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

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

### Agenda Items

<table>
<thead>
<tr>
<th>Agenda Items</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Community Agreement</strong></td>
<td>• Community engagement meeting norms</td>
</tr>
<tr>
<td></td>
<td>• Content warning</td>
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<tr>
<td></td>
<td>• Land acknowledgment</td>
</tr>
<tr>
<td><strong>HCA Update on WISe</strong></td>
<td><strong>Tina Burrell, Paul Davis, Patty King &amp; Kari Samuel,</strong> Washington State Health Care Authority, Division of Behavioral Health and Recovery, Prenatal to 25 Lifespan Behavioral Health.</td>
</tr>
<tr>
<td>Wrap-around with Intensive Services</td>
<td><em>See page 3 for slides.</em></td>
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</tbody>
</table>

### Highlights:
- Youth/individuals participate in WISe an average of 9 months.
- Currently, around 3000 youth/individuals participating monthly and would like to increase to approximately 3345.
- 82 WISe sites across the state; 50 lead agencies.
- Need to grow more WISe teams and increase BH providers.
  - To be at full capacity, 30-35 more teams are needed.
  - 3 regions have high needs. (Thurston-Mason, North Sound, Southwest Washington)
- Workforce Shortage - Point in time – March 2021 – 120 openings in the WISe program across the state.
- WISe program includes care coordination to help with linkages: Respite care, DDA, behavioral analysis.
- Want to expand WISe to work more with co-occurring needs.

### Partners in WISe – Youth, Family & Providers
- When the workforce shortage started in 2014, MCOs, RSNs, ASOs worked to gain providers by offering signing bonuses and other incentives.
  - 24 hr. response – high burnout position.
  - Difficulty attracting the capacity that is needed, exacerbated by Covid.
  - Workforce shortage and turnover affects every role.
  - No established case load when it comes to WISe, only for care coordination.
  - Workforce shortages include family and youth peers.
    - Study showed MCOs – 60% of providers responded to a survey and indicated that 30 youth positions and 17 parent positions were unfilled.
  - All providers required to use the WISe manual.
  - Increase youth and family Certified Peer Counseling (CPC) trainings.
    - We have traditionally offered 6 but this year will do 9 trainings thanks to federal grant money.
    - Standard CPC trainings once per month are open to WISe peers.
    - Preferred option is youth and family CPC training.
Discussion Q / A

- How is WISE connected to the governance structure, which includes FYSPRT and the CYBHWG? Why the lack of participation in some regions and value in FYSPRT?
  - Will consult with Kris Royal and get back to the group.
- Are there separate trainings for youth peer and family peer training?
  - No, there is one training; peer and family are done together.
- How is the new project of Center of Parent Excellence (COPE) funded?
  - Through Mental Health Block Grant Funds.
- Challenges with finding and getting into the training within the time frame to be able to get the funds has been hard. What can we do to get more trainings?
  - This fiscal year funding was secured to move the number of trainings up to 9, with the goal in the future of being able to have one every month of the year.
  - There is an additional challenge with having limited personnel who can do the trainings, so workforce needs must be addressed.
- What would make it easier to recruit and retain people?
  - Need to increase pay.
  - Keeping people engaged by feeling they have the skills to do their work the right way.
  - Friends of youth and SPARK are collaborating to create an on-ramp for the youth peer profession.
- Immigrant child (recent 2-3 months ago) qualified for basic Medicaid but not WISE. In 2022, will children with this status be eligible for WISE?
  - Recent settlement agreement to open access but further details need to be figured out.

Chat:
WISE Quality Management Plan
WISe Overview

November 9, 2021

Tina Burrell • Paul Davis • Patty King • Kari Samuel

Washington State Health Care Authority
Division of Behavioral Health and Recovery
Prenatal to 25 Lifespan Behavioral Health
Overview of Current WISE Projects
WISe service array examples

• WISe is:
  • Available to youth who are Medicaid eligible
  • Team-based
  • 24/7 outpatient crisis response
  • Built on wraparound principles and values
  • Focused on medically necessary behavioral health services, such as:
    • Individual therapy
    • Group therapy
    • Medication management
    • Family therapy
    • Peer support
    • Psychoeducation

• WISe is not:
  • Personal care services (DDA)
  • Respite (DDA)
  • Applied Behavioral Analysis
  • Substance Use Disorder treatment
  • Physical health & dental services
  • Educational services
  • Community & enrichment programs
NOTES: WISe services are provided in all 39 counties (Skamania does not have a local, in-county provider, but is served by a provider in a neighboring county). Map shows 82 WISe provider sites operating as of November 2021.
Next steps for the current biennium

Mobile Crisis Response

• Bolster and sustain crisis services to eligible youth by:
  • Ensuring all new WISE providers are required to complete the crisis training curriculum that began in 2018 and develop a plan to provide the training to all existing providers
  • Modifying the basic WISE training to include trauma-focused strategies, safety plans and responses
Next steps for the current biennium

Transition Age Youth (18–20-year-olds)

• Increase access to WISE services by addressing the following:
  • Evaluate adding incentives for increasing screening and capacity for specialty providers (TAY/Homeless and co-occurring SUD or DD)
  • Evaluate setting targets or goals for increased screening and increased WISE enrollment
  • Improving access for youth with co-occurring substance use disorder needs
  • Developing and enhancing WISE providers’ community connections with TAY; finding ways to integrate WISE services into other TAY programs and resources
Peer Support and Resources
Youth and Parent Partners in WISE

• Workforce
  • Workforce shortages and turnover affect every role on WISE teams
  • WISE Workforce Survey (March 2021, conducted by MCOs)
    • Of the 50 WISE providers in Washington, 30 responded (60%)
    • Youth peers 31 positions open
    • Parent partners 17 positions open
  • There is a high demand for Youth and Family CPC trainings currently.
    • We have traditionally offered 6 but this year will do 9 trainings thanks to federal grant money
    • Standard CPC trainings once per month are open to WISE peers
    • Preferred option is youth and family CPC training

• Caseload
  • No established caseload limits for peers or therapists, only for Care Coordinators
Transitions out of WISE

How do you help transition youth out when they don’t have services, need for dual authorization for intense services?

• Outpatient therapy when appropriate
• During their time with WISE, focus on building community supports which can include cross system, recreation, educational and natural supports
• Natural/community supports will likely be a focus and utilized in the transition plan.
Transitions out of WISE

The Center of Parent Excellence (COPE) Project is a new support resource

• Regular parent support groups in each region
• Parent Empowering Parents training available spring and summer 2022
• One to one support by lead parent support specialists as needed during transition
WISe Data and Outcomes
WISe has served more than 13,000 youth since 2014

Referral sources for WISe screens in 2020

- **27%** Self and Family
- **25%** Child Welfare
- **18%** Mental Health Outpatient
- **6%** School
- **5%** Medical Provider
- **5%** Mental Health Inpatient
- **4%** Mental Health Crisis Services
- **3%** Juvenile Justice Total
- **2%** Juvenile Rehabilitation

**Notes:** For more information, see WISe Screening Report, 2021 Q2. Bar chart above reflects data from calendar year 2020.
Demographics of WISe clients
Jul 2019 – Jun 2020

**Gender**
- 42% Girls, n = 2,506
- 58% Boys, n = 3,422

**Race/Ethnicity**
- American Indian/Alaska Native, n = 819 (14%)
- Asian/Pacific Islander, n = 389 (7%)
- Black, n = 988 (17%)
- Hispanic, n = 1,367 (23%)
- White, Non-Hispanic, n = 2,786 (47%)

**Age Distribution**
- 0 to 4, n = 196 (3%)
- 5 to 11, n = 2,344 (40%)
- 12 to 17, n = 3,153 (53%)
- 18 to 20, n = 235 (4%)

SOURCE: Administrative data. ProviderOne data available for n = 5,928 WISe clients served July 2019 through June 2020 (SFY 2020), linked to DSHS Integrated Client Databases. See 2021 Q1 WISe Dashboard for additional information. Race/ethnicity groups are not mutually exclusive except White, Non-Hispanic, and sum to more than 100%.
WISe clients are a high-needs population, with significant risk factors and cross-system involvement

Characteristics of WISe Clients Served Jul 2019 – Jun 2020

- 12-months prior to WISe participation:
  - 57% had child welfare involvement
  - 30% used mental health crisis services
  - 28% had a mental-health-related emergency department visit
  - 17% had been in foster care
  - 14% had mental health inpatient stay
  - 11% had co-occurring substance use treatment need
  - 11% involved in juvenile justice system
  - 10% had diagnosis of self-injury or attempted suicide

SOURCE: Administrative data. ProviderOne data available for n = 5,928 WISe clients served July 2019 through June 2020 (SFY 2020), linked to DSHS Integrated Client Databases. Characteristics measured over 12-month period prior to first month of WISe participation in the period. See 2021 Q1 WISe Dashboard for additional information.
**WISSe provided 10 Service hours per client per month on average in SFY 2020**

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Percent of hours</th>
<th>Average number of hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Treatment/Other Intensive Services</td>
<td>35%</td>
<td>3.4</td>
</tr>
<tr>
<td>Care Coordination/Child and Family Team Meeting</td>
<td>28%</td>
<td>2.8</td>
</tr>
<tr>
<td>Peer Support</td>
<td>19%</td>
<td>1.9</td>
</tr>
<tr>
<td>Family Treatment</td>
<td>8%</td>
<td>0.8</td>
</tr>
<tr>
<td>Other Mental Health Services</td>
<td>7%</td>
<td>0.6</td>
</tr>
<tr>
<td>Crisis Services</td>
<td>2%</td>
<td>0.2</td>
</tr>
<tr>
<td>Substance Use Disorder Services</td>
<td>1%</td>
<td>0.1</td>
</tr>
</tbody>
</table>

Mental health inpatient service utilization decreases following WSe entry

NOTE: The 2019 statewide cohort had 2,694 youth.
SOURCE: Administrative data. See additional measures and details in WSe Administrative Outcome Measures, forthcoming.
Mental health crisis services increase temporarily, then decrease following WISE entry

NOTE: The 2019 statewide cohort had 2,694 youth.
SOURCE: Administrative data. See additional measures and details in WISE Administrative Outcome Measures, forthcoming.
Emergency Department utilization decreases following WISE entry

NOTE: The 2019 statewide cohort had 2,694 youth.
SOURCE: Administrative data. See additional measures and details in WISE Administrative Outcome Measures, forthcoming
Behavioral and emotional needs decrease after 6 months in WISE

SOURCE: BHAS data for WISE clients with initial Full CANS Assessment October 2019 to September 2020, and 6-month follow-up by March 2021. Total clients age 5 to 20 = 1,603. NOTES: See 2021 Q2 WISE Dashboard for additional information. Top 5 behavioral and emotional needs at intake shown, based on proportion of youth with an “actionable treatment need” (rating of 2 or 3 on CANS item). A decline at the time of 6-month reassessment represents improvement for these measures.
Risk factors decrease after 6 months in WISe

- Decision-making problems: 57% to 41%
- Danger to others: 43% to 23%
- Suicide risk: 32% to 14%
- Non-suicidal self-injury: 31% to 15%
- Intended misbehavior: 28% to 19%

SOURCE: BHAS data for WISe clients with initial Full CANS Assessment October 2019 to September 2020, and 6-month follow-up by March 2021. Total clients age 5 to 20 = 1,603. NOTES: See 2021 Q2 WISe Dashboard for additional information. Top 5 risk factors at intake shown, based on proportion of youth with an “actionable treatment need” (rating of 2 or 3 on CANS item). A decline at the time of 6-month reassessment represents improvement for these measures.
Problems with life domain functioning decrease after 6 months in WISE

<table>
<thead>
<tr>
<th></th>
<th>Initial Assessment</th>
<th>6 Month Reassessment</th>
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</thead>
<tbody>
<tr>
<td>Family problems</td>
<td>78%</td>
<td>59%</td>
</tr>
<tr>
<td>Interpersonal</td>
<td>63%</td>
<td>48%</td>
</tr>
<tr>
<td>Living situation</td>
<td>56%</td>
<td>38%</td>
</tr>
<tr>
<td>School achievement</td>
<td>48%</td>
<td>39%</td>
</tr>
<tr>
<td>School behavior</td>
<td>46%</td>
<td>22%</td>
</tr>
</tbody>
</table>

SOURCE: BHAS data for WISE clients with initial Full CANS Assessment October 2019 to September 2020, and 6-month follow-up by March 2021. Total clients age 5 to 20 = 1,603. NOTES: See 2021 Q2 WISE Dashboard for additional information. Top 5 problems with life domain functioning at intake shown, based on proportion of youth with an “actionable treatment need” (rating of 2 or 3 on CANS item). A decline at the time of 6-month reassessment represents improvement for these measures.
Child and youth strengths increase after 6 months in WISe

<table>
<thead>
<tr>
<th>Category</th>
<th>Initial Assessment</th>
<th>6 Month Reassessment</th>
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<tbody>
<tr>
<td>Family</td>
<td>66%</td>
<td>72%</td>
</tr>
<tr>
<td>Relationship permanence</td>
<td>63%</td>
<td>69%</td>
</tr>
<tr>
<td>Educational system strengths</td>
<td>63%</td>
<td>69%</td>
</tr>
<tr>
<td>Optimism</td>
<td>59%</td>
<td>62%</td>
</tr>
<tr>
<td>Resilience</td>
<td>58%</td>
<td>63%</td>
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</tbody>
</table>

SOURCE: BHAS data for WISe clients with initial Full CANS Assessment October 2019 to September 2020, and 6-month follow-up by March 2021. Total clients age 5 to 20 = 1,603. NOTES: See 2021 Q2 WISe Dashboard for additional information. Top child and youth strengths by growth over time shown, based on proportion of youth with an “identified strength” (rating of 0 or 1 on CANS item). An increase at the time of 6-month reassessment represents improvement for these measures.
WISe Special Initiatives
Overview of WISE focused projects for SFY22

• WISE and Tribes Curriculum Adaptation Workgroup
• Developing culturally specific WISE adaptations
• WISE and TAY pilot sites, may expand number of sites in 2022
• Youth Peer Workforce Development projects such as Students Providing and Receiving Knowledge (SPARK)
  • SPARK is bringing their program to youth in DCYF Juvenile Rehabilitation facilities
• Project ECHO to enhance ASD/IDD treatment capacity
• Implementation of a WISE and Autism Spectrum Disorder Specialty Team project
### Demographic and Geographic Characteristics

#### SCREENED for WISE Services

<table>
<thead>
<tr>
<th>Gender</th>
<th>ALL YOUTH SCREENED FOR WISE SERVICES</th>
<th>SUBGROUP Referral Outcome: Outpatient/Other</th>
<th>SUBGROUP Referral Outcome: CLIP/BRs</th>
<th>SUBGROUP Referral Outcome: WISE</th>
<th>SERVED by WISE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NUMBER</td>
<td>PERCENT OF TOTAL</td>
<td>NUMBER</td>
<td>PERCENT OF TOTAL</td>
<td>NUMBER</td>
</tr>
<tr>
<td>Female</td>
<td>2,279</td>
<td>45.1%</td>
<td>259</td>
<td>41.9%</td>
<td>63</td>
</tr>
<tr>
<td>Male</td>
<td>2,772</td>
<td>54.9%</td>
<td>359</td>
<td>58.1%</td>
<td>152</td>
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<tr>
<td>Age Group</td>
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<tr>
<td>0-4</td>
<td>230</td>
<td>4.6%</td>
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<td>...</td>
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<tr>
<td>5-11</td>
<td>1,906</td>
<td>37.7%</td>
<td>253</td>
<td>40.9%</td>
<td>57</td>
</tr>
<tr>
<td>12-17</td>
<td>2,735</td>
<td>54.1%</td>
<td>309</td>
<td>50.0%</td>
<td>138</td>
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<tr>
<td>18-20</td>
<td>180</td>
<td>3.6%</td>
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<tr>
<td>Race/Ethnicity</td>
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<tr>
<td>Non-Hispanic White</td>
<td>2,364</td>
<td>46.8%</td>
<td>265</td>
<td>42.9%</td>
<td>82</td>
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<tr>
<td>Minority</td>
<td>2,687</td>
<td>53.2%</td>
<td>353</td>
<td>57.1%</td>
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<td>Minority Category (not mutually exclusive)</td>
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<tr>
<td>Hispanic</td>
<td>1,152</td>
<td>22.8%</td>
<td>195</td>
<td>31.6%</td>
<td>43</td>
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<tr>
<td>Black</td>
<td>868</td>
<td>17.2%</td>
<td>97</td>
<td>15.7%</td>
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<tr>
<td>American Indian/Alaska Native</td>
<td>703</td>
<td>13.9%</td>
<td>73</td>
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<tr>
<td>Asian/Pacific Islander</td>
<td>334</td>
<td>6.6%</td>
<td>49</td>
<td>7.9%</td>
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<tr>
<td>Region</td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Great Rivers</td>
<td>459</td>
<td>9.1%</td>
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</tr>
<tr>
<td>Greater Columbia</td>
<td>710</td>
<td>14.1%</td>
<td>136</td>
<td>22.0%</td>
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<tr>
<td>King County</td>
<td>567</td>
<td>11.2%</td>
<td>19</td>
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<tr>
<td>North Central</td>
<td>208</td>
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<td>...</td>
</tr>
<tr>
<td>North Sound</td>
<td>746</td>
<td>14.8%</td>
<td>31</td>
<td>5.0%</td>
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<tr>
<td>Pierce County</td>
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<td>18.8%</td>
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<tr>
<td>Salish</td>
<td>330</td>
<td>6.5%</td>
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<tr>
<td>Southwest</td>
<td>360</td>
<td>7.1%</td>
<td>38</td>
<td>6.1%</td>
<td>10</td>
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<tr>
<td>Spokane Region</td>
<td>771</td>
<td>15.3%</td>
<td>108</td>
<td>17.5%</td>
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<tr>
<td>Thurston Mason</td>
<td>243</td>
<td>4.8%</td>
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<tr>
<td><strong>TOTAL POPULATION with linked data available</strong></td>
<td>5,051</td>
<td></td>
<td>618</td>
<td></td>
<td>215</td>
</tr>
<tr>
<td><strong>TOTAL POPULATION</strong></td>
<td>5,078</td>
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<td>623</td>
<td></td>
<td>215</td>
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#### WISE PROXY (SFY 2015)

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<td>12,102</td>
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<td>13,275</td>
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<td>3,265</td>
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<tr>
<td>3,722</td>
</tr>
<tr>
<td>2,569</td>
</tr>
<tr>
<td>6,239</td>
</tr>
<tr>
<td>6,211</td>
</tr>
</tbody>
</table>
8% of youth who are screened for WISE are also involved with Developmental Disabilities Administration (DDA)
CONTACT INFORMATION

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