KAUFFMAN
AND ASSOCIATES INCORPORATED

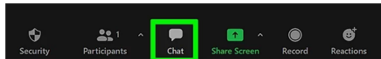
We Do Work That Matters

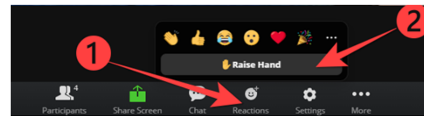
PN25 Behavioral Health Strategic Plan Advisory Group Meeting

March 13, 2023
3-5 p.m. Pacific Time

Housekeeping Items

- Meeting is being recorded and will be available on TVW
- You may choose to turn your camera on
- We kindly request that all members place an ‘-M’ after your name (e.g., Name-M)
- All mics have been muted
- Two-hour session
- Questions can be typed into the chat box, or you may select the raised hand icon to be called upon by the facilitator





- There is time for public comment at the end of this session

Icebreaker

POLL: What tribal lands are you on?

Resource: https://native-land.ca/

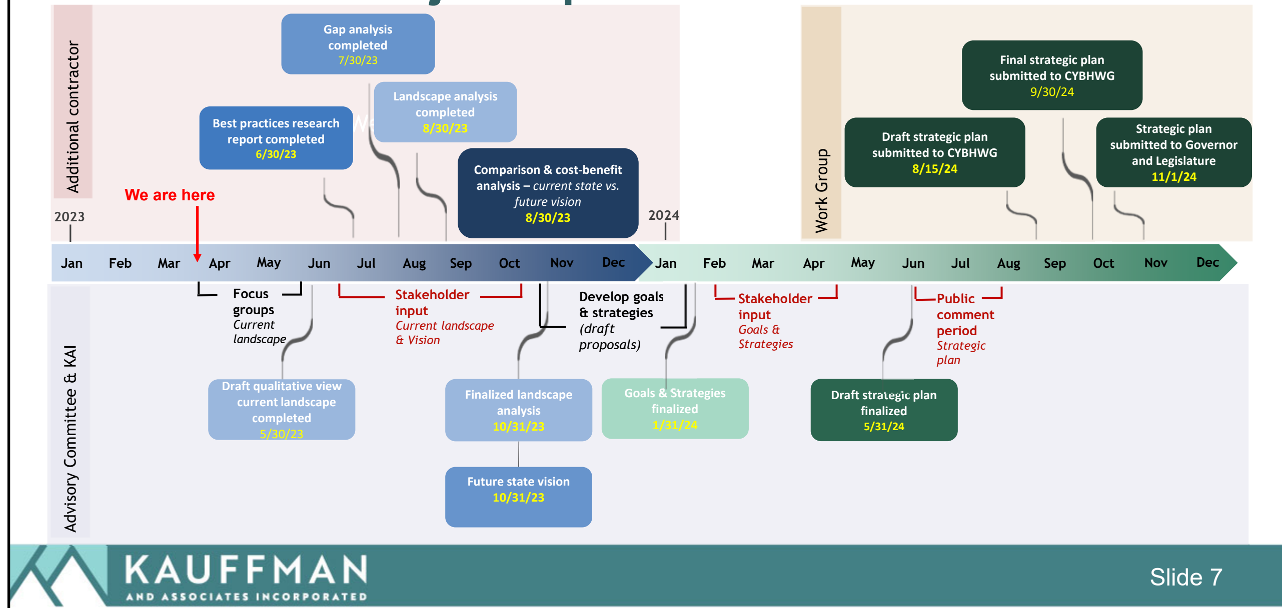
Agenda

3 – 3:05	WELCOME
3:05 – 3:20	UPDATES
3:20 – 3:50	WA BEHAVIORAL HEALTH DATA - VISION & OPPORTUNITIES
3:50 – 4:20	YOUTH BEHAVIORAL HEALTH IN WA: LANDSCAPE AND RECOMMENDATIONS
4:20 – 4:25	BREAK
4:25 – 4:45	BREAKOUT SESSION: BEHAVIORAL HEALTH CARE CONTINUUM
4:45 – 4:55	PUBLIC COMMENTS
4:55 – 5	CLOSING AND (OPTIONAL) SURVEY

Norms

- Be respectful
- Speak truth
- Brave space
- Use plain language
- Use first names
- Stories stay private, lessons carry forward
- Step up and step back
- Be mindful of trauma/recognize the impact of trauma
- Assume that everybody’s doing the best they can in the moment
- Your experience matters
- Encourage grace, compassion, kindness for self

Project Update & Timeline



Advisory Group Charter

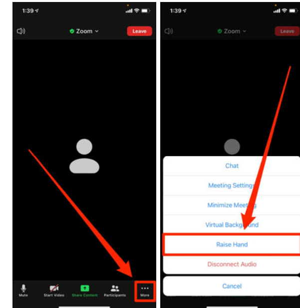
- Summary of Changes
  - Updated member list
  - Incorporated feedback from advisory group members
- Changes not included
  - Suggestions for the future state vision

Advisory Group Charter Vote

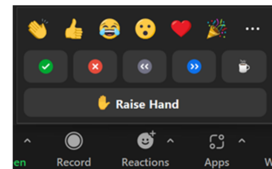
By a show of virtual hands:

Do you approve the advisory group charter?

Raised hand = Yes



Phone



Computer

Subcommittees

- Decisions by the advisory group are informed by the work done in standing and ad hoc subcommittees.
- Subcommittees will be created as needed by the advisory group.
- So far, we have two:
  - Steering committee
  - Stakeholder engagement subcommittee
- Nate will be sharing a proposal for a third committee today.

Steering Committee

Member Introductions:
- Rep. Lisa Callan
- Keri Waterland
- Youth/Young Adult Member – Amanda Shi
- Parent/Caregiver Member – Danna Summers

Responsibilities:
- Meet with HCA and KAI team to review and revise the advisory group agenda
- Debrief with HCA and KAI after advisory group meetings
- Agenda planning in months when the advisory group does not meet
- Act as a liaison and receive input from the advisory group members

Update: Stakeholder Engagement Subcommittee

Purpose:
- Oversee the development and implementation of a stakeholder engagement plan

Timeline:
- Opportunity announced at the February 16 meeting
- Interest submitted via email by March 3

Next Steps:
- Schedule a virtual subcommittee meeting in March
  - Meeting documents will be sent to the subcommittee members in advance for review
- Agenda items:
  - Review stakeholder engagement plan
  - Discuss focus group questions and process
    - Conduct focus groups: First week of April

Data Subcommittee Proposal

- Data contract
- Establish a standing data subcommittee
  - Provide recommendations around data needs and to provide guidance on the BH landscape analysis
  - Meet virtually on a monthly basis

POLL: Do you agree to establish a data subcommittee? (Yes or No)

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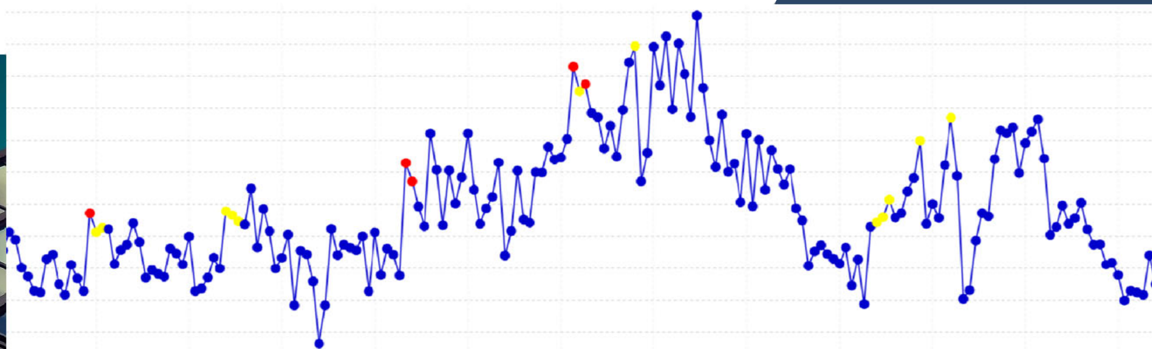
WA BEHAVIORAL HEALTH DATA

VISION & OPPORTUNITIES

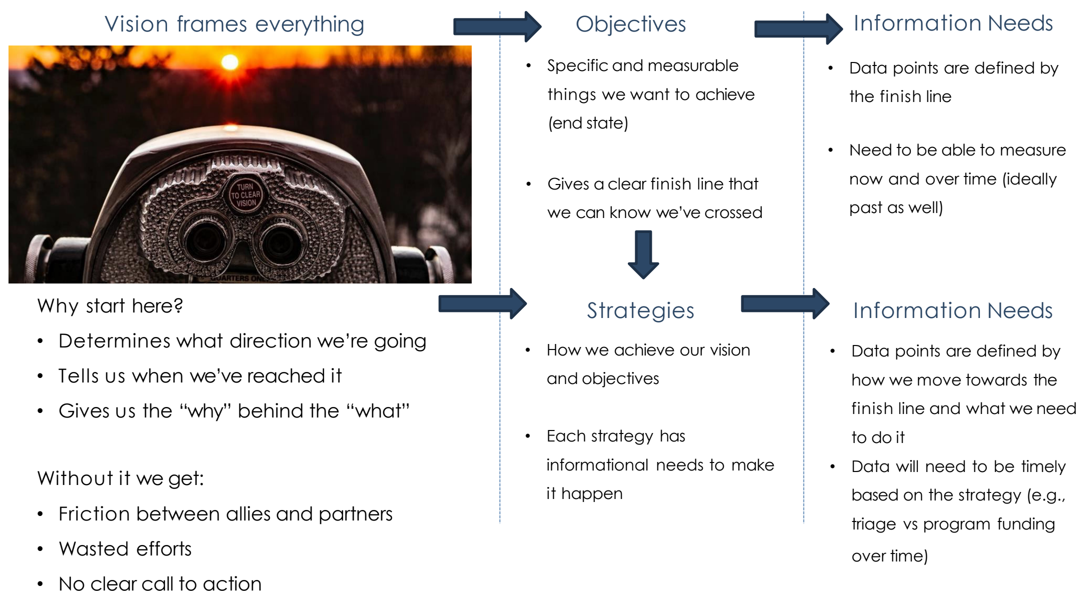


Trevor Covington, MS, CEM

Slide 15

Setting the stage

Vision frames everything



Why start here?

- Determines what direction we're going
- Tells us when we've reached it
- Gives us the "why" behind the "what"

Without it we get:

- Friction between allies and partners
- Wasted efforts
- No clear call to action

Objectives

- Specific and measurable things we want to achieve (end state)
- Gives a clear finish line that we can know we've crossed

Information Needs

- Data points are defined by the finish line
- Need to be able to measure now and over time (ideally past as well)

Strategies

- How we achieve our vision and objectives
- Each strategy has informational needs to make it happen

Information Needs

- Data points are defined by how we move towards the finish line and what we need to do it
- Data will need to be timely based on the strategy (e.g., triage vs program funding over time)

Slide 16

Setting the stage – What are we doing here?

What do you want to do?	What you need
Data to identify problems, gaps, lack of capacity?	Need a map of the system – key data points for each piece – and an updated tempo that works
Triage, load-leveling, and coordination across facilities	Timely data for case coordination, collaboration between players, transparency
Behavioral health surge management ▪ Broad, timely awareness of the BH system across continuum of care • Including intake points ▪ Triage and load-leveling systems ▪ Coordination and operational capabilities ▪ Unique and innovative strategies to provide care	All the above, plus coordination and problem-solving frameworks ▪ Problem starts here ➔ then goes here ➔ and then goes here ▪ Where do we go when we can't solve it? (escalation) ▪ Interagency buy-in

Behavioral Health Quilt *(example only)*

Essential Elements of Information (EEIS)

Behavioral Health Continuum	Preventative & Awareness	Community based & Peer Supports	Outpatient Services & Intensive Outpatient	Inpatient Services/ Residential Treatment	Recovery Support

All information has a time element

A parting thought …

Don't just build a system for blue skies.

These services are most needed when it is the hardest to provide them.

Questions & Discussion

Youth behavioral health in WA

Executive summary of school youth behavioral health work, fall 2022

Overview

Children's Alliance contracted with McKinsey & Company to conduct a landscape analysis of youth behavioral health in Washington's schools.

Convened a steering committee of school-based behavioral health experts, including members from OSPI, several ESDs, the WA Association of ESDs, and the University of Washington's SMART Center.

Identified set of potential solutions and recommendations to help address barriers to youth behavioral health in schools, then prioritized top solutions.

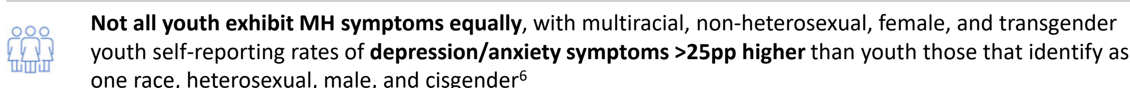
Key statistics highlighting the current youth behavioral health landscape

WA youth are **facing a "children's mental health crisis",**[1] with **~20% of WA adolescents experiencing a major depressive episode** each year (vs ~16% national average)[2] *(~ "approximately")*

~58% of youth in WA grades 8-12 **experience symptoms of anxiety or depression**[3]

Anxiety and depression make up the **highest relative MH disease burden** among youth (62%) and have high co-morbidity[4]

Across all of WA, there is a similar rate of youth reporting symptoms of depression or anxiety with all ESDs within 3p.p. of the reported state average[5]

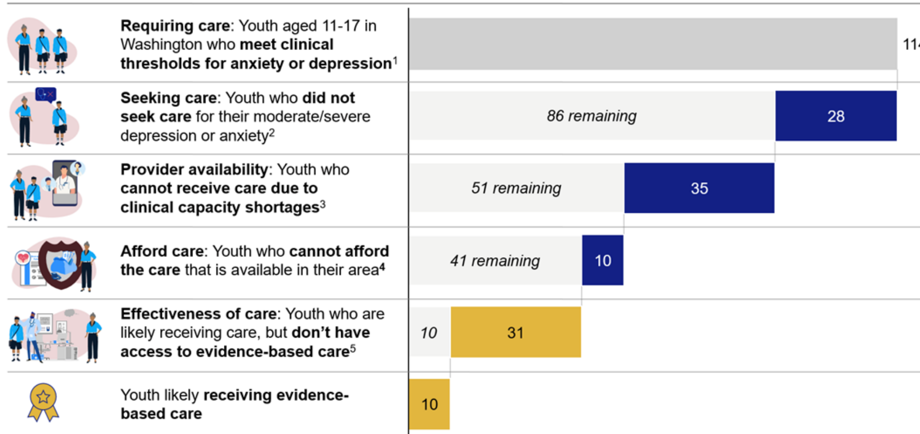

Not all youth exhibit MH symptoms equally, with multiracial, non-heterosexual, female, and transgender youth self-reporting rates of **depression/anxiety symptoms >25pp higher** than youth those that identify as one race, heterosexual, male, and cisgender[6]

Rural areas, which hold ~40% of WA youth, **experience the largest gap in MH providers**, containing ~3x fewer youth MH providers per capita than urban areas[7]

1. UW SMART Center 2022, https://smartcenter.uw.edu/policycore/https://smartcenter.uw.edu/policycore/; 2. SAMHSA National Survey on Drug Use and Health, 2020; 3. 2021 Washington State Healthy Youth Survey; 4. Diagnoses statistic drawn from UW's Gaps Analysis of Research/Evidence-Based Treatment for Children's Public Mental Health in Washington State (2014); 5. Self-reported depressive symptoms defined as responding "Yes" to "During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?" Self-reported symptoms of anxiety defined by responses to the questions "How often over the last 2 weeks were you bothered by: Feeling nervous, anxious or on edge? Not being able to stop or control worrying?; 6. WA Healthy Youth Survey, 2018-21 7. US Census Bureau, National Center for Education Statistics, Department of Health Workforce Survey 2022

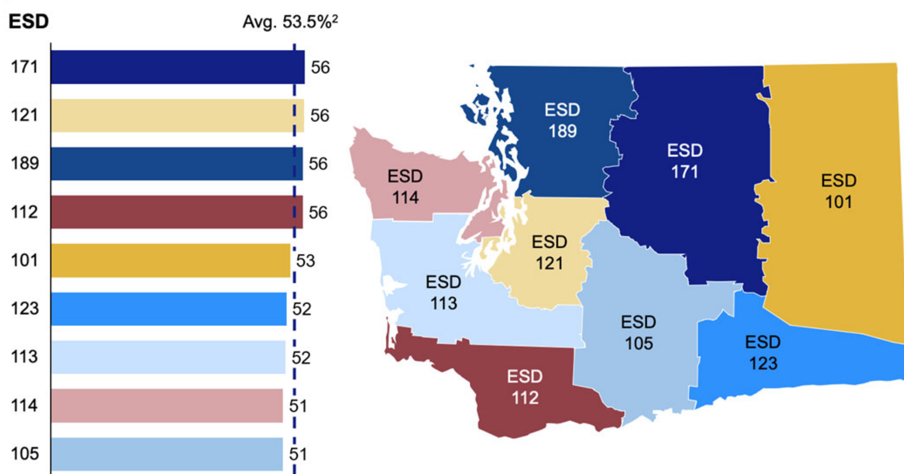
~64% youth who meet clinical thresholds for anxiety or depression do not receive any form of mental health care

PRELIMINARY



1. 2021 COVID-19 Student Survey and the 2018 Healthy Youth Survey of 633K youth aged 11-17; 2. WA COVID-19 Student Survey; 3. Department of Health Workforce Survey 2022; 4. Rowan K, Et al. Access and cost barriers to mental health care and https://www.kff.org/other/state-indicator/children-0-18/; 5. Evidence-based practice institute Fiscal Year 2021, Washington Annual Report

Respondents reporting 1+ symptoms of depression or anxiety, %[1]



53.5% of WA youth reported symptoms of anxiety or depression in the past year, with all Educational School Districts (ESDs) within 3p.p. of state average

1.Self-reported depressive symptoms defined as responding "Yes" to "During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?" Self-reported symptoms of anxiety defined by responses to the questions "How often over the last 2 weeks were you bothered by: Feeling nervous, anxious or on edge? Not being able to stop or control worrying?
2.Average is of those who responded to mental health questions in the 2021 survey only and may vary from state-wide averages elsewhere
Source: WA Healthy Youth Survey, 2021. Responses from 8th, 10th, and 12th graders. https://www.askhys.net/FactSheets

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Variation in self-reported rates of anxiety and depression across demographics

Demographic		WA youth breakdown, %	Self-reported rate of symptoms of depression or anxiety, %[1]
Race/ ethnicity	White or Caucasian	48%	56
	Hispanic or Latino / Latina	17%	53
	More than one	16%	63
	Asian or Asian American	8%	51
	Black or African-American	3%	51
	American Indian or Alaskan native	2%	59
	Pacific Islander	1%	60
	Other	4%	55
Gender	Female (cisgender)	49%	60
	Male (cisgender)	45%	34
	Transgender	1%	86
	Other	5%	79
Sexual orienta-tion	Heterosexual	71%	44
	Bisexual	13%	92
	Questioning / not sure	6%	78
	Gay or lesbian	4%	91
	Something else fits better	6%	93

Takeaways

Highest self-reported rates of depression or anxiety symptoms by race are in **multi-racial** respondents

26 p.p. higher rates of depression or anxiety symptoms reported by **cisgender females** vs. cisgender males

19-26 p.p. higher rates of depression or anxiety symptoms reported by **'transgender' or 'other'** vs. highest cisgender group (female)

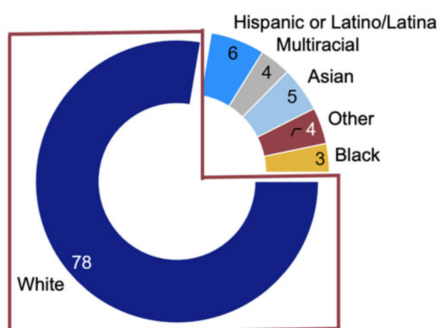
Non-heterosexual youth report **34-49p.p. higher** rates of depression or anxiety symptoms vs. heterosexual youth

1. Self-reported depressive symptoms defined as responding "Yes" to "During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?" Self-reported symptoms of anxiety defined by responses to the questions "How often over the last 2 weeks were you bothered by: Feeling nervous, anxious or on edge? Not being able to stop or control worrying

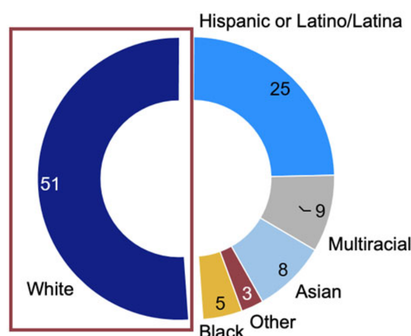
Source: Healthy Youth Survey, 2018-21 (average of responses from grades 8, 10, and 12), U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates

There is a higher percentage of White mental health providers than White youth in WA

Breakdown of WA mental health providers by race/ethnicity[1], %



Breakdown of WA youth by race/ethnicity[2], %



1. Source: WA Health Workforce Survey, 2022
2. Source: WA OSPI Enrollment reports, 2021
3. McKinsey.com, "Addressing the unprecedented behavioral-health challenges facing Generation Z", 2022

Barriers to BH care in WA schools

Seeking care

"I'm not sure if trying to see a professional is worth it"

- Stigma surrounding mental disorders
- Mental health literacy

Provider availability

"There are few providers close to me, and I'm having trouble finding appointments"

- Care navigation difficulties
- Provider shortage

Affordability of care

"I can't believe how much this costs and how few therapists take insurance"

- Narrow provider networks
- High out-of-pocket costs

Effectiveness of care

"I don't think this provider is helping my child get better over time"

- Lack of evidence-based practice
- Low provider and youth adherence to standard protocols

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Steering committee compiled list of 24 initiatives to address barriers to receiving BH care

● Addresses barrier ○ Can be tailored to address barrier

Solution	A	B	C	D
1 **Raising awareness:** Conduct stigma reduction campaigns	●			
2 **Raising awareness:** Implement in-school state-wide student MH literacy curriculum	●			○
3 **Providing trusted connections:** Provide community and family awareness and referral / navigation resources	●			
4 **Identification of need:** Improve student MH screening	●			
5 Provide professional MH development for educators	●			○
6 Strengthen referral loop and MTSS infrastructure	●			
7 **Scaling treatment options:** Expand use of group-based therapy (clinical and non-clinical)		●	○	
8 **Scaling treatment options:** Increase availability of virtual care through partnerships		●	○	
9 Engage in community-based mental health partnerships		●	○	
10 **Workforce development:** Provide financial incentives to raise provider diversity and number of MH professionals		●		
11 **Care structure:** Increase number of school-based health centers (SBHC)		●	○	
12 **Care structure:** Implement hub and spoke model that centralizes clinical resources		●	○	○

Solution	A	B	C	D
13 **Top of license:** Utilize more mental health coaches and peer supports for lower-tiered supports		●		○
14 **Medicaid Availability**: Expand Medicaid billing state-wide		○	●	
15 **Medicaid Availability**: Seek ESD or district licensure as a Medicaid provider		○	●	
16 Subsidize MH treatments where not covered for students		○	●	
17 Partner with external providers to allow universal affordable care options for students		○	●	
18 Expand the number of BH navigators to match students to care		○	●	
19 Expand private insurance billing and ensure parity is met		○	●	
20 **Standardize practices:** Create BH state-wide oversight committee				●
21 **Standardize practices:** Promote EBT practices and trainings for both providers and students				●
22 **Standardize practices:** Implement statewide MH data guidelines to evaluate efficacy of treatment				●
23 Expand repository of evidence-based practices				●
24 Encourage data sharing between education and health organization	○			●

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Next, Steering Committee identified a set of prioritized programs / solutions to advance in the near-term

Solution	Initiative description	Potential impact[1] ('000s students)	Potential accountable stakeholder	Potential cost	Potential timeline
1 **Anti-stigma and MH education**	Conduct stigma reduction and MH education campaigns	10-17 seek care (Includes solutions 1,2,4)[2]	Children's Alliance	<$1M[2]	6-12 months[2]
2 **Student MH curriculum**	Implement MH materials into student curriculum		OSPI	$0.5-2M[3]	4-8 months[3]
4 **Screening, brief intervention, and referral**	Implement statewide screening, brief intervention, and referral program to identify students with MH risk factors		PSESD	$2-5M[2]	6-9 months[2]
7 **Group-based care**	Increase number of providers offering group-based MH care to allow more students to receive care	~12-25 increase in provider availability[4]	UW SMART	TBD based on model	3-9 months[4]
8 **Virtual care**	Implement statewide virtual MH care (e.g., telehealth) to increase provider availability and remove geographic barriers	2-7 increase in provider availability[5]	AESD	$4-8M[5]	3-6 months[5]
20 **BH oversight committee**	Create centralized MH committee to set statewide MH strategy and collectively drive implementation of key solutions	N/A - enabler	Children's Alliance	<$1M[6]	3-6 months[6]
Total		**14 – 32k students impacted**		**~$7-17M+**	**1 year**

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Next steps

- Sharing information with this advisory group and others
- Steering committee members working on identified solutions throughout the year
- Continuing to convene to check on progress

BREAK

5 minutes

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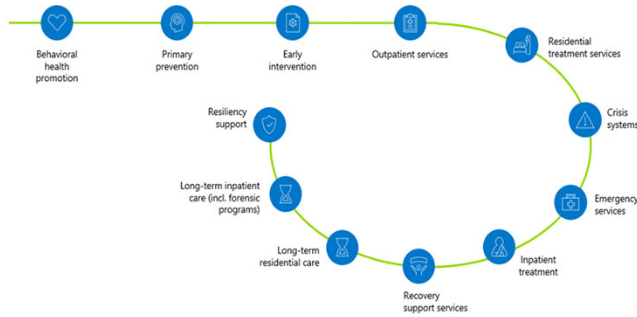
Slide 30

Continuum of Behavioral Health Care in WA State



Source: McKinsey Health Institute, as adapted by WA HCA; interviews conducted with WA DCYF, DOH, DSHS, and HCA in September 2022.

Start the conversation around the current landscape of behavioral health services for children, youth, and families.

Focus Groups: Timeline

March
Stakeholder Engagement Meeting
Review proposed format and questions for focus groups.

April 3 – 7
Conduct focus groups.

May 6
Preliminary findings shared in May Advisory Group meeting.

Mid to end of May
Draft report of BH landscape analysis.

After obtaining feedback, finalize report.

Break-out Group Discussion: Behavioral Health Care Continuum

- Everyone will be placed into a virtual Zoom break-out room
- 20-minutes to chat
- Each group will need a facilitator and a notetaker (this does not have to be the same person)
  - Please volunteer to be a facilitator or a notetaker for your group
  - Send notes to nicole.slowman@kauffmaninc.com

Break-out Group Discussion: Behavioral Health Care Continuum

Discussion Question:

1. How would you describe the current landscape of mental health and drug and alcohol treatment services for children, young adults, and their families?

Icebreaker Question:

1. What is one thing you do to take care of yourself?

Public Comments

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2023 Advisory Group Meetings

DATES	TOPIC(S)	TIME
May 4	• Initiate discussion around a shared vision for PN-25 behavioral health services • Identify obstacles, barriers, challenges preventing our future vision	3 – 5 p.m. PDT
July 6	• Identify obstacles, barriers, challenges preventing our future vision	3 – 5 p.m. PDT
September 7	• Develop strategic directions, goals and objectives that address the root causes of the obstacles, barriers and challenges	3 – 5 p.m. PDT
November 2	• Develop strategic directions, goals and objectives that address the root causes of the obstacles, barriers and challenges	3 – 5 p.m. PDT

Information is open to feedback and may change.

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Survey

- Optional
- Link to the survey can be found in the chat box. The survey platform is Survey Monkey.
- If you cannot complete the survey now, it will be open until end of the day today to complete.
- Thank you in advance for your time. We greatly appreciate your feedback.