of care through filling a critical youth services gap, and including the following important provisions for youth-specific crisis relief centers:
  - 1. Must allow walk-in services and first responder drop offs, and accepting those with behavioral health crises of all acuities;
  - 2. May provide services beyond 23 hours, 59 minutes for people with a plan to transition to another care setting as a part of an established aftercare plan and/or awaiting evaluation of an involuntary treatment admission; and

3. Must provide access to a prescriber and basic medical care.

**Next Steps:**

- CYBHWG vote on statements of support 11/17.
- Monthly meetings December-March.

**Next Meeting: December 14**