

Agenda: Youth and Young Adult Continuum of Care *September 3, 2020 – 1 to 3 p.m.*
Intensive Services and Family Youth System Partner Roundtables (FYSPRTs)

Zoom Teleconference: <https://zoom.us/j/94456331817?pwd=YXo5dUhYbUYrWlVlUnZDSSt3Qys2QT09>
 (see end of document for details)

No.	Agenda Item	Leads	Time
1.	Opening and agenda review	Representative Lauren Davis	1:00 – 1:05 pm
2.	<p>Presentations: Developing a shared understanding</p> <p>Wrap-around with Intensive Services (WISe)</p> <ul style="list-style-type: none"> Overview – 5 min. <p>WISe quarterly reports: - WISe service characteristics - WISe screening - WISe quarterly dashboard</p> <ul style="list-style-type: none"> View from the Field – 10 min. <p>Q&A – 5 min. ...then move to chat</p> <p>New Journeys First Episode Psychosis</p> <ul style="list-style-type: none"> Overview – 10 min. <ul style="list-style-type: none"> View from the Field – 10 min. <ul style="list-style-type: none"> Q&A – 5 min. ...then move to chat 	<p>Tina Burrell, Children’s Behavioral Health Administrator (Health Care Authority [HCA]), <i>with</i> Kari Samuel, Research Manager, Children, Youth and Family Section- Division of Behavioral Health and Recovery (HCA)</p> <p>Megan Boyle, Director of Children’s Intensive Services (Compass Health)</p> <p>Ann Christian, Chief Executive Officer (Washington Council) Handout 1 Becky Daughtry, First Episode Psychosis Program Manager (HCA)</p> <p>Cammie Perretta, Thurston/Mason New Journeys Program Director</p>	1:05 – 1:50
3.	<p>Family Youth System Partner Round Tables (FYSPRTs)</p> <p>2nd Substitute House Bill 2737 (2020): <i>[The work group shall:]</i> <i>“...(e) Consider issues and recommendations put forward by the statewide family youth system partner roundtable established in the T.R. v. Strange and McDermott,...settlement agreement.”</i></p> <ul style="list-style-type: none"> Overview – 5 min. 	<p>Handouts 2-4</p> <p>Liz Venuto, Transition Age Youth Integrated Services Supervisor (HCA)</p>	1:50 – 2:10

	<ul style="list-style-type: none"> Pitch: Respite Services – 10 min. Q&A – 5 min. ...then move to chat 	Michelle Karnath , Statewide FYSPRT Family Member Tri-lead; Family Assistance Specialist (Clark County Juvenile Court)	
4.	Recommendation Pitch More robust services for youth and families prior to a crisis developing, including more peer support, more robust crisis responses, and Level 3 services	Michelle Karnath	2:10 – 2:15
5.	Small Group Discussion: Priorities and recommendations <ol style="list-style-type: none"> Short-term: <ul style="list-style-type: none"> What is the highest need at this time, <i>or</i> a strength we want to ensure continues? Long-term: <ul style="list-style-type: none"> What is the most important change that needs to be made, <i>or</i> What service, strategy, or approach should be expanded? Recommendations: <ul style="list-style-type: none"> What is one recommendation I want to make? Is this a policy recommendation or does it have a cost? Is the cost high, medium or low? (<i>It's okay to say "I don't know."</i>) 	Facilitators: <ol style="list-style-type: none"> Rachel Burke Michelle Karnath Nicole Miller Jim Theofelis Liz Venuto 	2:15 – 2:45
6.	Breakout groups report out		2:50 – 3:00

Join Zoom Meeting:

<https://zoom.us/j/94456331817?pwd=YXo5dUhYbUYrWlVSUnZDSSt3Qys2QT09>

Meeting ID: 944 5633 1817

Passcode: 058963

One tap mobile

+12532158782,,94456331817# US (Tacoma)

+16699006833,,94456331817# US (San Jose)

Problems joining the meeting? E-mail cybhwg@hca.wa.gov.



WASHINGTON COUNCIL
FOR BEHAVIORAL HEALTH

CHILDREN & YOUTH BEHAVIORAL HEALTH WORK GROUP – YOUTH & YOUNG ADULT CONTINUUM OF CARE

STATUS REPORT: EARLY INTERVENTION FOR PSYCHOSIS

September 3, 2020

History

- The Children’s Mental Health Work Group played a critical role in supporting and advocating for statewide resources for evidence-based early identification and intervention for youth and young adults at risk for or experiencing psychotic disorders
- Enabling legislation and funding in the 2019 legislative session
 - [2SSB 5903](#), Sec. 6 called for development of a statewide implementation plan for Coordinated Specialty Care, an evidence-based early intervention program for psychosis
 - The statewide plan would:
 - Develop a discrete benefit package and case rate
 - Analyze existing benefit packages, payment rates, and resource gaps;
 - Identify costs for statewide startup, training, and community outreach; and
 - Determine the number of required teams for each region and a timeline for implementation
 - The Washington Council for Behavioral Health was named in the bill to collaborate with HCA in developing this plan
 - Appropriations were included in the budget to develop the statewide plan and also to expand the number of Coordinated Specialty Care teams so that each health care region of our state would have at least one team by October 1, 2020
 - Finally, 2SSB 5903 also set the goal for each region to have an adequate number of Coordinated Specialty Care teams based on incidence and population by December 31, 2023

Status Report

- The Council has been working in partnership with HCA to complete two key tasks:
 1. Define a benefit package that supports the evidence-based model, and develop a case rate for those services
 2. Prepare a statewide implementation plan incorporating the elements described above
- We’ve made substantial progress in defining the benefit package and coordinating with the actuaries from Mercer to develop a proposed Medicaid case rate
 - We’re very excited with the preliminary case rate figures; Mercer is in the final stages of preparing a certified rate that can be submitted to CMS for review and approval
 - The Medicaid case rate is an essential building block for ensuring sustainability of the program, and medically necessary services that should be covered by Medicaid **and** private health plans (and reducing cost-shifting from the private sector to the public sector)
- We are currently drafting the statewide implementation plan, which will be submitted to HCA by the end of October, and ultimately submitted to the Legislature

For more information, contact Ann Christian at achristian@thewashingtoncouncil.org

FYSPRT - Frequently Asked Questions

Question	Answer
<p>What is a FYSPRT?</p> 	<p>FYSPRT stands for Family Youth System Partner Round Table. They create a platform for family, youth and system partners to collaborate, listen, and incorporate the voice of the community into decision making at the regional and state level. FYSPRTs are based on the core values of System of Care including: family and youth driven; community based; and culturally and linguistically competent. All FYSPRT meetings are open to the public.</p> <p>FYSPRTs are a critical part of the Governance Structure that includes family, youth and system partner voice. It is a required element of the TR Settlement Agreement agreed on by the plaintiffs and Washington State to inform children’s behavioral health system change.</p>
<p>What is the Vision of FYSPRT?</p>	<p>Through respectful partnerships, families, youth, systems, and communities collaborate, influence, and provide leadership to address challenges and barriers by promoting cohesive behavioral health services for children, youth and families in Washington State.</p>
<p>What is the Mission of the FYSPRT?</p>	<p>Family, Youth and System Partner Round Tables provide an equitable forum for families, youth, systems, and communities to strengthen sustainable resources by providing community-based approaches to address the individualized behavioral health needs of children, youth and families.</p>
<p>How many FYSPRTs are there?</p>	<p>There are ten regional FYSPRTs and one Statewide FYSPRT. Click the link to see a map of the regions. Each regional FYSPRT is led by a family, youth, and system partner Tri-lead. The Tri-leads from each regional FYSPRT plus state partners from multiple child serving systems make up the membership of the Statewide FYSPRT.</p>
<p>How can FYSPRT support community needs of youth, families and system partners?</p>	<p>FYSPRTs support the community needs of youth, family, and system partners through collaboration, listening, and resource sharing. FYSPRTs provide a forum to make connections with others in the community, offering validation and hope.</p>
<p>What can I expect to happen at a FYSPRT Meeting?</p>	<p>At a FYSPRT meeting you can expect a safe, collaborative, welcoming environment to share your thoughts, voice, and listen and learn from others. It is a place where different perspectives can come together to build relationships and develop suggestions for ways to make things work better. You can propose topics to add to the current meeting agenda and/or to a future meeting agenda that addresses a need or needs important to your community.</p>
<p>How do we as a FYSPRT make a difference?</p>	<p>FYSPRTs make a difference by welcoming the voice of youth, family and system partners in sharing strengths and needs regarding behavioral health services for youth. Information and feedback discussed at FYSPRTs have the potential to initiate and influence system-wide change at the regional and state level.</p>
<p>What is my role/ how do I fit?</p>	<p>Each person coming to the table brings a unique perspective, please come to a meeting to explore how you fit it.</p>
<p>What is Youth Voice and why are youth so important to this?</p>	<p>Youth Voice is really about what you have to say! As a youth in our community, your views and experiences are valuable, and by giving “youth voice”, you have the opportunity to give helpful input about systems, from the view of a young person receiving services. Most of all, your voice is valuable because nobody knows you better than you!</p>
<p>How is my FYSPRT connected to other local initiatives and partners? What topics are being addressed?</p>	<p>Since each Regional FYSPRTs answer may be different, please visit the website for the Regional FYSPRT in your area to get more information.</p>
<p>Where can I get more information about FYSPRTs and how I can get involved?</p>	<p>There are several options for getting more information about the Regional FYSPRTs and the Statewide FYSPRT: FYSPRT webpage on the Health Care Authority website Regional FYSPRT websites</p>

Behavioral Health Respite 2020

Briefing document for the Youth and Young Adult Continuum of Care Subgroup

Context for challenge/history of the challenge from the regions (if any).

The Statewide FYSPRT initially moved this challenge around the need for youth behavioral health respite forward in 2017 after identifying this as a need statewide for youth and families. In 2017, only one region had behavioral health respite for youth ages 10-18, paid for by regional sales tax dollars. The remaining nine regions identified no access to respite through behavioral health services. [Click this link to read the briefing paper/response from 2017 for more details.](#)

Up to July 1, 2012, respite services were provided through Medicaid as part of the 1915(b) waiver. When this waiver was terminated due to Legislative action and proposed budget cuts, funding for respite became dependent on other funding available in the regions. For example, Regional Service Networks could identify state or block grant funds to be utilized for respite services if outlined in their expenditure plans for state or block grant funding.

Statewide FYSPRT discussion/context

Since 2017, youth behavioral health respite services continues to come up as a need/theme in many dialogues at the Statewide FYSPRT. One area of need is around community resources to support youth and families in the home to prevent hospitalization or placement in a Children's Long Term Inpatient Program (CLIP) or juvenile detention facility. It has also come up as a need to support long term success for youth who are discharging from CLIP or other institutional placements. In addition, youth behavioral health respite was identified as a recommendation from the Substitute Senate Bill (SSB) 6560 workgroups. These workgroups were formed to develop recommendations to make sure that no youth is discharged into homelessness from a system of care (such as behavioral health, juvenile rehabilitation, foster care). Add sentence here about cross system group/May 26 webinar. Currently, there is an active Cross-Agency Coordination of Children in Complex Situations workgroup that has identified respite (with ABA trained providers) as a potential service to meet the needs of youth and families.

Per information gathered by the Statewide FYSPRT in 2020, respite services as part of behavioral health are not available and when respite services are available [through Developmental Disabilities Administration (DDA) and the Department of Children, Youth, & Families (DCYF)], they are very limited and difficult to access.

Additional information gathered by the Statewide FYSPRT in 2020 is below identifying who has the most critical need for respite:

- Families and youth that experience complex behavioral/medical health needs (or other complex diagnosis – for example developmental disabilities and mental health).

- Single parent families or families with multiple children in services.

The Statewide FYSPRT also gathered information about what situations or circumstances behavioral health respite would be helpful to keep youth with their families and in their communities:

- To prevent use of emergency departments or higher level of care (such as CLIP, juvenile justice, or behavioral rehabilitation services) or prevent escalation (police involvement).
- To assist with transitions from inpatient or CLIP back home to increase long term success.
- Assist children/youth having a difficult time with family dynamics/environment.
 - Respite provides a break from volatile home situations that allows for time to learn and practice skills in safe environments (for both children and parents), to improve family functioning, avoid family conflict, stabilize the household, and support safety in the household.
 - Prevent running away and youth becoming homeless.
- To manage or prevent crisis through planned, routine breaks while knowing your child is safe.
 - Avoid burnout and help caregivers stay healthy and able to better meet the needs of their child/youth.
 - Opportunity for learning and practicing skills when not in crisis.

Potential cost savings from supporting youth and families in the community and avoiding the cost of hospitalization or being placed in an institutional setting such as CLIP or juvenile rehabilitation facility.

Attempted Solutions

Efforts since 2017 have included the Statewide FYSPRT members identifying this as a priority need for youth and families. In 2017, the Regional FYSPRTs gathered information related to the availability of respite in their region to share at the Statewide FYSPRT. The information included whether or not youth and families have adequate access to respite services in their region and if so, what does that respite look like. And if not, what were the main challenges or barriers in the region to access respite. This information gathering revealed that most regions in the state did not have access to behavioral health respite although had some access through Developmental Disabilities Administration and the Department of Children, Youth, & Families (if the youth was enrolled in foster care or developmental disability services). In October 2017, the Statewide FYSPRT Tri-leads presented this challenge to the Children’s Behavioral Health Executive Leadership Team (CBH ELT) along with two recommendations from the Statewide FYSPRT:

1. Work on the state plan to include respite offered through behavioral health, much like personal care and nursing is currently offered through Health Care Authority.
2. Offer additional supports to informal and natural supports through Child and Family Teams.

Although the CBH ELT response was that a state plan amendment was not something the state would pursue at that time, the Division of Behavioral Health and Recovery (DBHR) identified continued exploration of how to resolve this challenge.

In 2018, the Division of Behavioral Health and Recovery submitted a decision package to the Office of Financial Management requesting state dollars to fund youth behavioral health respite services, however, youth behavioral health respite was not included in the Governor's proposed budget for the Health Care Authority.

Who should we be coordinating with?

- Developmental Disabilities Administration – around how youth behavioral health respite might impact their funding to provide respite.
- Department of Children, Youth, & Families – around how youth behavioral health respite might impact their funding to provide respite.
- Department of Commerce, Office of Homeless Youth – around recommendations that came from workgroups for SSB 6560 for respite services.
- Cross-Agency Coordination of Children in Complex Situations; Health Care Authority Convenes..

Perceived barriers

Depending on funding type, some other child serving systems who offer respite services may be affected. Workforce challenges and availability of youth behavioral respite providers. Each region having access to youth behavioral health respite. State budget challenges as a result of COVID-19.

Recommendations from the Statewide FYSPRT

The Statewide FYSPRT recommends that youth behavioral health respite services be funded to support youth and families in their communities and prevent hospitalization, emergency department use, placement in juvenile detention facilities, and homelessness.

Additional recommendations and feedback from the Statewide FYSPRT when looking at program development or funding requests for youth behavioral health respite include:

- Family and youth have the choice to accept the respite or not.
- Respite is discussed with youth and family present and the choice of providers is driven by youth and family voice.
- Flexibility of respite to match youth and family need. Such as:
 - Crisis stabilization
 - Planned/preventative respite - once a week, every other week, once a month
 - In home respite – where the child may be most comfortable

- Out of home – could be like going to a “healthy” friends home, a place that supports wellness and gives adolescents a chance to re-group, re-ground themselves and gain necessary tools needed to return back home
 - short term/brief
 - long term/30 days
 - drop in respite centers for daily respite with well-trained peer counselors to reduce traumatization
 - recovery crisis centers or youth crisis house in each county
- Respite should be available in all regions.
- Wraparound with Intensive Services (WISe) should have a respite component with its services.
- Respite availability for a variety of ages.
- Training for the respite provider on the specific needs of the individual/family.
- Respite is not just for Medicaid families - make youth behavioral health respite available to all youth and families, including those on private insurance.
- Respite should provide a place where the child/youth feels confident and safe. Sensitivity to respite services not turning into a traumatic event for the youth and family.
 - Possibly natural supports who are paid and receive training
 - Collaboration with families, youth and respite providers. Asking the youth and family what respite looks like for them.
 - Ensure providers are trained or willing to be trained in cultural bias/trauma.
 - Create a vetting process for respite providers around attitude, culturally appropriate care, knowledge and application of Children’s Behavioral Health Principles, etc.
- Respite services that involve building trust and a positive relationship while learning and practicing new skills with a professional.
- Respite as a way to gain skills to support the youth and family in reaching their therapeutic goals.

Handout 4

Subject: Respite Briefing

To: Children's Behavioral Health Executive Leadership Team

From: Statewide FYSPRT – August 8, 2017 meeting

Date: October 4, 2017

Category (check all that apply):

- Services and Supports (access and quality);
- Child and Family Team Meeting (process);
- Roles/Responsibilities (follow-through);
- Legal Mandates;
- Policies and Procedures (laws, rules);
- Cultural & Linguistic Considerations;
- Unknown;
- Other:

Description (including solution, best practice, success story, or challenge/barrier):

Respite is currently accessed through Children's Administration (CA) and Developmental Disabilities Administration (DDA). Within CA, respite is offered to caregivers; including licensed foster parents, unlicensed relative caregivers, suitable other placements, and in some cases, biological parents when the child/youth is a state dependent. Respite is offered as a way to stabilize a placement-give time, space, and rest to the child/youth and caregiver, or when the caregiver requests it for various reasons. Respite is offered through DDA when a DD waiver is accessed and the amount of hours is dependent on the need for services. Respite can be offered through an agency, in-home, in a child care setting, and in the community.

At the Statewide FYSPRT, Great Rivers Regional FYSPRT brought forward a challenge around an ongoing need for respite services to support children, youth and their families when difficult behaviors increase. Regional FYSPRTs expressed that respite is a significant need in most areas. Greater Columbia, Pierce/Optom, North Central, Thurston/Mason, North Sound, Southwest, Salish, and Great Rivers Regional FYSPRTs report having no formal access to respite. Some of these regions report that families have access to respite through DDA if the child/youth qualifies for a waiver program or through CA if the child/youth is dependent, however there is a lack of respite resources in rural areas even through CA and DDA. These regions report that most often, the only forms of respite utilized are through natural supports. Challenges include the identification of homes available for respite, even within DDA and CA, the cost of respite with no way to pay for it if it is not accessed through those agencies, and rigid guidelines and paperwork needed in order to access it within those systems. Identification of people (natural supports) to provide respite is often a challenge.

In Spokane there are two agencies who provide respite, up to 48 hours per month. Youth Family Adults and Crisis Residential Centers provide the respite. This respite must be planned and is only available for children 10-18 years of age. Respite is paid for by sales tax dollars and not funded through Medicaid. It is accessed through the Spokane BHO. Salish has adequate access to respite in Kitsap and Jefferson Counties through CCS and Korean Woman's Services, but is based on receiving service as a DDA client. Although respite can be offered through DDA and paid to a caregiver, families report that caregivers are difficult to find and not unique and creative to meet a child/youth and family's need. In general, there are limitations of respite for behavioral health-MH/SUD clients.

Solutions Tried:

- Great Rivers is developing a regional clinical stabilization team under their crisis redesign.
- Greater Columbia is currently creating volunteer respite groups that are family driven, looking at using space at an empty hospital.
- North Sound offers a senior respite program for caregivers through Senior Services of Snohomish County through a voucher.
- Thurston/Mason will provide “informal activities” with children and youth in order to offer some type of hourly respite for the family.
- Through Crisis Stabilization Services within Oak Grove and Oak Bridge (Lower Columbia), a youth can call to access respite.
- WISE providers continue to build up natural supports within Child and Family Teams for respite, utilizing relatives, family friends, and child care. This sometimes consists of overnight respite or a few hours so that the parents and the child/youth can have a break.

Possible Solutions to challenges:

- Develop statewide registry to access respite care and services
- Form a facility and train staff where families can access respite for up to 72 hours
- Support respite providers to come to the home so family/caregivers can go to appointments, take a break etc.
- Case aids to provide in home support

Desired outcome(s):

- Breaks for families to reduce stress and support recovery
- Child/youth being kept in home without outside placement
- Promote stability within the home
- Reduce child abuse and neglect
- Reduce burnout for caregivers
- Reduce inpatient hospitalization

Workgroup Recommendations:

Options for Consideration:

Option 1: Work on State Plan to include respite offered through behavioral health-much like personal care and nursing is currently offered through HCA.

Pros: Keeping child/youth in-home without needing to access outside placement

Cons: A new request for respite may affect funding for other programs

Potential outcomes: Respite accessed for children/youth receiving outpatient Behavioral Health Services (MH, SUD, and WISE)

Option 2: Offer additional support to informal and natural supports through Child and Family Teams

Pros: Keeping child/youth in-home without needing to access outside placement and child/youth has a relationship with or is familiar with natural support respite provider

Cons: No outside respite to access when informal/natural supports are not available

Potential outcomes:

Response/Next Steps: *(to be completed by the group receiving the form)*

Step 1 –

Step 2 –

Step 3 –