

Youth and Young Adult Continuum of Care
Scoping Conversation

June 17, 2020

Agenda Items	Summary Meeting Notes
Decisions made in advance of this meeting	<ul style="list-style-type: none"> • Representative Lauren Davis will be the lead. • The subgroup will: <ul style="list-style-type: none"> ○ Focus on the service and delivery gaps for developmentally appropriate behavioral health services – mental health and SUD – for youth and young adults, ages 13-25. ○ Focus on behavioral health services only, and will include the complete funding continuum: Medicaid, privately insured, and under-insured. ○ Address issues (challenges and solutions) raised by the statewide Family Youth and System Partner Round Table (FSYPRT). • The subgroup focus will not include: <ul style="list-style-type: none"> ○ School-based services ○ State and local agencies that are not exclusively focused on behavioral health.
Subgroup Co-leads	<ul style="list-style-type: none"> • Thank you to everyone who volunteered. There will be two co-leads; Rep. Davis will be following up with people.
Survey Results Overview	<ul style="list-style-type: none"> • <i>See survey summary (attached) for details.</i> • Point of interest: Our focus for the past two years has been on the most intensive services, the largest number of survey respondents chose Prevention and Early Intervention as the most important areas to focus on. <p>Discussion:</p> <ul style="list-style-type: none"> • From a parent and consumer of Acute Care, we would like to avoid those levels and spend those funds earlier in the process – on Prevention and Early Intervention - in hopes of avoiding the need for acute care. • Must coordinate with the school-based committee, as well as prenatal to five subgroup, so all services in the continuum of care are integrated, connected, aligned, and we aren't duplicating efforts. • Also don't want to lose sight of the more intensive services. • Need to work on building a system where you don't have to fail at a system to get what's really needed, where you don't need to get into the justice system to get help. You shouldn't have to get to the level of a consequence to get help. • Acknowledge the impact of racial disparities – how do we make it a central focus of all of our work? <i>All</i> communities of color, including tribes. • We need to actively have a different screen so it's not predominantly white people sitting around the table. People need a workforce of those that look LIKE them to be able to relate. • Interagency collaboration that needs to happen to support families across the system. Same problems exist across the system. Have to develop a common language. As a provider, we sit at the nexus of a lot of different systems. <p>This is some of the work that is taking place for the juvenile justice and juvenile rehabilitation system around racial disparities and early childhood trauma. Dr Turpin is a great resource.</p>

Path forward	<p>Representative Davis:</p> <ul style="list-style-type: none"> Propose that we meet every couple weeks - 2 hour meetings dedicated to each of part of the continuum. 1st half – educational. 2nd half: What are our priorities in this space? Then look at it all and see where the energy is to pursue, and decide what to tackle. Note: If you pitch an idea and no one else is committed to it, it won't be the work of the work group. <p>We will put people in touch with others who share the issue.</p>
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Attendees

Kashi Arora (Seattle Children’s)
 Zematra Bacon
 Janet Bentley-Jones (Clark County Juvenile Justice)
 Dr. Avanti Bergquist
 Kevin Black (Senate Behavioral Health Subcommittee)
 Antonette Blythe (Family Youth System Partner Roundtable [FYSPRT])
 Rachel Burke (Health Care Authority [HCA])
 Courtney Canova
 Dr. Phyllis Cavens (Child & Adolescent Clinic, Longview)
 Diana Cockrell (HCA)
 Representative Lauren Davis (32nd Legislative District)
 Kaila Epperly (Lutheran Community Services NW)
 Representative Carolyn Eslick (39th Legislative District)
 Representative Noel Frame (36th Legislative District)
 Brad Forbes (NAMI)
 Kimberly Harris (HCA)
 Libby Hein (Molina Healthcare)
 Andrew Hill (Excelsior Wellness)

Avreayl Jacobson (King County Behavioral Health and Recovery)
 Michelle Karnath (FYSPRT)
 Ahney King (Coordinated Care)
 Patty King (HCA)
 Annette Klinefelter (A+K Ingenuity)
 MaryAnne Lindeblad (HCA)
 Laurie Lippold (Partners for Our Children)
 Karen Pillar (TeamChild)
 Barb Putnam (Department of Children, Youth and Families [DCYF])
 Penny Quist
 Ted Ryle (DCYF)
 Janice Schutz (WA State Community Connectors)
 Ashley Taylor (HCA)
 Liz Trautman (The Mockingbird Society)
 Bobby Trevino (TREVINO/DAVIS)
 Liz Venuto (HCA)
 Senator Judy Warnick (13th Legislative District)
 Mandy Weeks-Green (Office of the Insurance Commissioner)
 Greg Williamson (DCYF)
 Shoshana Wineburg (YouthCare)

Youth and Young Adult Continuum of Care (YYACC) Survey Results

This survey was designed to gather information from people who are interested in being members of the YYACC subgroup to share thoughts about what the group should focus on in 2020. 38 people responded. The results reflect their priorities for the group and do not represent a broader assessment of the behavioral health system.

This document includes:

- A summary of responses for each of the scoping questions.
- A snapshot of who responded.
- People’s answers about why they chose a part of the continuum as particularly important (optional reading).

Please send questions and requests for the complete SurveyMonkey report to cybhwg@hca.wa.gov.

Which part of the continuum of care is most critical to address?

	Rank	"Votes" (weighted)
Prevention	1	147
Early intervention	2	141
Brief intervention		111
Basic outpatient	3	135
Intensive outpatient	4	128
Acute		94

Prevention

Which of these services are most important for the YYACC subgroup to focus on this year?

Prevention	Rank	"Votes" (weighted)
Children's Intensive in home behavioral supports (IFS HCBS)	3	70
Apple Health in primary care		61
In-home EBP's such as Triple-P	1	77
Apple Health Core Connections (foster care)	4	67
Tribal prevention and wellness	1	77
Other		21

Other services proposed:

- Veteran family services
- Pregnant teens and moms – behavioral health and potential domestic violence
- Integration of behavioral health into primary care
- K-12 – opportunity gaps, school-to-prison pipeline
- Culturally based prevention
- Holistic, early community-based approach

Early intervention

Which of these services are most important for the YYACC subgroup to focus on this year?

Early Intervention	Rank	"Votes" (weighted)
Applied Behavioral Analysis (ABA)	1	19
Other	2	13

Other services proposed:

- Peer support – motivational interviewing
- DBT, Parenting Wisely, skills training and supportive alternatives to traditional therapy
- Social emotional learning programs and curricula in a community-based (not school) setting.
- Individual and family counseling, peer support, SUD services, other types of support services.
- Positive youth development, peer to peer services that build skills and social emotional capacity.
- Early mental health identification and intervention.

Brief intervention

Which of these services are most important for the YYACC subgroup to focus on this year?

Brief intervention	Rank	"Votes" (weighted)
Mobile crisis intervention team	1	21
1:1 brief intervention SUD services	1	21
Family Reconciliation Services	3	17
Other		8

Other services proposed:

- Behavioral health respite services
- Family and individual counseling, peer counseling, other supports

Basic outpatient and community services and supports

Which of these services are most important for the YYACC subgroup to focus on this year?

Basic outpatient and community services/supports	Rank	"Votes" (weighted)
Outpatient SUD evaluation	3	33
Youth and family peer supports	2	34
Medication for Opioid Use Disorder		21
Outpatient MH evaluation and svcs	1	38
Other		5

Other services proposed:

- Psychological testing, psychologists in outpatient care, in-home respite care

Intensive services

Which of these services are most important for the YYACC subgroup to focus on this year?

Intensive services	Rank	"Votes" (weighted)
New Journeys First Episode Psychosis	4	39
Medically fragile group homes		27
Wrap-around with Intensive Services (WISe)	1	54
Care coordination	2	47
ABA - severe behavior	3	45
Other		12

Other services proposed:

- Step-down services, such as short-term psychiatric evaluation and treatment
- Intensive outpatient and partial hospitalization programs

Acute and inpatient

Which of these services are most important for the YYACC subgroup to focus on this year?

Acute and inpatient	Rank	"Votes" (weighted)
CLIP	2	20
E&T, incl residential centers	1	23
Acute inpatient community and freestanding psychiatric hospitals	3	19
State hospitals (18-21)		8
Other	3	19

Other services proposed:

- A comprehensive post-inpatient treatment housing and step-down program continuum.
- We have no intensive inpatient or partial hospitalization programs that specialize in the treatment of individuals with intellectual and developmental delays, including autism in the State.
- DDA placements
- Wilderness. Residential options.
- Our state needs a joint system of care option for children with severe developmental disabilities with co-occurring mental health challenges.

Who responded

Respondents included youth and young adults who have received services, parents, peers, medical and behavioral health professionals, legislators, advocates, lobbyists, and representatives from managed care organizations. Individuals who responded may fall into more than one of these category. Of the 33 respondents, 76% identified as "White or Caucasian". Of the 34 respondents, 38% did not identify as someone who has experienced a diagnosed behavioral health challenge.

ANSWER CHOICES	RESPONSES	
A youth or young adult experiencing behavioral health challenges.	5.26%	2
An individual who received services for mental health and/or substance use as a youth.	15.79%	6
The parent of a youth under the age of 18 experiencing behavioral health challenges.	13.16%	5
The parent of a young adult (18-25 years old) experiencing behavioral health challenges.	10.53%	4
The parent of an adult child (26 or older) who experienced behavioral health challenges when they were under age 25.	15.79%	6
A behavioral health provider serving youth and young adults.	23.68%	9
A medical provider serving youth and young adults	2.63%	1
A certified peer	13.16%	5
A Family Youth System Partner Roundtable (FYSPRT) member	34.21%	13
A Children and Youth Behavioral Health Work Group member	18.42%	7
Staff (salaried or contract) for a behavioral health provider.	10.53%	4
Staff (salaried or contract) for an advocacy organization with a behavioral health focus.	5.26%	2
Staff (salaried or contract) for a public agency with a behavioral health focus.	21.05%	8
Staff (salaried or contract) for a youth/ young adult serving agency outside of the behavioral health service continuum (for example, K-12 education, University, Trade, Outreach, shelter, skill building, etc.)	5.26%	2
Legislative member or staffer	2.63%	1

Why people chose an area as particularly important to address.

Prevention

RESPONSES

Prevention gets ahead of behavioral health issues by identifying them early. This saves money, energy, and trauma down the road.

I selected Apple Health as my top option because it is an existing, funded stream of service that can be leveraged in partnership with communities and providers to provide behavioral health supports in partnership with PCPs. I selected AHCC as #2 because they have a specialty with complex, system-involved youth and young adults. There are opportunities to leverage this emphasis and expertise more broadly on behalf of young people involved with DCYF (included justice-involved youth).

When we provide Prevention/Intervention services and supports early on, we are less likely to experience more significant challenges. Proactive vs Reactive

I feel like if you can prevent it that would help with a lot of measures and being able to help and support the young adults in the youth so setting up preventable measures

Prevention is our best tool to avoid steeper interventions and the costs associated with those. It's a humane approach.

Prevention has the greatest return on investment, both in the physical sphere for the state, and the individual person sphere over their lifetime, as established by James Heckman, MD several decades ago.

Prevention addresses the need to recognize and identify the problems early on. Educator and parent/guardian partnership could be very effective in identifying and responding to the behavioral health needs of the child.

I believe if we start giving parents better skills for working with their children at younger ages we may be able to prevent many families from reaching a crisis point.

Young white women who went to college will never be successful in helping children and families with deep lived experience in the trauma of racism. So we need to build a system that can offer people who have experienced the trauma of racism more meaningful interventions.

I think in the time during and post-COVID-19, preventative resources will become more important (as will routine outpatient options). These are both areas where demand already outpaces capacity, so it will be important to increase our preventative efforts.

I struggle because I believe in prevention and want to elevate that adolescents and young adults benefit from a preventative approach

We need to meet community needs, strengthen individual, family community skills and provide resources and supports in community. I have more to say. no space

We have such a greater likelihood of success in scaffolding children, youth and families before behaviors escalate and this is where we invest the least resources.

Early intervention

RESPONSES

Prevention is important. To help prioritize prevention it could be beneficial to help individuals self-identify the areas of risk or need of services. We can help do this by working with providers and those with lived experience to cultivate a culture of practice focused around strength based and culturally relevant services. By connecting individuals to services earlier in the continuum of care and encouraging more motivational interviewing models driven by peer support, we can encourage patient-centered treatment plans that support authentic engagement and promote skills that will help individuals and youth seeking services, navigate the behavioral health and intersecting systems as well as establish more protective factors that will support prevention efforts.

It is so important and to keep following them to adulthood. For data work.

The earlier we can provide culturally relevant services and support the more likely we will experience positive outcomes.

Many children with behavioral health needs are first labeled "difficult" in school and are subject to punitive interventions. If families learn better skills they can inform the school on what strategies they are using at home and help keep a child from being labeled as a "problem".

We need to start wrapping around high risk children much earlier. Ex those with behavioral IEPs, adopted children, homeless children etc. Don't wait for problems in middle school. Start much earlier to support parents in creating safe and healthy environments.

We need to not pathologize people in order to provide BH services. Prevention and Early Intervention fit this bill.

The sooner we can get appropriate/effective services to youth and their families, the better.

Moving along the continuum same holds true, we wait until youth, young adults are very damaged and families are exhausted before we invest significantly.

Research demonstrates early intervention is cost effective, proactive and improves quality of life for children and their families.

Brief intervention

RESPONSES

These interventions help to head off full blown crises, allowing people to heal in the community and preventing the need for higher levels of more restrictive care.

FRS is beneficial to many families. With COVID budget cuts on top of current issues identified in successfully implementing FRS services, more community based services would promote an initiative of community based primary prevention services.

Developing more robust, responsive and agile crisis and brief intervention resources can address issues more immediately and directly, and with more of these resources, these people could serve as navigators for more intensive supports and services when needed. This also could address the existing gaps/obstacles to executing the changes in law to divert law enforcement interventions directly to professionals who can address the behavioral health need.

Less intensive services (i.e. early intervention and brief intervention) earlier will hopefully mean fewer intensive services later.

Basic outpatient & community services and supports

RESPONSES

To avoid admission to higher levels of care, we need to improve services in this level of care

A group of researchers, better evaluates and comes to conclusions when using any support services, for research or knowledge. I feel the (YYAC) Group will have a higher percentage of success when we know what services and information from these services are available. My skillset has great success when I know who or what services are available to help complete the project. After the references are determined, then the matters at hand can begin, and if certain issues arise, these services may be contacted or referenced.

For YYA experiencing homelessness and foster care there is a big gap in access it appears around available, accessible, culturally appropriate services in this arena, that could help prevent the need for more acute/intensive services.

WISE & in-patient services are overloaded with long waiting lists. Need more capacity for intensive care and home supports until kids can access higher level of service.

Intensive services

RESPONSES

I am deeply concerned about the 23% of WA youth who are homeless within 12 months of residential treatment because WA lacks a comprehensive, post-inpatient treatment housing and step-down program continuum. This continuum encompasses intensive services.

We need to assertively intervene in the criminal justice system and actively pull youth out of that system and into intensive treatment - so we need to build the supports to do this. We still rely on expulsion, special education institutional schools, detention, probation, and JR to meet the mental health needs of young people. Youth need to be able to access healthy supports without being institutionalized.

This is part of the continuum that could have dramatically positive effects both upstream and downstream. These can prevent youth from needing a resource like an inpatient unit or CLIP and can also help youth "step-down" safely back to routine outpatient care. Improvements in these services means improved ability to provide each child with the right care at the right time.

Intensive being somewhat of a critical word, in any sentence, should be considered an important issue. Especially when dealing with mental health. These services should be considered as a great source of information, when discussing topics in the (YYAC) Group.

Youth experiencing homelessness and foster care often struggle to access intensive services in a timely fashion.

The lack of sufficient and at times effective services in this level leads to overutilization of acute inpatient and emergency depts. Need more coordination and services at this level for kids stepping down from CLIP.

High need. lack of capacity and lack of facilities for all areas of the state

Acute and inpatient

RESPONSES

We are investing significant resources in inpatient services while many young people remain vulnerable to homelessness or cycling through acute care facilities. By investing more in the post inpatient continuum, we can ensure better health outcomes for youth and young adults and less strained acute care facilities.

These two levels of care are the most overburdened and most expensive services, yet as a state, we lack sufficient resources for youth.

We don't have enough beds.

We consistently see challenges with finding the appropriate care for children with cooccurring DD/MH issues. We need a facility with can provide placement (DDA) and MH treatment (Medicaid/Medicare) to help address this challenge and provide a safe environment for children/families.
