



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

September 12, 2024

Glossary of Terms

ADOS: Autism Diagnostic Observation Schedule

ASD: Autism Spectrum Disorder

CAPS: Central Assessment of Psychosis Services

DDA: Developmental Disabilities Administration

DSHS RDA: Washington State Department of Social and Health Services Research and Data Analysis

FYSPRT: Family Youth and System Partner Round Table

HCA: Health Care Authority

IDD: Intellectual Developmental Disabilities

MCO: Managed Care Organization

PACT: Program for Assertive Community Treatment

RUBI: Research Units In Behavioral Intervention

SUD: Substance Use Disorder

UW: University of Washington

W&R: Workforce and Rates

Meeting Topics

Youth and Young Adults Transition-Age Youth Study Update & Survey, Maria Monroe-Devita (University of Washington (UW))

Recap of 9/5 CYBHWG Meeting

Discussion of YYACC draft recommendations

Discussion Summary

Youth and Young Adults Transition-Age Youth Study Update & Survey

1. The presentation on Youth and Young Adults Transition-Age Youth Study included the following (refer to slides for more details):
 - a. This project came out of a collaboration with the Health Care Authority (HCA). There was a proviso to address the following three research areas, listed below along with updates:
 - i. The number and percentage of young adults receiving services through Program of Assertive Community Treatment (PACT) teams.
 - This is being done in collaboration with the HCA data team and the Washington State Department of Social and Health Services Research and Data Analysis (DSHS RDA) division.
 - The team will also be examining the number and percentage of young adults who would provisionally meet PACT admission criteria served in other behavioral health programs/service settings.



- ii. Barriers and strategies for increasing access to PACT team services for young adults.
 - The study team got the YYACC subgroup's feedback on this area in the following ways:
 - a. The subgroup agrees that using a brief survey to accomplish this goal would be better than a focus group.
 - b. The subgroup helped generate a list of potential respondents and key stakeholders for this survey:
 - i. Family Youth System Partner Round Table (FYSPRT) network
 - ii. County behavioral health staff and referral teams
 - iii. Adult corrections (jails and prisons)
 - iv. Peer support professionals
 - [The Spark Team](#)
 - c. The subgroup generated ways to connect with these stakeholders:
 - i. The Facebook page "Healthy Minds Healthy Futures"
 - ii. Support staff can be contacted to connect with the parent and caregiver groups that are part of the strategic plan process.
 - iii. Autism support organizations.
 - iv. The Bridge Residential Program.
 - v. Washington State Community Connectors
 - vi. Community and behavioral health organizations with parent and youth advisory boards.
 - vii. Managed Care Organizations (MCOs).
- iii. Identification of evidence-based alternative models for providing high-intensity wraparound services that may be more appropriate for some young adult populations.
 - This is going to be driven mostly by a literature review across the gray literature and white papers for research on other evidence-based models, such as wraparound services or multi-systemic care.

Recap of 9/5 CYBHWG Meeting

1. The YYACC subgroup presented seven recommendations to the larger work group.
 - i. Final recommendations will be submitted on October 1st.
 - ii. Voting on these recommendations will occur on October 14th.
2. Updates from meeting:
 - a. Legacy items:
 - i. Legacy items are being considered separately from new items.
 - ii. Legacy items are those that have emerged from subgroups and were considered as priorities by the work group in the past, and received legislative support.
 - iii. Legacy items will be voted on via a consensus vote of the work group.
 - iv. The only legacy item for this group is [HB 1580](#) (2023).



Discussion of YYACC draft recommendations

Recommendation topics and supporting discussion, listed below in the order in which they were discussed. Please see previous meetings' notes for more extensive background details for each issue.

1. **HB 1580**

- a. This is a legacy item, that was passed in 2023.
- b. The issue: There are kids in the hospital whose parents don't feel safe or set up for success to take them home because of their behaviors and because there aren't adequate community supports or residential settings for them to be served in.
 - i. As a result, families refuse to take their kids home.
- c. The bill: The bill passed to create a Multisystem Care Coordinator position in the governor's office and a dedicated position at each of the child serving state agencies to form a team that would respond when we have a child in that situation.
 - i. The governor's office didn't hire this role until May, so they are just now transitioning from the interim provisional process to leading new processes
- d. The ask: The bill was written in a way that it sunsets after one biennium, unless it's extended – the ask is for support in extending the timeline of [HB 1580](#).

2. **Support expansion of Recovery High Schools**

- a. The ask: to convene an advisory committee to establish a statewide network of recovery high schools whose role is to educate students within an abstinence based environment, where they build a recovery lifestyle within a community of peers.
- b. Background: This will mirror Oregon's approach – whose legislature just established a network of nine recovery high schools.
 - i. The committee could start by looking at models that have been successful and identify potential funding sources.
 - ii. The Seattle Public School District has the only public recovery high school in the state, that has been operating for almost 10 years.
 - iii. There are not robust services for recovery currently in the continuum of care – young people need places to go back to in their communities after treatment.
- c. Discussion surrounding this item included the following:
 - i. The earliest known recovery high school program was established in Montgomery County, Maryland, in 1979.
 - ii. There are about 40 nationwide according to the Association of Recovery Schools.
 - iii. <https://recoveryschools.org/rhs-growth-chart/>

3. **Expand access to peer support services:**

- a. The peer support program has been very successful so far, and the hope is to expand this program and ensuring people know what peer support people and services are.
- b. The ask: to increase funding for the peer support network and create low barrier ways for non behavioral health agencies (BHAs) to bill for the provisions of peer services.
- c. Discussion surrounding this item included the following:
 - i. Some suggested pathways to pursue for peer support services from Representative Davis:



- Create network adequacy standards for youth peers, family peers, and adult peers across Medicaid and commercial insurance carriers and a mechanism to enforce these standards.
 - Create a low barrier way for non-behavioral health agencies to bill for the provision of peer services.
 - Ensure insurance is being maximally billed for existing peer services programs.
 - Increase funding for the Washington Peer Network and the Washington Peer Jobs database.
- ii. This topic coincides well with [SB 5555](#) (2023) to create the certifies peer specialist professional type
 - iii. It is very important to have clear lines between what a peer support person does versus a therapist, as there has been some confusion about the role.
 1. It is also important to have clear definitions of parent peer versus youth peer versus substance use disorder (SUD) peer.
 - iv. Representative Eslick is planning to run a bill again with Representative Davis for a pilot program with peers in three different hospitals to be called on an emergency basis when there is not a behavioral health counselor available.
 - v. DOH is piloting a school-based peer grants program currently.
 - vi. There are barriers to increasing the use of peers, regarding training and certifications, as well as billing.
 1. There has been discussion about reducing the amount of training hours required.
 2. The current plan for peer curriculum is for 40 hours of in-person training and a second 40 hours of online training.
 - a. The online training is being developed currently under a current curriculum development contract.
 - b. The trainers for the new curriculum are currently being trained and the first pilot training of the in-person 40 hour section will take place in October.
 3. For more information about the development of the 80 hour curriculum please contact stephanie@peerwd.org.
- 4. Fund administration of Central Assessment of Psychosis Services (CAPS) and streamline the pathway to First-Episode Psychosis care**
- a. UW Department of Psychiatry has been partnering with HCA and with their network of first-episode psychosis (FEP) care teams (also known as New Journeys teams) in Washington state to develop some enhancements to the model that is currently in place.
 - b. The average age of onset of a psychotic illness is between the ages of 17 and 25, and there's often a prodromal period leading up to the first episode with early warning signs that go undetected, which creates an extremely high risk period for suicide, homelessness, unemployment, involvement with the criminal justice system, and substance use.
 - c. The ask: The proposal is intended to streamline the pathway to care for families concerned about emerging psychotic illness across Washington, including:
 - i. Reducing friction for providers to make referrals, and



- ii. Referrals being made as soon as possible.
- d. Background:
 - i. If the campaign is done right, 80% of people will not meet criteria.
 - 1. For those not meeting criteria, the CAPS would provide a referral to families
 - ii. The functions of the service include:
 - 1. Launching and sustaining a public health campaign to help drum up referrals among healthcare providers, other professionals, families and the individuals who might be experiencing early signs and symptoms themselves.
 - 2. Doing screening and assessment with the gold standard assessments.
 - 3. Making a referral to right fit care.
 - 4. Doing case level tracking to help the state to be able to make data-informed decisions about what this population what programs this population needs, or what services they need.
- e. [Second substitute SB 5903 \(2019\)](#) supports this New Journeys work.
- f. Website for more information: <https://www.newjourneyswashington.org/>

5. Expand the Bridge Housing program

- a. The ask: Expand upon what was put forward and passed in the 2024 session, including the following:
 - i. Goal: to expand the number of Bridge Housing programs that serve young people exiting inpatient behavioral treatment.
 - ii. It is about \$1.5 million annual cost – totalling \$3 million over the biennium per house.
 - iii. The hope to have two more 90-day housing facilities with 6-10 beds, that provide mental health and substance use disorder support onsite and in the community.
- b. Discussion surrounding this item included the following:
 - i. There are potential linkages to explore between the recovery high schools and the Bridge Housing program to provide wraparound supports for young people struggling with substance use.
 - ii. Transition age youth (18 to 25 year olds) uniquely lack resources because they aren't a part of the pediatric system, and are technically part of the adult system, but it is clear that these youth have different needs in terms of recovery and a space that feels welcoming and healing than older adults.
 - iii. The program hopes to add two more facilities to help provide regional coverage where it isn't already.

6. Increase and sustain funding for Youth Wellness Zones

- a. This is an already-existing program that has been successfully implemented.
- b. The ask: a one time \$550k to expand youth wellness zones to further demonstrate proof of concept.
- c. The four wellness zones are currently in Northwest Spokane, Renton, Parkland, and Yakima Valley.
 - i. Each site is requesting \$100,000, with additional funds going to a contracted convening organization and allocated for evaluation and technical assistance to each of those sites.



- ii. The funds will be used to build out the wellness services and incorporate them in community and school-based settings, to increase the culture of wellness that is culturally appropriate for youth in in those settings.
- d. This is expanding and broadening traditional models of mental health and well being, to center wellness.
- e. This is in association with another recommendation that is being pursued by the Workforce and Rates (W&R) subgroup for the wellbeing specialist designation, which is a professional type that can be utilized in these settings.

7. Support the Autism Spectrum Disorder (ASD)/ Intellectual Developmental Disabilities (IDD) workforce servicing youth and young adults

- a. The ask: \$350k to fund a one-year pilot program to enhance program coordination and system navigation for families with children diagnosed with ASD/IDD.
- b. Mary Bridge has proposed a one-year pilot to do the following:
 - i. Program coordination that involves:
 1. Mapping services,
 2. Overseeing navigation and collecting metrics, and
 3. Liaisoning to the Mary Bridge steering committee.
 - ii. Increase navigation capabilities by:
 1. Continuing to use the registered nurse navigator for medical advocacy and care coordination,
 2. Adding two social workers for community advocacy and care coordination, and
 3. Testing a tiered intervention approach that allows for more personal and consistent care for crisis and subsequent connection.
 - iii. Expand training for professionals that could assist with diagnostics, by:
 1. Providing Autism Diagnostic Observation Schedule (ADOS) kits for nurse practitioners in the Neonatal Follow-Up Clinic, and
 2. Providing ADOS training for mid-level practioners.
- c. The Behavioral Health Integration (BHI) subgroup is pursuing a potential recommendation around Research Units In Behavioral Intervention (RUBI) parent training for parents of young children with ASD/IDD, specifically focusing in on the 0-5 population.
 - i. Folks are thinking about how to connect these two items.
- d. Discussion surrounding this item included the following:
 - i. How this may or may not connect with Kids Mental Health Washington, and why this type of continuum of care for kids with ASD/IDD is not being done through these existing programs.
 1. Concern about setting up new siloed navigation systems for mental health and developmental disabilities.
 2. Ensuring that there are services to navigate to, when increasing the navigators.
 3. Kids Mental Health Washington will be continuing to serve kids of all needs across Washington, regardless of diagnosis – this program is intended to support navigation through services and collect data about the gaps and services that are needed, including for youth with IDD.



- i. The geographical impact of this pilot – the program works with the waitlist for the state of Washington – supporting folks in the queue for accessing services.
- ii. The youth navigator program that came out of Pierce County captures some of these kids that are boarded in emergency rooms, kids with autism and Developmental Disabilities Administration (DDA) services that have access to care.
 1. This program is gathering data and submitting it to HCA on a monthly basis.
- iii. The Recovery High Schools work with a lot of kids that are on the autism spectrum and don't qualify for many mental health services – there may be a need for a navigation system specific to this population.
- iv. California gives parents and families “self-determination funding,” which covers the cost of therapeutic services that insurance won't cover because they don't have an autism diagnosis.

Look Ahead: 24/25 Schedule

- At the September 24th meeting, the subgroup will do final prioritization and consensus voting.
- Prior to this meeting, issue leads should refine the draft recommendations.
- Final recommendations need to be submitted by September 23rd.
- Support staff will send out a brief survey for people to vote on their top priorities.

Next Meetings

September 24, 4-5:30pm