

Agenda: Youth and Young Adult Continuum of Care *September 14, 2020 – 10 a.m. to 1 p.m.*  
 Recovery Support Services

**Zoom Teleconference:** <https://zoom.us/j/98287056753?pwd=cWl4TnpVUVVBc1dpcVZUK2xWR1Y3Zz09>  
 (see end of document for details)

No.	Agenda Item	Leads	Time
1.	<b>Opening and agenda review</b>	<b>Representative Lauren Davis</b>	10:00 – 10:10 am
2.	Presentations: Developing a shared understanding  <i>Note: Presenter times include time for Q&amp;A.</i>  <a href="#">Clubhouse</a> 10:10 – 10:20  <b>NAMI</b> 10:20 – 10:30  <a href="#">Trilogy Recovery Community</a>  10:30 – 10:40  <b>Updates on HCA budget provisos:</b> 10:40 – 10:50 <ul style="list-style-type: none"> <li>• Family education</li> <li>• College recovery supports</li> </ul> <a href="#">WEconnect Health – Digital Recovery Support</a> 10:50 – 10:57	<i>Q&amp;A reminders:</i> <ul style="list-style-type: none"> <li>• Please type your questions in Chat.</li> <li>• Allow those on the phone to ask questions first, as they can't use Chat.</li> </ul> <b>Kailey Fiedler-Gohlke</b> , CEO, Hero House NW  <b>Jenny Gruenberg</b> , Youth Outreach Coordinator  <b>Luis Rosales</b> , Executive Director  <b>Edward Michael</b> , Child and Adolescent Substance Use Disorder/Co-occurring Program Manager (HCA)  <b>Daniela Luzi Tudor</b>	10:10 – 11:00
3.	<b>Pitches</b> Youth/Young adult recovery café  Peer Washington youth service site	<b>Jim Volendroff</b> , Behavioral Health Service Line Administrator (UW Medicine) and <b>Kevin Hale</b>  <b>Josh Wallace</b> , CEO & President	11:00 – 11:15
	<b>Break</b>		11:15 – 11:30
4.	Full Group Discussion <b>Recommendation Criteria</b>  <b>Group decision:</b> Agree on proposed or revised criteria.	<i>See handout.</i> <ul style="list-style-type: none"> <li>• What do you think of the proposed criteria?</li> <li>• Any changes or additions?</li> </ul>	11:30 – 11:45

5.	Breakout group discussion <b>Prioritizing 2021 recommendations</b>	<p><i>Each group selects:</i></p> <ul style="list-style-type: none"> <li>• <i>A facilitator</i></li> <li>• <i>A note-taker/person to report out</i></li> </ul> <p>Questions:</p> <ul style="list-style-type: none"> <li>• Which of these ideas meets the criteria for the 2021 session?</li> <li>• Are there other things that should be a priority for the 2021 session?</li> <li>• What priorities meet the criteria and are missing from this list?</li> <li>• Are there existing services that should be a priority to protect in 2021?</li> <li>• Can any of these things be accomplished without additional funding (policy-only solutions)?</li> </ul>	11:45 – 12:40 pm
6.	<b>Report Outs</b>		12:40 – 1:00

Discu

Join Zoom Meeting

<https://zoom.us/j/98287056753?pwd=cWl4TnpVUVVBc1dpcVZUK2xWR1Y3Zz09>

Meeting ID: 982 8705 6753

Passcode: 591357

One tap mobile

+12532158782,,98287056753# US (Tacoma)

+16699006833,,98287056753# US (San Jose)

Dial by your location

+1 253 215 8782 US (Tacoma)

+1 669 900 6833 US (San Jose)

+1 346 248 7799 US (Houston)

+1 301 715 8592 US (Germantown)

+1 312 626 6799 US (Chicago)

+1 929 205 6099 US (New York)

Meeting ID: 982 8705 6753

Find your local number: <https://zoom.us/u/a6xcmyqlQ>

If you have problems joining the meeting, please contact [cybhwg@hca.wa.gov](mailto:cybhwg@hca.wa.gov).

## Children and Youth Behavioral Health Work Group (CYBHWG) Mission

- Identify **barriers to and opportunities for accessing behavioral health services** and strategies for children, youth and young adults (prenatal to age 25), and their families that are accessible, effective, timely, culturally and linguistically relevant, supported by evidence, and incorporate tailored innovations as needed.
- **Advise the Legislature on statewide behavioral health services and supports.**
- **Recommend improvements** in behavioral health services and supports.
- **Monitor** enacted legislation, programs, and policies.

## Youth and Young Adult Continuum of Care (YYACC) Scope

- Focuses on the **service and delivery gaps** for developmentally appropriate behavioral health services – mental health and SUD – **for youth and young adults, ages 13-25.**
- Focuses on **behavioral health services only.**
- Includes the **complete funding continuum** – Medicaid, private insurance, underinsured, and uninsured.
- Addresses issues raised by the **Family Youth and System Partner Round Table (FYSPRT).**

## Proposed Recommendation Criteria for 2021 Legislative Session

1. **Realistic** – Size and scope are appropriate for Washington’s budget context
2. **Capacity** – Implementation could be described and executed well and quickly
3. **Advances equity** – Closes gaps in health access and outcomes
4. **Strengthens/Transforms** – Helps to build, sustain, or transform foundational systems
5. **Fit** – Fits within the YYACC and CYBHWG scope, and does not duplicate the work of other subgroups and coalitions

# CYBHWG 2020 Timeline

Mar
Apr
May
Jun
Jul
Aug
Sept
Oct

## CMHWG meetings

**March 27, 2020**  
 Session debrief  
 Discuss priorities/process  
 Determine 2020 subgroups

**June 5, 2020**  
 1st subgroup report—  
 Work to date

**September 18, 2020**  
 2nd subgroup report—  
 Draft recommendations

**October 21, 2020**  
 3rd subgroup report—  
 Final recommendations

## Subgroups

Subgroups identified  
 Leads identified  
 Targets and scope defined  
 Members invited/solicited

Recommendation: 1st meeting held/  
 meeting schedule determined and publicized  
**June 2: Materials for June CMHWG meeting submitted to HCA staff**

*Recommendation development*

Recommendations drafted  
**New date September 15: Draft recommendations submitted to HCA staff**

Final recommendations drafted  
 Subgroup review and consensus on recs  
**New date October 16: Recommendations finalized and submitted to HCA staff.**

## HCA Staff

Support subgroup leads:  
*Meeting notices*  
*Conference calls*  
*Note taking*  
*Help draft recommendations*

Prepare and post meeting materials, including subgroup recommendations

Prepare and post meeting materials, including subgroup recommendations

Recommendation	Proposed by	Meets criteria	2021 Priority	Future years	Policy only
<b>Group</b>					
Need more youth and parent peers at lower levels of care, outside of WISe teams					
Need more youth community psychiatric and CLIP beds					
Need more inpatient psychiatric facilities that take children under 12					
Provide youth and parent peers at adolescent inpatient psychiatric facilities					
Issues with scores of empty youth SUD residential beds					X
Need more step up and step down options					
BH integration into primary care – <i>well-child check</i> .					X
Barriers to youth petitioning court for judicial review					
Need intensive WISe like services for non-Medicaid populations					
Need respite for families (FYSPRT issue)					
Expand youth mobile crisis statewide					
Need more FEP teams					
Youth exiting into homelessness from BH facilities –community supports; leverage technology to coordinate care.					
Don't cut/continue to fully fund telemedicine.					
Address system gaps after treatment ends so those who exit inpatient treatment continue to get treatment.					
Put more money into parenting education.					
No ITA SUD facilities in western WA – patients transported to eastern WA by ambulance – ambulances don't get paid on the way back.					
Address issues related to MCOs saying no further treatment is needed, and providers saying it is needed.					

Recommendation	Proposed by	Meets criteria	2021 Priority	Future years	Policy only
<b>Pitches</b>					
Standardize ACES scores and create, implement, and use a BH risk assessment across pediatric, preschool, early intervention services, and school district services.	Penny Quist				
Access to assessments for those 6 and older, psychiatric assessments, individual and group counseling options (including family supports), psychiatric appts.	Penny Quist				
More robust services for youth and families prior to a crisis developing, including more access to youth and family peers, more robust crisis responses, and Level 3 services.	Michelle Karnath				
Mandate for annual well child exams: Pediatric primary care, public schools, publicly funded child service agencies and MCOS are required to ensure that each client/student/patient completes and annual Well Child exam with developmental, learning, behavioral and social determinant screening; and are required to collaborate and produce improved outcomes by submitting patient service info to a Patient Centered Medical Home whole child data repository.	Dr. Phyllis Cavens				
Integrated behavioral health in primary care settings.	Dr. Thatcher Felt				
Strengthen partnerships and creatively leverage Medicaid and other funding sources to address the significant disparity of access to behavioral health services and supports for youth and young adults reentering the community from confinement.	Ted Ryle and Tyus Reed				
Provide access to Bd certified psychiatrists (culturally appropriate, when possible); weekly reports to a referral source and/or case manager; specialized treatment programming for individualized treatment plans and facilitators in gap areas; family and caregiver engagement and reports; financial supports and telehealth for equitable access.	Penny Quist				
Respite services for families and youth (Statewide FYSPRT challenge).	FYSPRTs				
Youth/young adult Clubhouse	Jim Volendroff and Kevin Hale				
Peer Washington youth service site	Josh Wallace				
Address the role of law enforcement interacting with youth experiencing homelessness. Create statewide crisis response system as alternative to law enforcement.	Kim Justice/ Mockingbird Society				
Ability of homeless youth to consent to medical care, particularly preventive care, by allowing them to do so themselves or allowing homeless youth service providers to provide consent.	Kim Justice/ Mockingbird Society				