

Children and Youth Behavioral Health Work Group - Youth and young adult continuum of care (YYACC)

July 27, 2023

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

Meeting Topics

- Updates on 2023 session recommendations and revisiting YYACC proposals (*see page 4*)
- Focusing on continued support for Wraparound with Intensive Services (WISe), Program of Assertive Community Treatment (PACT), and expanding facility capacity and quality
- Mobilizing for budget allocations targeting indigenous youth
- Increasing public awareness and engagement in health workforce expansion and YYACC participation

Ideas Surfaced in the Meeting:

Ideas Surfaced	Description
WISe	Expand capacity and consider approaches to therapeutic educational facilities.
Youth SUD	Investigate diverse approaches to SUD treatment amidst facility closures.
Advocating for PACT	Decode PACT and revisit allocations in Bill 5476 ¹ .
Indigenous Youth Support	Focus on suicidality and the opioid epidemic nexus.
Increase Public Knowledge & Engagement	Develop fact sheet on committee stipends and participation, emphasize conditional scholarships in behavioral health.

Discussion Summary

During the meeting, several points were discussed:

1. Children's Long-term Inpatient Program (CLIP) Increase:
 - a. Noted a significant increase in CLIP rates, surpassing HCA's decision package.
 - b. Anticipated expansion of long-term youth facility beds by 72, accompanied by a \$99 bed day rate hike.
 - c. Proposed Ideas for Improvement:

¹ SB 5476 - 2021-22 - <https://app.leg.wa.gov/billsummary?BillNumber=5476&Year=2021>

- i. Proposed comprehensive measures to provide standardized support for youth in hospital settings.
 - ii. Urged the augmentation of in-home and out-of-home services within the Department of Adolescence and Children's Services (DCS).
 - iii. Explored enhancing Wraparound with Intensive Services (WISe) for high-needs youth:
 - 1. Introduction of concurrent Applied Behavior Analysis (ABA) and WISe model.
 - 2. Implementation of Wraparound with Intensive Behavioral Supports (WIBS) model.
 - 3. Adoption of educational programs like Realistic User Behavior Interventions (RUBI) and Evidence-Centered High-Outcome Care (ECHO) for WISe teams.
 - iv. Noted the absence of funding for a study on the development of a therapeutic educational residential facility.
- 2. WISe and Wraparound Pilot Advancements:
 - a. Highlighted previous discussions on advances in WISe, including pilot programs combining Wraparound with Intensive Services and integrated Behavior Supports.
 - b. Explored the possibility of leveraging pilot results, with input from YACC partner, to shape future session requests.
 - c. Emphasized that extended wait times for WISe and wraparound services affect many children, while WISe teams struggle to address specific youth populations' needs.
 - d. Reiterated the importance of increased support and capacity-building for WISe, echoing previous group discussions.
- 3. Oversight and Implementation of the Parent Portal:
 - a. Confirmed the progress of the scholarship and parent portal programs for implementation.
 - b. Recognized the need for vigilant monitoring, particularly regarding respite and the parent portal during the waiver period.
 - c. Acknowledged the necessity of prioritizing concerns and determining focal points for these programs.
- 4. Closure of Daybreak Facility:
 - a. Addressed the closure of Daybreak, underlining its significance as an inpatient treatment facility.
 - b. Highlighted the substantial impact of the closure, considering its role in providing essential services to youth dealing with addiction.
 - c. Identified the loss of service capacity, particularly for victims of sex trafficking or commercial sexually exploited children and youth, underscoring the critical role Daybreak played.
 - d. Expressed concerns about alternative options for the affected youth and the gap created in the continuum of care.
- 5. YYACC Recommendations to Revisit:
 - a. Highlighted the recommendations related to respite services, caregiver respite services, and the renewal of the 1115 waiver.
 - b. Discussed the importance of targeted investments in behavioral health and suicidality for indigenous youth, along with the need for flexible funding for technological innovation.

- c. Noted the budget allocation of \$10 million to boost the workforce, with an emphasis on promoting conditional scholarships for behavioral health degrees.
6. Allocations and Funding Challenges:
 - a. Discussed the allocation of approximately \$15 million for indigenous youth services by the legislature.
 - b. Raised concerns about the challenge of securing the allocated funding due to the application process.
 - c. Explored ways to effectively utilize funding in addressing issues tied to the opioid epidemic.
7. Program of Assertive Community Treatment (PACT):
 - a. Defined PACT as a program for young adults accessing intensive outpatient community-based services.
 - b. Compared PACT's funding rate to the WISE rate and its role in serving a broader young adult population, especially those transitioning from WISE.
 - c. Noted the legislature's significant investment in PACT in 2021, its inclusion in [Bill 5476](#), and its earmarking in the budget for homeless outreach stabilization transition.
 - d. Recognized workforce issues within the larger workgroup and emphasized the importance of collective action and additional information to optimize funding allocation.
8. Youth Substance-Use Disorder (SUD) Utilization:
 - a. Addressed the notable decrease in utilization for youth SUD and pediatric SUD recommendations for those under 18.
 - b. Explored the influence of school and juvenile justice shifts on the referral network and integration.
 - c. Mentioned the upcoming listening session in August to delve further into this issue.
9. Committee Stipends and Participation:
 - a. Explained the legislation passed last year allowing stipends for committee participants based on their relevant personal experience.
 - b. Clarified the eligibility for stipends and varying rules among different committees and subgroups.
 - c. Underlined that attendance and participation, regardless of advisory group membership, entitles individuals to stipends.
 - d. Proposed the creation of a fact sheet detailing committee stipends and participation to encourage parent and youth attendance.

Next Steps

- August full workgroup meeting for SUD issues discussion.
- Plan presentations on PACT and school-based SUD workforce.
- Focus on strategizing indigenous youth allocations and addressing facility closures.
- Promote diverse approaches to discipline and pathways to SUD treatment.
- Develop fact sheets to encourage meeting participation and share information about stipends.

2023 YYACC and related recommendations

Post-session status

Overarching recommendations

✓	<p>Children’s Long-term Inpatient Program (CLIP) rate Increase <i>Note: Increased dollar amount above HCA’s decision package.</i></p> <p><i>Budget - ESSB 5187, Sec. 215 (45), pg. 266</i></p> <ul style="list-style-type: none"> • Funds provided to increase the number of beds and rates for community children’s long-term inpatient program providers. • The number of beds is increased on a phased-in basis to 72 beds by the end of fiscal year 2024. • The bed day rates are increased from \$1,030 per day to \$1,121 per day effective July 1, 2023.
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Other recommendations related to youth & young adults

↗	<p>Expand services and codify a consistent approach to support the needs of youth who are effectively “stuck” in hospitals</p> <p>This package of recommendations includes four budget proposals and one policy proposal:</p> <ul style="list-style-type: none"> • Expand the capacity in DDA in-home and out-of-home services. • Expand the capacity and capability of WISE to support high-needs youth – potential promising pilots include exploring how to concurrently offer ABA and WISE, piloting a Wraparound with Intensive Behavioral Supports (WIBS) model, and continuing educational opportunities such as RUBI and the ECHO for WISE teams. • Expand access to Applied Behavioral Analysis (ABA) supports. • Explore a therapeutic educational residential placement in Washington State through an evaluation/study. • Codify a new approach to creating a service and placement plan for children. <p><i>Note: Does not fund a study on developing a therapeutic educational residential facility.</i></p> <p><i>Legislation – 2SHB 1580-Creating a system to support children in crisis (Callan)</i></p> <p><i>Budget - ESSB 5187, Sec. 215 (109), pg. 290</i></p> <ul style="list-style-type: none"> • Requires that the Governor maintain a Children and Youth Multisystem Care Coordinator to serve as a state lead on addressing complex cases of children in crisis. • Requires that the Care Coordinator, in coordination with DCYF, HCA, OFM, and DSHS, develop and implement a Rapid Care Team for the purpose of supporting and identifying appropriate services and living arrangements for a child in crisis, and that child’s family, if appropriate. • Allows the Care Coordinator to have access to flexible funds to support the safe discharge of children in crisis from hospitals and long-term, appropriate placement for children in crisis who are dependent.
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YYACC recommendations

Passed

<p>✓</p>	<p>Provide a parent portal and tool kit to make it easier for families in crisis to get information</p> <p>Convene stakeholders including parents/caregivers and youth and young adults to develop a work plan to design the Parent Portal, look for funding partners, and send out an RFP for ongoing care and management of the portal.</p> <p><i>Budget - ESSB 5187, Sec. 215 (105), pg .289</i></p> <ul style="list-style-type: none"> <i>Funds to support the development and implementation of the parent portal as directed in Chapter 134, Laws of 2022 (SHB 1800).</i>
<p>✓</p>	<p>Youth Behavioral Health Grant</p> <p>Recommendation: Budget \$2,000,000</p> <p>This grant allows licensed youth shelters to provide behavioral health services onsite to youth in crisis.</p> <p>Budget - ESSB 5187, Sec. 129 (26)</p>
<p>✓</p>	<p>Homeless Youth Program Model</p> <p>Recommendation: Budget \$250,000</p> <p>Also referred to as “System of Care grants,” this funding supports the state’s goal in SSB 6560 (2018) that young people exit public systems of care to stable housing. It serves young people exiting inpatient behavioral health treatment facilities, foster care, the juvenile justice system, and programs operated by the Office of Homeless Youth.</p> <p>Budget – Included in base budget</p>

Not Passed

<p>X</p>	<p>Targeted investments in behavioral health and suicidality for indigenous youth To address the massive disparities in behavioral health needs in Indigenous youth, provide monetary assistance to tribes and Indigenous organizations to spend on behavioral health services as they see fit.</p>
<p>X</p>	<p>Behavioral health respite for youth and families Direct HCA to continue to explore Medicaid waiver options for respite care for youth with behavioral health challenges, without adversely impacting the DDA and DCYF respite waivers, and to continue to expand the System of Care respite pilots.</p>
<p>X</p>	<p>Peer services for youth and families Expand access to peer services for parents/caregivers and youth/young adults accessing behavioral health services by funding Center of Parent Excellence (COPE) to sustain the program and add additional staff; add additional opportunities for the Certified Peer Training and testing specifically for youth and families.</p>
<p>X</p>	<p>Create a flexible fund to pilot the utilization of technological innovations across the behavioral health continuum of care Establish a pot of flexible funds intended to stimulate broader adoption of technological innovations in the mental health and addiction services sector. A myriad of such technologies exist, including applications and prescription digital therapeutics that address suicide crisis care, addiction recovery support, depression care, opioid use disorder, and more. These technological innovations exist across the behavioral health continuum of care from assessment and early intervention to treatment and recovery support services.</p>