

Housekeeping

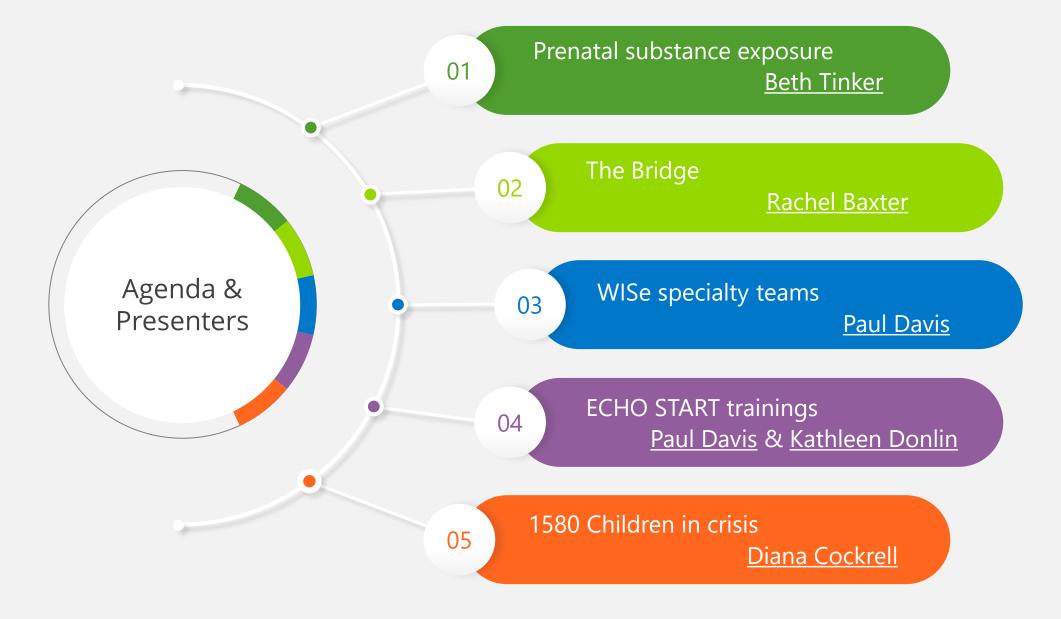
- Please mute yourself if you are not speaking
- Raise your hand if you want to speak
- This time is for you. We welcome questions, comments, and feedback
 - ▶ During the presentation, please add your questions to the chat and we will answer in the chat and/or during the Q&A.
- If we cannot answer your question on this call, we will follow-up after the meeting.



Disclaimer

- This Zoom meeting is being recorded and will be posted to the HCA <u>Prenatal</u>, child, and young adult behavioral heath services page.
- This recording is open to public disclosure.
- Please do not disclose any private or confidential information.









What we are directed to do



Engrossed Substitute
Senate Bill 5187 implement
a pilot program to
reimburse a licensed
Pediatric Transitional Care
Facility (PTCF) in Spokane
County to provide neonatal
abstinence syndrome
services to infants who
have had prenatal exposure

\$5.5M of the opioid abatement settlement accountstate appropriation provided on a onetime basis

Pilot program requirements

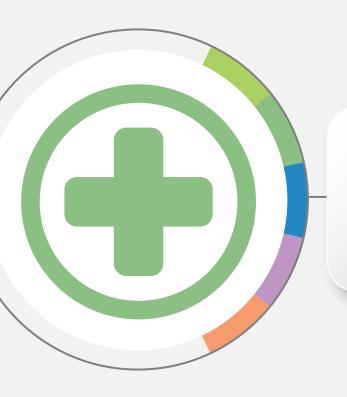
Study and evaluate the efficacy, outcomes and impact of providing these services to avoid more costly medical interventions.

HCA directed to contract with WSU to conduct analysis (\$190K allocated), including infant and maternal health outcomes associated with the PTCF.

Report findings from evaluation and to what extent federal Medicaid allows for reimbursement of these services to the Legislature by 12/1/2024.



Where we are



HCA executed contract with the PTCF in Spokane county in 8/2023 and initial report and invoice received 8/30, initial payment in process.

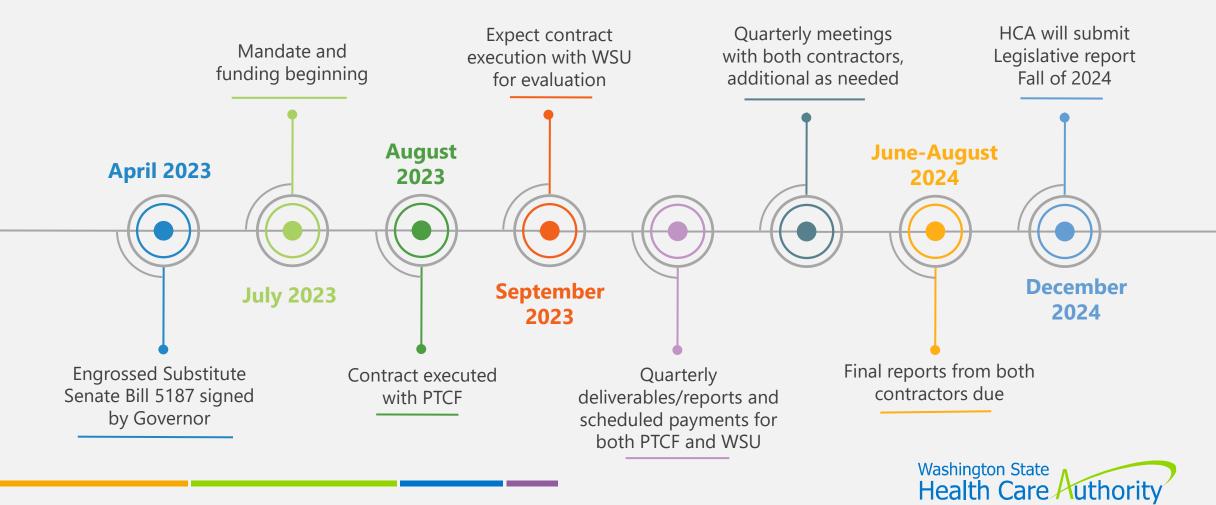
HCA developed detailed contract with PTCF, including all expected quality of care components, with focus on evidence-based, best practices and focus on the dyad (birth parent and infant)

HCA in final negotiations for evaluation contract with WSU, expect contract to be executed in early September.

HCA co-designed evaluation with WSU research team. Includes quantitative analysis and qualitative analysis focused on birth parent/family experience of PTCF.



Timeline, what's ahead





History



75%

Youth exiting WA state system of care who experience homelessness within 12 months of discharge

Learn more

Washington state legislature SB 6560

Progress report SB6560

Homeless youth RCW <u>4.330.700</u>

Unaccompanied youth, publicly funded system of care RCW <u>43.330720</u>

Improving stability for youth exiting systems of care

Homelessness among youth exiting systems of care in Washington State

Safe and supportive transition to stable housing for youth ages 16-25, Best practice recommendations for strong supportive communities



Implementation

1.

Providing Cross-System
Coordination and Training
to housing provides,
discharge planners, to
community-based
organizations and young
people with lived
experience.

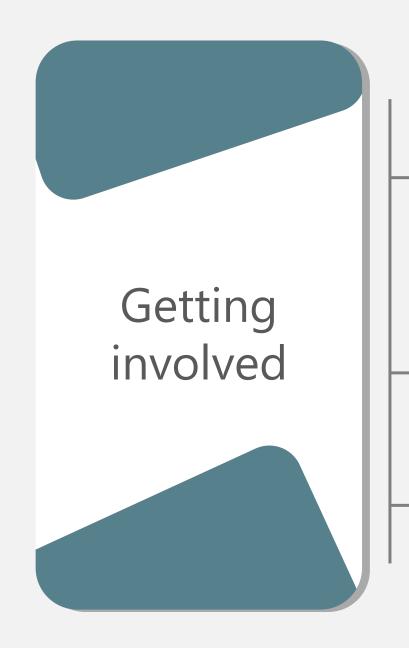
2.

Establishing best practices for return to community planning for unaccompanied minors within the community.

3.

Education and supporting advocacy for future education and systemic change







Day: Meetings 4th Tuesday of each month

Time: 1 to 2:30 p.m.

 Receive the invite or review other projects that NorthStar advocates are involved in, please visit <u>NorthStar Advocates</u>



Have questions or need more information?

Contact <u>Jim Theofelis</u>, Executive Director



If you or someone you know is seeking resources to get help or enter and inpatient program





Wraparound with Intensive Behavior Supports (WIBS)



WIBS is an ABA agency that becomes licensed as a behavioral health agency and becomes a WISe provider Provides wraparound support for youth under age 21 with I/DD and mental health challenges with high-risk behaviors (self injurious and/or aggressive behaviors)

Must meet WISe criteria by having a CANS screen algorithm OR have a clinical override from WISe team with an explanation of why algorithm was not used. Must have mental health diagnosis.

Must be approved for ABA and be acute enough that typical WISe teams are unlikely to be successful.

Medical necessity indicates that the identified needs of the patient/client/individ ual will be addressed by the proposed services. This conversation needs to happen with the family so expectations are realistic.



Partners and timeline





Partners and providers to develop demonstration project



Lilac City providing WIBS in Spokane

Working to implement in King County



Expand to another two locations

Lilac under contract to expand to Pierce Co.

Looking for another agency





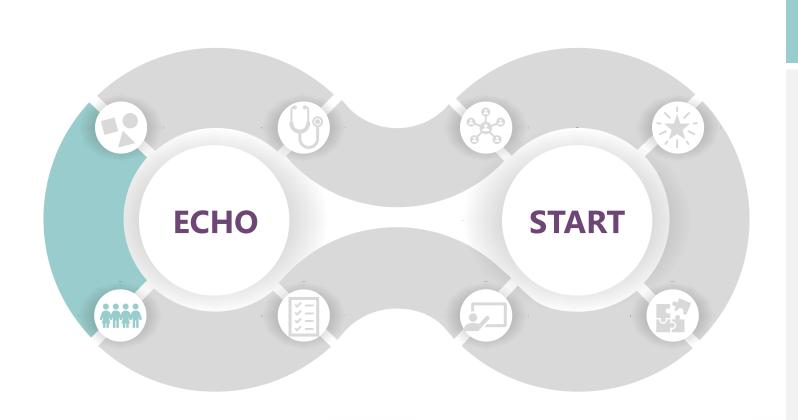


Overview

ECHO and START training

ECHO is a hub and spoke method to provide expertise among providers. In this case, we are providing training for WISe providers so that they know how to treat behavioral health issues with clients that have autism and intellectual/development al delays.



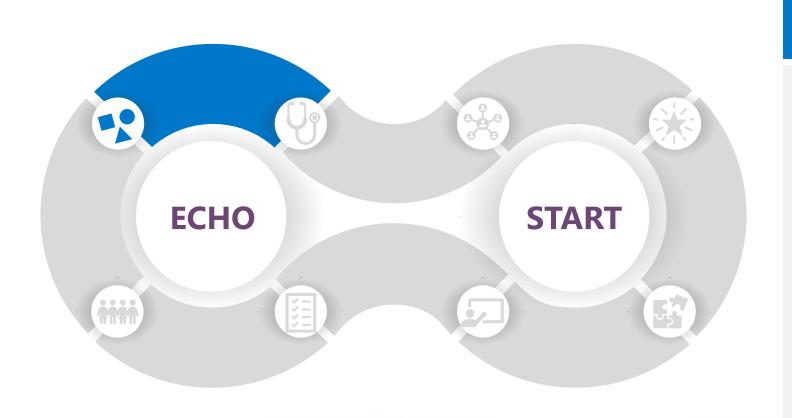


ECHO and START training

One in six children between 3-17 has a developmental disability

Children with developmental disabilities also have mental health needs





ECHO and START training

Many times, these children are involved in several different systems (mental health, developmental disabilities services, child services, etc.)

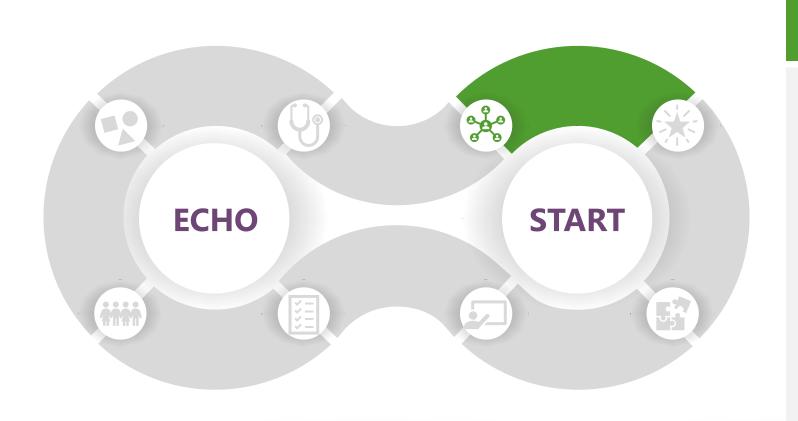




ECHO and START training

Mental health clinicians frequently lack the skills to work with those that have autism or intellectual or developmental disabilities (IDD/ASD)

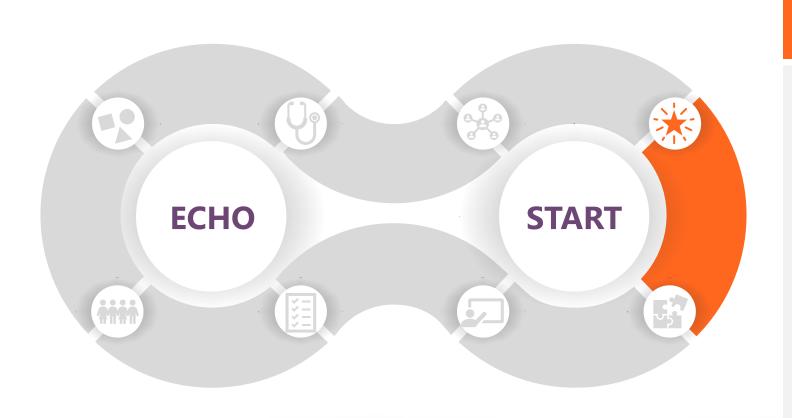




ECHO and START training

We are providing a hub and spoke training model to increase the skill set of our existing behavioral health work force by using the ECHO model.

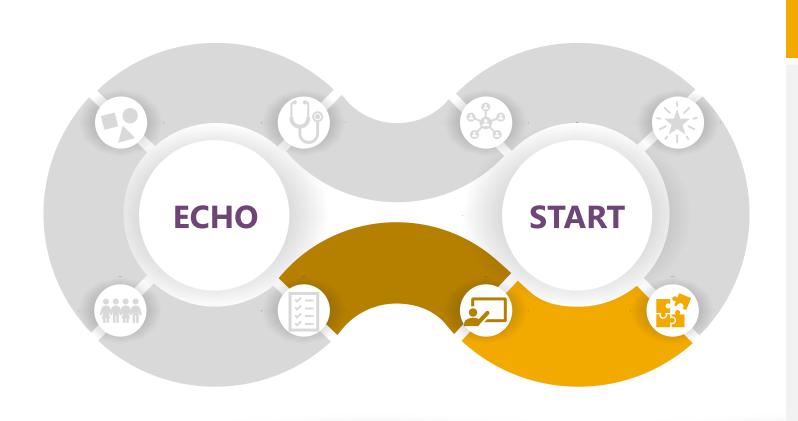




ECHO and START training

START facilitates the delivery of appropriate services to IDD individuals as a component of ECHO sessions.

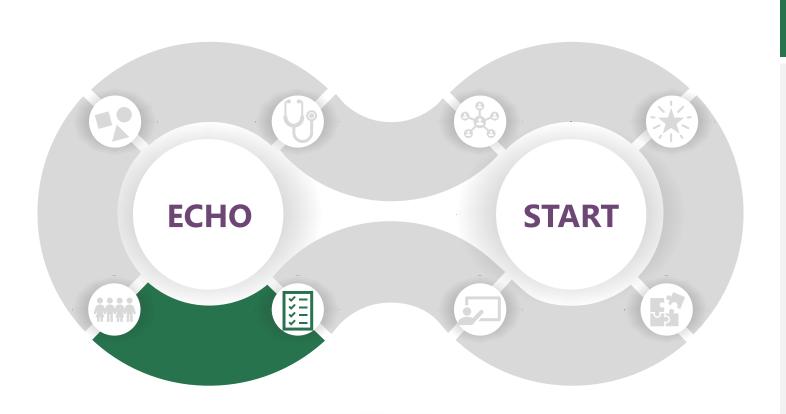




ECHO (Extension for Community Health Outcomes) I/DD

Designed to provide training using experts from University of Washington and Seattle Children's Autism Center and other organizations, for community health providers who work with children and youth with I/DD and behavioral health needs.





ECHO (Extension for Community Health Outcomes) I/DD

Three ECHO offerings:

- Intellectual Disabilities and Developmental Disabilities (I/DD) Wraparound
- 2. Medication management for youth with I/DD and co-occurring behavioral health diagnosis
- 3. Resources and resource navigation



Components of a teleECHO session

01

The order of the didactic and case presentations can be adjusted to best fit the program needs

Time

Time span of a teleECHO session is based on your needs



Introduction

Didactic



Case presentation

Clarifying questions
Case discussion



Case recommendations





SS HB 1580 Children in Crisis

- The governor must maintain a children and youth multisystem care coordinator to serve as a state lead on addressing complex cases of children in crisis.
- Who will direct
 - ► The appropriate use of state and other resources to a child in crisis, and that child's family, if appropriate; and appropriate and timely action by state agencies to serve children in crisis;
 - 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 under chapter 13.34 RCW; and

Coordinate with

- ► The rapid response team established under RCW 43.216.205 to make sure that resources are effectively identified and mobilized for people who meet the definition of child in crisis and a youth or young adult exiting a publicly funded system of care; and
- Youth behavioral health and inpatient navigator teams (currently know as Kids Mental Health WA) to efficiently and effectively mobilize services for a child in crisis.





