CYBHWG Youth & Young Adult Continuum of Care (YYACC) subgroup

May 5, 2022

Leads: Representative Lauren Davis, Representative Carolyn Eslick, Michelle Karnath (parent), and Lillian Williamson (young adult)

2023 Priorities

- Addressing acute care, residential facilities for all young people who need them. Not just people who are without insurance or ineligible for intensive treatments like Children's Long-term Inpatient Program (CLIP).
- CLIP program access and robust discharge plans for young people.
- Behavioral Health (BH) professionals in schools.
- BH integration.
- Wraparound with Intensive Services (WISe) for families and youth without Medicaid.
- Access and knowledge of peer services.
- Use of diagnostic tools to treat the whole person (e.g., psychological testing and neuro psychological testing).

Expansion of youth mobile crisis services

Sherry Wylie, *Health Care Authority (HCA)*

See page 5 for slides

Highlights

- The Crisis Response Improvement Strategy (CRIS) Committee is tasked with developing recommendations to the Governor and legislature to support implementation HB 1477.
- HB 1477 includes the development of new standards and procedures, relying on mobile crisis teams national best practice models, including Substance Abuse and Mental Health Services Administration (SAMHSA) best practice and crisis care tool kit, and mobile response and stabilization services models for children.
- CRIS committee is comprised of a 5-member steering committee, a 36-member committee and subgroups to delve into specific areas.
- Youth mobile crisis team expansion was passed in recent legislation.
- Currently working to build out in all 10 regions of Washington.
- With expansion, each region must have a minimum of one child, family, and adult mobile crisis team to be able to respond to calls coming into 988 by July.
- The mobile crisis teams goal is to respond in person within 2 hours to any crisis and 60 minutes as best practice, with telephone support for the family until the team arrives.
- Supporting the caregiver, as well as the youth, during a behavioral health crisis decreases the likelihood of child welfare and juvenile justice involvement.
- The best practice for mobile response and stabilization services is that the crisis is defined by the youth, young adult, or caregiver.
- The responding team assesses risk, provide de-escalation support, and help to create safety plans with the family.
- The team can identify providers and do a warm hand off to provider stabilization services.

Discussion and Q / A

- What is the age limit for the youth mobile crisis response?
    - It serves youth up to age 20.
- Would like to see mobile crisis team outreach for youth shelters and outreach workers.

  - We encourage mobile crisis teams to do engagement and outreach.
- Is the crisis team able to respond to a detention facility?
  - Yes, in Thurston and Mason counties, the provider has a crisis team member placed inside juvenile justice for about 4 hours a day. The goal is to move this across the state once the crisis teams are built.
- What was the approximate split of the 38-million-dollar allocation?
  - FY 22: about $8.2 million for youth mobile crisis and about $11.6 million for adult crisis teams.
  - FY 23: about $7.5 million for youth mobile crisis teams and about $10.7 million for adult crisis teams.
- Is there training on how to work with youth in crisis for the Certified Peer Counselor (CPC) Crisis Services training? Or is this adult focused?
  - The Crisis training is not only adult focused. We brought youth and family voice in for the development of the curriculum.

Chat

- CRIS committee
- Mobile response stabilization model Connecticut Crisis Now presentation MRSS

Medicaid waiver options for respite care

Enos Mbajah, *HCA*

See page 17 for slides

Highlights

- Respite language in the budget:
  (82) $150,000 of the general fund—state appropriation for fiscal year 2022 is provided solely for the authority to evaluate options for a Medicaid waiver to provide respite care for youth with behavioral health challenges while avoiding adverse impacts with respite waivers at the department of social and health services developmental disabilities administration and the department of children, youth, and families.
- "Respite should be relationship based"; that's powerfully true. The language is so important for all involved: parents, caregivers, and youth.

Discussion and Q / A

- What are you learning from the current respite pilots?
  - Current pilots move youth to another location for respite care.
  - Currently looking at how to keep youth in home and in the community for respite care services. Possibly a parent peer that is available to go out and work with the parents and clinicians to come up with safety plans, but we currently do not have enough data to be able to make actual decisions.
  - Goal is to use community feedback, with other data compiled from Mercer to inform decision making.

Recovery support services peer support programs

Maureen Bailey, *HCA*

Highlights

- Creating a 40-hour continued education training for certified peer counselors who are going to support people in crisis; training scheduled in June.
- Training curriculum was created in partnership with Peer Washington.
- The leadership group formed to advise on the training includes certified peer counselors, clinicians, and other people working in the crisis services system.

- Online training has 14 modules; people can take up to 4 months to complete them.
- HCA has increased the number of certified peer counselor (CPC) trainings to a minimum of 38 during the first 6 months of 2022.
- Topics covered include: re-framing crisis, best practices for working in crisis interventions for peer support and wellness, planning and keeping everyone safe including staff, suicide prevention, ethics and boundaries, crisis settings, trauma informed practices, and cultural responsiveness.
- Working on self-care for peers and to increase recruitment of black and indigenous people of color (BIPOC) to be certified peer counselors.
- Contracted with small minority businesses who are approved CPC trainers to train, allowing for better outreach to the communities they serve.
- Some trainings will be provided in Spanish
- Trainings have taken place in the prison system.
- Working to create a network for peer counselors who are employed to connect with each other, including access to support groups, continuing education resources, and a space for peers to network with each other.

Discussion Q/A

- Is the contracted organization contracted to do the BIPOC peer recruitment events, or to give out seed grants, or both?
    - We are going to be contracting with a few organizations to get the money out to the community.
    - Jones Community, one of the selected contractors, will be offering listening sessions, including with urban Indian organizations and Hispanic populations.

Chat

- The Center of Parent Excellence (COPE) Project
- HCA Peer Support Program
- Housing and Recovery through Peer Services (HARPS) program
- Washington Mental Health Summit

Attendees:

Kashi Arora, Seattle Children's
Maureen Bailey, Health Care Authority (HCA)
Andi Butts, Columbia River Mental Health Services
Dr. Phyllis Cavens, Child and Adolescent Clinic
Jerri Clark, PAVE
Diana Cockrell, HCA
Alice Coil, Department of Children Youth and Families (DCYF)
Thalia Cronin, Community Health Plan of Washington (CHPW)
Becky Daughtry, HCA
Representative Lauren Davis
Matt Davis, Office of Homeless Youth (OHY)
Vee Drake, Family Council member
Representative Carolyn Eslick
Jessie Friedmann, YouthCare
Elias Hawa, CHPW
Maranda Heckler, Youth Peer Navigator
Avreayl Jacobson, King County Behavioral Heath and Recovery
Kim Justice, Office of Homeless Youth
Michelle Karnath, Clark County Juvenile Court/FYSPRT parent tri-lead
Laurie Lippold, Partners for Our Children
Jasmine Martinez, COPE Project
Enos Mbajah, HCA
Taku Mineshita, DCYF
Barb Putnam, DCYF
Jean Ross
Ted Ryle, DCYF
Janice Schutz, Washington State Community Connectors (WSCC)
Mary Sprute, DCYF
Jim Theofelis, NorthStar Advocates
Luke Waggoner, HCA
Cindi Wiek, HCA
Lillian Williamson, Youth/Young Adult
Greg Williamson, DCYF
Sherry Wylie, HCA
Jennifer Ziegler, Washington State Alliance Of Boy's & Girl's Clubs

Mobile Response and Stabilization Services

MRSS

HB 1477 & 988 National Suicide & Crisis Lifeline

- 2020 National Suicide Hotline Designation act established 988
- 2021 WA, E2SHB 1477 - Crisis Call Center Hubs & Crisis Services Act
- 2021 WA E2SHB 1477 – Invest in mobile crisis response teams

Children and Youth Behavioral Health Work Group
Youth and Young Adult Continuum of Care subgroup

- Expand youth mobile crisis services statewide and ensure teams can meet demand exacerbated by the pandemic

- HCA will assure 6 new youth mobile crisis response (MCR) teams are created, one in each region by end of fiscal year 2022

- HCA must establish standards in contracts with BH-ASO's and MCO's for the services provided by the MCR's

  SB 5092, Sec 215 (65) Proviso funding

Proviso Youth MCR expansion by Region

Great Rivers

Greater Columbia

North Central

North Sound

Salish

Spokane

Youth and family MCR team components

- 11-person team, one supervisor
- 5 teams of MHP and peer support specialists paired together
- Respond in person within 2 hours, best practice is 60 minutes
- Telephone support until the team arrives
- Serve all children, youth, and caregivers regardless of insurance

Why deliver crisis services under MRSS?

- Meet the needs of children, youth, young adults and caregivers
- Support and maintain youth in homes, schools and community
- Intervene, reduce placements, more restrictive interventions
- Connect youth and families to formal and informal supports

MRSS crisis care best practices

- Crisis is defined by youth, young adult or caregiver
- Response is in person to home, community, school
- Promote and support safe behavior in home, community, school
- Reduce out of home placements and foster care transitions

MRSS crisis care best practices

- Interrupt pipeline to juvenile justice, ER's and inpatient units
- Developmentally appropriate assessment, de-escalation
- Safety, skill building, youth and parent peer connections
- Access to family facing systems of care and natural supports

Crisis intervention phase – 72 hours

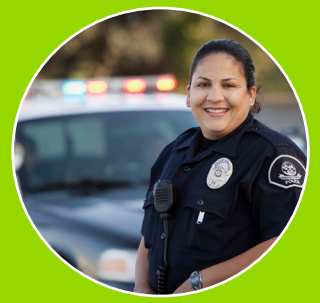
- Initial Response
  - Face to face within 2 hours
  - Peer support
  - Family/caregiver and/or CYYA define the crisis
  - Developmentally appropriate crisis de-escalation
  - Evaluation and Assessment
  - Check-ins and non-crisis response
  - Care Coordination and warm handoffs

Crisis Stabilization phase – up to 8 weeks

- Separate from intervention phase but be connected
- In home, schools, community. Face to face 24/7 access
- Youth and family peer support
- Link families with natural supports, arts, activities, parent groups
- Care coordination and warm handoffs to existing systems of care

Primary care

Schools



Police

ER's

Inpatient Units, Providers

Juvenile Justice

Where are the kids in crisis?

Questions?

"Perhaps the most potent element of all, in an effective crisis service system, is relationships. To be human. To be compassionate. We know from experience that immediate access to help, hope and healing saves lives."

SAMHSA 2020, *National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit*

Respite

Prenatal through 25 Lifespan Behavioral Health Section (P-25) /Division of Behavioral Health and Recovery (DBHR)

Respite projects

- Respite Waiver
- System of Care pilots

Respite waiver

- $150,000 of state funding was provided to evaluate options a Medicaid waiver to provide respite care for youth with behavioral health challenges (July 1, 2021-June 30, 2022)
- Division of children, youth, and families (DCYF) and Developmental disabilities administration (DDA) staff are being consulted to avoid any adverse impacts to the respite services they provide

- DDA staff have offered to attend future meetings with Mercer and HCA staff if needed, and when the study is completed
- DCYF has been available for consultation during the review process
- HCA has contracted with Mercer to compile information

Process update

- Mercer is currently review how other states fund respite services through waivers
- Mercer may consult with California to learn more about their work with the Centers for Medicare and Medicaid Services (CMS)

- HCA and Mercer project team will meet regularly
- Mercer's findings will be shared with HCA by June 30, 2022
- HCA will submit report to the Legislature for review

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SOC respite pilots

- Two pilot programs funded by the System of Care Grant SpokaneExcelsior, Seattle YMCA-significantly in response to consistent request for respite services form FYSPRTS.
- The goal is to capture 100-200 youth by each provider
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Designed to meet needs of the gaps in the continuum of care for example between WISe and CLIP, and to improve crisis response Both initiated June 2021. Extended financing with permission from Substance Abuse and Mental Health Services Administration (SAMHSA) through Sept 2022.

SOC respite tiers of service

- In-home-community based
- Structured day respite
- Facility overnight-planned, emergency, acute behavior
- 24-7 "warm line"

SOC respite objectives

- Improved crisis response
- Increase natural supports
- Care coordination/navigation of resources
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Services provided by individuals with lived experiences

SOC respite referral pathways

- School based
- WISe
- Emergency Departments

Respite Waiver

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SOC respite pilots

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