

Behavioral Health Advisory Council

Attendees:					
<input type="checkbox"/>	Anney King	<input type="checkbox"/>	Keri Waterland	<input checked="" type="checkbox"/>	Ruth Leonard
<input checked="" type="checkbox"/>	Beth Dannhardt	<input type="checkbox"/>	Kimberly Conner	<input type="checkbox"/>	Sandra Mena-Tyree
<input type="checkbox"/>	Brian Briggs	<input type="checkbox"/>	Kristina Sawyckj	<input checked="" type="checkbox"/>	Sharon McKellery
<input checked="" type="checkbox"/>	Carolyn Cox	<input type="checkbox"/>	Lateish De Lay	<input type="checkbox"/>	Shelby M Satko
<input type="checkbox"/>	Dennis Swennumson	<input checked="" type="checkbox"/>	Maricia Mongrain-Finkas	<input type="checkbox"/>	Shelli Young
<input type="checkbox"/>	Dixie Grunenfelder	<input type="checkbox"/>	Mari Huesman	<input type="checkbox"/>	Steve Kutz
<input checked="" type="checkbox"/>	Haley Tibbits	<input checked="" type="checkbox"/>	Maria Nunez	<input type="checkbox"/>	Stu Parker
<input checked="" type="checkbox"/>	Jeff Spring	<input checked="" type="checkbox"/>	Mary O'Brian	<input checked="" type="checkbox"/>	Susan Kydd
<input checked="" type="checkbox"/>	Jenni Olmstead	<input type="checkbox"/>	Melodie Pazolt	<input type="checkbox"/>	Taku Mineshita
<input type="checkbox"/>	Jimsey Chorath	<input type="checkbox"/>	Michael Langer	<input checked="" type="checkbox"/>	Tana Russell
<input type="checkbox"/>	John Tuttle	<input type="checkbox"/>	Michael Reading	<input checked="" type="checkbox"/>	Vanessa Lewis
<input type="checkbox"/>	Jorden Rosa	<input type="checkbox"/>	Nelson Rascon	<input checked="" type="checkbox"/>	Janet Cornell
<input checked="" type="checkbox"/>	Josh Wallace	<input type="checkbox"/>	Pamala Sacks-Lawler	<input checked="" type="checkbox"/>	Louise Neito
<input type="checkbox"/>	Karen Huber	<input type="checkbox"/>	Paul Neilson	<input type="checkbox"/>	Enos
<input type="checkbox"/>	Katie Murkovich	<input checked="" type="checkbox"/>	Payton Bordley	<input type="checkbox"/>	Liz
<input type="checkbox"/>	Kelly Boston	<input checked="" type="checkbox"/>	Richelle Madigan	<input type="checkbox"/>	
<input type="checkbox"/>	Facilitator: Tori McDermott Hale	<input type="checkbox"/>	Guest:	<input type="checkbox"/>	
<input type="checkbox"/>	Guest:	<input type="checkbox"/>	Guest:	<input type="checkbox"/>	Minutes: Tori McDermott Hale
<input type="checkbox"/>	Guest:	<input type="checkbox"/>	Guest:	<input type="checkbox"/>	Guest:
<p>Main Outcome: <i>The Behavioral Health Advisory Council mission is to advise and educate the Division of Behavioral Health and Recovery, for planning and implementation of effective, integrated behavioral health services by promoting individual choice, prevention, and recovery in Washington State</i></p>					

Behavioral Health Advisory Council Meeting

Agenda – March 3, 2021

March 3, 2021 – 9:00 am – 2:30 pm
Skype for Business

No	Agenda Items	Summary Meeting Notes
1.	CALL TO ORDER <ul style="list-style-type: none"> • Welcome/Introductions and Attendance • Approval of January Minutes 	<ul style="list-style-type: none"> • Minutes were not about to be officially approved due to lack of quorum (50% membership + 1) • Minutes unofficially approved.
2.	2020 BHAC Peer Review Report	<ul style="list-style-type: none"> • Please review the executive summary in the handouts. • Approved to send to Keri Waterland (Director of DBHR) • Thank you to Susan Kydd and Vanessa Lewis.
3.	Federal Block Grant/Decision Package Recommendations	<ul style="list-style-type: none"> • Please review the BHAC Recommendations in handouts.
4.	Legislative Sub Committee	<ul style="list-style-type: none"> • “BHAC – Bylaws, Article II: Duties, Section 1: Responsibilities, subsection D reads “The Council is expected to advocate and educate for legislation and regulations affecting behavioral health, including mental health, children’s emotional disorders, substance use disorder and problem gambling.” • We are seeing a large number of behavioral health bills dropping this session. This is an excellent opportunity for BHAC to step into its role to discuss these bills and decide whether to lend our support to them or not. • BHAC wants to start developing relationships with Washington State Legislatures. • We want legislatures to come to BHAC for review and input for (hopefully) approval. • We want to be careful – how we do we do this? Logistics (i.e. People who work for an agency who cannot expand an opinion) • This could be a great way for us to get involved more in the process. • The collective knowledge this group has could be a huge benefit to legislatures who do not have the means to get this type of group together on their own. • Josh Wallace is willing to lead the group. • Members who volunteered to participate: Nelson Rascon, Beth Danhardt, Susan Kydd, Payton Bordly, Richelle Madigan) • What are things that are going to be important to address (send to Tori – we want to give them to Rep Lauren Davis before the meeting.) • Rep Lauren Davis will have an hour for us during our May Meeting. • Rep Kara Simmons – criminal record vacating bill (potential guest for future meetings) • HCA Comment: I think a Leg sub-committee is a wonderful idea... HCA may be able to lend some supports, access to training, etc. - and we need to ensure roles are clear (HCA, BHAC, Legislators).
5.	Section Update: Children Youth and Family	<ul style="list-style-type: none"> • Please review the P-25 power point in handouts.
6.	Break	
7.	Opioid Response Plan Discussion	<ul style="list-style-type: none"> • Skipped during March Meeting. • Kris Shera is coming to our May meeting to walk the membership through the Opioid Response Plan.

Behavioral Health Advisory Council Meeting

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March 3, 2021 – 9:00 am – 2:30 pm
Skype for Business

8.	Directors Update	<ul style="list-style-type: none">•• Rates - Have Michele Wilsie come in and talk about rates to• We can send out general info about any rate increases at this time.• A noticed went out in the beginning of March for N95 mask fitting via govdelivery – Tori is collecting request for the mask fitting until March 19th.• One thing that would be helpful for HCA is if we knew what was needed from providers. We can do some looking around to see what else we have to offer (PPE).• Less of a request for PPE or billing, now an issue of there were a lot of heavy losses (financial) where they were not able to bring in their full census. Some sponsors and resources have been made available – not sure it will meet the full need but it is something that we will be able to provide.• Legislative session started mid-January we are past first two cut offs. Few new bills are being introduced• Next financial forecast is the 17th of March – about a week later we see house & senate budgets get introduced. This is where we compare them to the governors budget.• So far, DBHR has reviewed about 200 bills – not as busy but a heavy Behavioral Health focus• Supreme court decision – shut down our law around possession of drugs – has resulted in citations removed, released from jail (going county by county)• For many this Supreme court decision is a big relief; on the other hand the structure being taken away has resulted in an uptick of relapses.• There is a bill that has been put forward on rectifying on “knowingly possession.”• We are sending notice to BHASO’s you need to look at your local prosecuting attorney to determine how the law is read.• Define state and federal law to help maintain structure and treatment for those who no longer have legal requirement but still want the structure.• Call this morning with Rep Davis who did a brainstorming session on if the legislature is able to rally around and put some financial resources (Towards the supreme court decision) – where would the money go and what would it do?• Federal bills – DBHR is keeping an eye on the Block Grant; we are waiting for a letter of reward – we do not think it is an application but we do not know – this grant should bring a onetime 35 million dollar funding. This will help with a financial jolt to our system when we need it the most.• Lack of workforce is still one our Behavioral Health’s greatest barriers. About 1/3 of behavioral health staff turn over each year• Opioid Settlement: WA received \$13 million in one of the first settlements in the opioid lawsuits. There have been a lot of conversations happening between agencies and the governors office on what we should do with this money.• President Biden’s 1.9 trillion stimulus package - Even more money towards workforce development, more for Block Grant Funding - we would have until 2025 to spend it• We will know what this looks like more in a week or two (End of March 2021)• We are in a good place resource wise- we need to continue making wise decisions on spending.• DBHR is following the state opioid plan on how to spend the 13 million• Work with jails in opioid treatment network• Recovery Support Services – HCA suggestion to load up as many housing vouchers as we can – give people opportunity once they are out of treatment
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Behavioral Health Advisory Council Meeting Agenda – March 3, 2021

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		<ul style="list-style-type: none">• Prevention – we did not do a HYS bc of covid (since 1998) starting this week we are recruiting schools to participate in a covid related survey – find out where the young people are in terms of MH how they cope with the pandemic & questions about their substance use
9.	Action Item Recap May Agenda Items AJOURN	<ul style="list-style-type: none">• Opioid Response Plan• Section Update: Prevention• Legislative Subcommittee Update• Directors Update• Representative Lauren Davis

Behavioral Health Advisory Council
Recommendations for inclusion in 2022 FBG or Decision Packages
2/24/21

Thank you for the opportunity to provide our thoughts on FBG and Decision Package projects. Below are our recommendations for consideration to include in the 2022 FBG or Decision Packages, whichever is most relevant.

1. Continued Funding post State Opioid Response Plan

It appears that SOR II funding will end **August 2022**. This funding supports nurse care managers, care navigators and the H&S administrative infrastructure. Nurse Care Managers may be Medicaid reimbursable in some contexts, but not all, so for small providers, they and the navigators and administrative costs may be in jeopardy. This Hub and Spoke and Opioid Treatment Network infrastructure has made great progress in bringing Medically Assisted Treatment to communities and connecting resources for better care coordination. But it may all fall apart if providers don't have funding for staff and admin. Expecting them all to find their own alternative funding is unrealistic, when the state's leadership could go a long way in finding long-term support for this model of services.

Recent data is indicating the opioid epidemic is worse than ever, exacerbated by COVID, fentanyl and the resurgence of meth. Communities and providers need support to keep COORDINATED services in place for the long haul to get things turned around.

2. Vacating Criminal Records and Prohibitive Legal Fines

The Clean Slate Act which would have automatically cleared the records of qualifying criminal records for people who remain crime-free for a set period of time, was unfortunately vetoed due to budget concerns related to COVID.

Currently nearly 9 in 10 employers, 4 in 5 landlords, and 3 in 5 colleges use criminal record background checks, putting employment, housing, and higher education out of reach for many.¹

In addition, people in recovery are often burdened by considerable court fees and traffic fines that prohibit being able to drive until fully paid. This often takes 3 to 5 years, which is another barrier to employment.

We recommend providing legal services to vacate criminal records and forgiveness or reduction of legal/court fees for people who remain crime free for a set amount of time.

¹ Civil Survival website (Civilsurvival.org)

3. **Discharge Wraparound Services (related to Decision Package - Supplemental):**

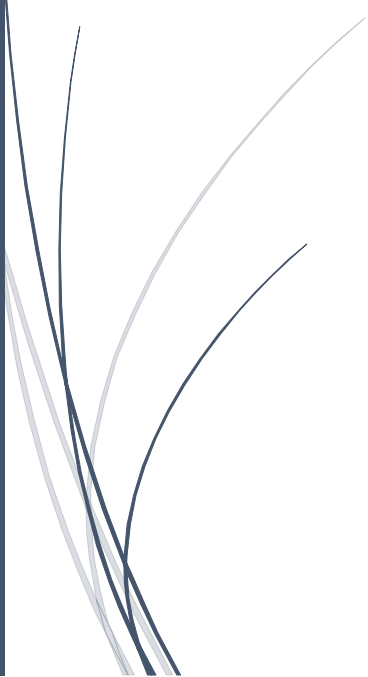
- A. Discharge Wraparound Services: Presently, there are huge disparities in what wraparound looks like in rural vs. urban areas. Therefore, we recommend that standards are used during implementation to ensure important to ensure similar program layouts/implementation across rural and urban counties.
- B. "ESI Intensive BH TX": Does this include children? If not, we recommend it does. There is a significant population of children and youth discharging from state hospitals, whose high needs are not being met after discharge, so they are swamping emergency services, and reentering inpatient treatment as a result.

DRAFT

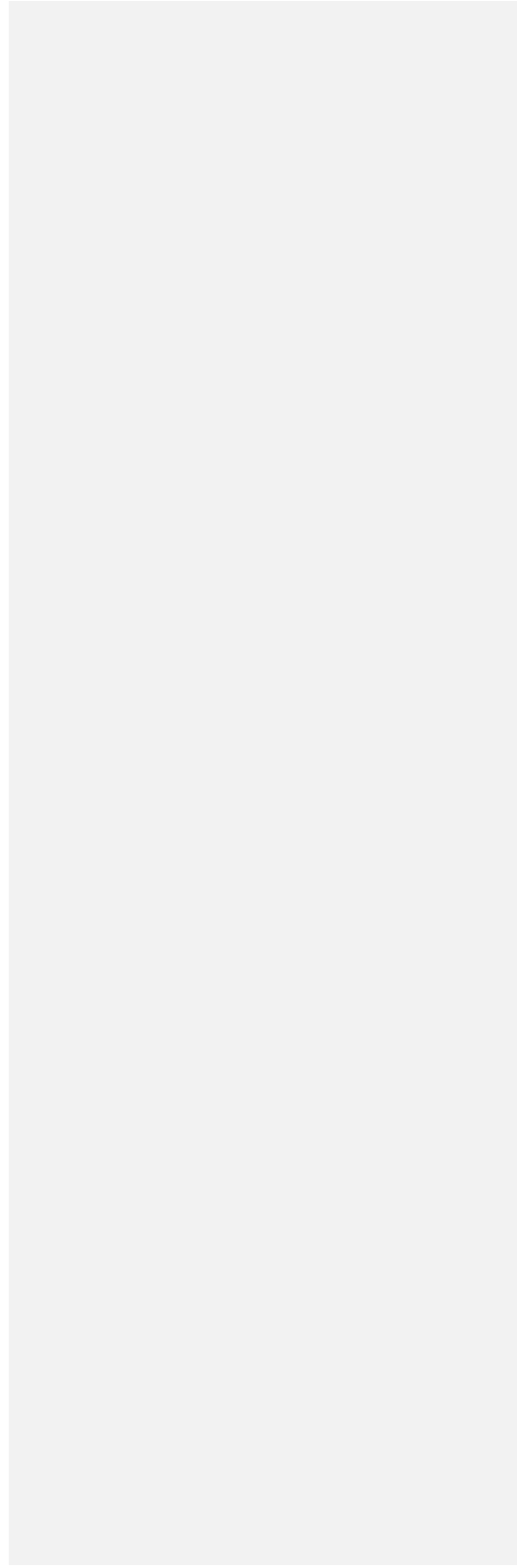


2/17/2021

Washington State Behavioral Health Advisory Council's 2020 Peer Review Summary



Behavioral Health Advisory Council Executive
Committee on behalf of the Behavioral Health
Advisory Council (BHAC)



BHAC 2020 Peer Review – Executive Summary

The types of services reviewed in 2020 was broader than past years, including Mobile Crisis Services, Peer Services, Peer Bridger Services, Short Term Case Management for incarcerated individual's re-entry, Wellness Services and Services for 55 and older.

The number of services providers was well below the required 5% due to challenges related to COVID, with a total of 6 SUD Service Providers and 11 MH Service Providers.

All clinical treatment services had integrated MH and SUD, and most with medical. We also noted more agencies offering "ride along" with law enforcement services.

Diversity Equity and Inclusion was mentioned in several responses as a key focal point.

The most frequently mentioned issues were:

- Barriers to treatment:
 - SUD assessment (first contact to induction) often resulted in loss of clients due to lack of timely MAT services. Note: BHAC was informed that this is a gap in service that Peer Services are trying to address by providing emotional support and possibly speeding up access to MAT.
- Insufficient access to technology, especially in rural areas, is now more acute due to COVID 19.
- Electronic Records inefficiencies. This has been noted in each Peer Review in the last 5 years although the concerns this year appear to be due to structure that does not support the SUD process and Social Determinants of Health.
- COVID 19 effects have made services either difficult to provide or caused low census.
- Insufficient follow up tools/processes to measure the success of SUD treatment.
- Referral and hand-off processes are often ineffective, especially with individuals leaving incarceration.
- SUD clients often were unwilling to sign release forms for Primary Care Physicians.
- The need for more SUD Peers.

Last, we noted that the Peer Review Questionnaire needs to be better tailored to the type of services being reviewed. This is a repeat recommendation from 2019. See page 6 for details.

Following are the detailed results

BHAC 2020 Peer Review Summary Details
SUD

Agency #	Strengths	Challenges	Peer Reviewer Recommendations
#1	<ul style="list-style-type: none"> • Agency appears proactive in finding many ways to improve their processes. • Broader definition of success includes reduction of recidivism, ER visits and overdose deaths (in additions to clients self-defined success and completion of treatment. • Have increase internal audits of records. • Services and service notes were outstanding 	<ul style="list-style-type: none"> • Looking for ways to reduce barriers clients experience when attempting to engage in care. • For opioid treatment there is a huge loss of individuals from first contact to induction • Would like to find a way to decrease assessment time (currently takes 2-3 hours) • Electronic records system not built with SUD required documentation in mind hard to update treatment plans. 	<p>Have primary care perform follow up with clients who abort treatment</p>
#3	<ul style="list-style-type: none"> • Due to small size and census: <ul style="list-style-type: none"> ○ can devote more time to clients. ○ Closer collaboration with providers 	<ul style="list-style-type: none"> • Due to rural location, referrals must all be out of the area. • Records not in EMR. • Limited language services 	<p>Improve utilization of electronic medical records</p>
#6	<ul style="list-style-type: none"> • Highly Dedicated staff • Provide employment and housing placement, peers, services to incarcerated, education, Drug Court and Probation • Since program averages one year, they can assist with “next level” of recovery 	<ul style="list-style-type: none"> • Insurers • Continue to improve wrap around services. • Use simpler treatment language so more client friendly. • Not getting all documentation for incarcerated clients, like a graduation certificate 	
#9	<ul style="list-style-type: none"> • Have an anti-racism focused Board. • Fully integrated MH and SUD • Community Outreach - Utilizes mobile van to provide barrier free services such as harm reduction and SMH. • Assist with housing and employment 	<ul style="list-style-type: none"> • Having access to all clients • Being more dependent on technology with COVID • Becoming barrier free (e.g., some clients do not have access to technology.) • Adjusting to the increase in types of services offered • SUD and MH plans are separated 	

BHAC 2020 Peer Review Summary Details
SUD

Agency #	Strengths	Challenges	Peer Reviewer Recommendations
#17	<ul style="list-style-type: none"> • LGBTQ sensitive • Has strategic plan. • In same building as mental health and Public Health so can refer easily • Advocate for the client 	<ul style="list-style-type: none"> • Some who do referrals do not seem to understand the process. • Need better coordination when working with other agencies. • Need more wrap around services available in town. • Not quite ready to do electronic assessments, currently done by hand. • Do not have funding for SUD Peers. • Developing “voice” goals and interventions 	<ul style="list-style-type: none"> • Improve understanding of referral process. • Improve coordination with other agencies
#20	<ul style="list-style-type: none"> • Staff is very interested in improving how cultural diversity is handled. • Since agency is primarily MH, good co-occurring services including MD's. • Strong relationships with Courts/probation and schools 	<p>Records:</p> <ul style="list-style-type: none"> ▪ 4 out of 5 client records reviewed did not make appropriate referrals when needed. ▪ Many goals were not measurable, but in process of fixing this and using SMART. • Difficult to recruit – reside on islands that have high cost of living. • Need more staff, including SUD Peers. • Improve EHM, especially forms – would like it to be more flexible to include narrative and less checking boxes. • Clients often refusing to sign release of information to Primary Care physician • No follow up after discharge 	
From MH #1	<ul style="list-style-type: none"> • Note: Labeled MH on form but SUD services were reviewed 		

BHAC 2020 Peer Review Summary Details
MH

Agency #	Strengths	Weaknesses	Peer Reviewer Recommendations
#1	<ul style="list-style-type: none"> • Note: Only able to conduct records review, virtual process did not work. • Fully integrated MH and SUD • Records – strong MH and SUD risk assessment documentation, detailed IOP, crisis plan, strengths based 	N/A – not completed	N/A – not completed
#3	<ul style="list-style-type: none"> • Breadth of Crisis Services offered • Will see anyone and everyone when requested. • Ride along services with Law Enforcement • Hospital Liaison for detentions sent out of county. • Court specialists • Records clear on safety and risks 	<ul style="list-style-type: none"> • More secure detox centers would be helpful. 	
#4	<ul style="list-style-type: none"> • Provides SUD ITA and Full MH • Has ride-along services with law enforcement. • Strong documentation in client files • Implemented WISE 	<ul style="list-style-type: none"> • In rural area and have insufficient amount of health providers, community hospitals do not provide single bed certifications transportation for ITA's, detox. Lack of coordination • No broadband in much of the area 	
#5	<ul style="list-style-type: none"> • Able to accommodate -language barriers. • Accessible to persons with disabilities • Transportation • Cultural, Diversity, and Inclusive Training 	<ul style="list-style-type: none"> • Patients do not have access to technology for telehealth-cannot provide appropriate services. • It is hard to determine who is receiving services. • Difficult to implement CARE plan, Exit and follow up not clear. • The race and ethnicity of individuals cannot be determined. 	Should consider helping the clients they serve get access to technology and not just say they are unable to engage them. (Especially during Covid-19)
5.2	(Records Summary)- <ul style="list-style-type: none"> • Admissions Process 	<ul style="list-style-type: none"> • No Discharge or continuing plan process in place • No follow up or follow through. 	Needs better documentation process for these adults (vulnerable) To insure they are

BHAC 2020 Peer Review Summary Details
MH

Agency #	Strengths	Weaknesses	Peer Reviewer Recommendations
			accessing services and not fall through the cracks
#7	<ul style="list-style-type: none"> • Providing 1.1 direct peer support • Navigating Systems • Assisting with reducing re-hospitalization • Recognition of their peer counselors 	<ul style="list-style-type: none"> • More peer support employees • Need electronic intake and assessment process to access and view files 	Electronic data system for intake and assessment
#11	<p>Note: Peer Bridger Services are not clinical services so many items on questionnaires are N/A</p> <ul style="list-style-type: none"> • Building relationships with clients • Assisting with connecting with community • Anyone can access program. • Clients get quality support 	<ul style="list-style-type: none"> • Not being able to work with more clients. • Do not have a follow up survey yet after graduation. 	Expand narrative documentation
#14	<p>Note: This agency is not clinical, but provides wellness and support groups, peer support so many items on questionnaire are N/A.</p> <ul style="list-style-type: none"> • Low barrier, no time limits on how long or how often services are utilized and open to a variety of disabilities. • Provides youth only services and groups. • Self-directed • Self-referred 	<ul style="list-style-type: none"> • How to reach home bound clients • Would like to figure out how to do follow up 	
#25	<p>Note: Peer Bridger Services are not clinical services so many items on questionnaires are N/A</p> <ul style="list-style-type: none"> • New Executive level position created to deal with Humility, Equity and Inclusion and is their #1 priority 	<ul style="list-style-type: none"> • Looking at expanding services beyond the standard 120-day timeframe • Still developing role as advocates 	Want to develop a follow up survey on what activities people felt were most beneficial.
#33	<p>Note: Agency provides short term MH case management services for individuals re-entering from incarceration. This includes housing, continued medical coverage, SUD referrals, legal requirements</p>	<ul style="list-style-type: none"> • Get clients services faster in the transition process “warm hand-off” 	Add a SUDP to the Team. Make Flex Funds/client Support funds available to the Team

Commented [MHT1]: SUD Summary & MH Summary

BHAC 2020 Peer Review Summary Details Trends and Recommendations

Trends:

- More Meth than Opiates (about 75% of agencies) increase in alcohol abuse (30% of agencies reviewed), kids using marijuana esp. vape to avoid detection.
- COVID – caused lower outpatient, walk-ins not happening, inadequate broadband in rural areas.
- 4 out of 6 agencies acknowledged that “success” of treatment can only be measured after discharge. Almost all would like a better way to track after discharge. Would like to have better follow up process.
- Agency 17 & 20 appear not to provide MAT (“abstinence based”) is this legal?
- There is no identification for race and ethnicity of who they serve (maybe removed from this process)
- Lack of affordable housing
- Need more SUD peers.

Recommendations Regarding Peer Review Process:

1. Repeat Recommendation: Peer Review Questionnaire:
 - Needs to be tailored to agency. It is great to see the reviews cover more types of SUD services however only one questionnaire is used. It is not relevant for emergency/crisis services, Peer Agencies, Peer Bridging or Recovery Housing. For example, Peer Bridgers and Peer Services have no formal intake processes and services quite different from inpatient and outpatient, crisis services have no formal exit process nor recordkeeping.
 - Do a process check of the “Certified Service Reviewed” section to see whether all service type categories on questionnaire are the best representation of the population DBHR provides money for. For example, Drug and Alcohol School appear to be irrelevant.
2. Several Agencies were labeled as Mental Health, but due to integration, only SUD services were reviewed. Make the selection process more exact as to services being reviewed so adequate balance between MH and SUD is achieved

Commented [MHT2]: Work with RSS to help create specialized questions for Peer agencies, peer bridger, recovery house, ect. – helps us get a deeper understanding with the ability to tailor it to each agency.



Prenatal to 25 Behavioral Health Section

Division of Behavioral Health
and Recovery

Prenatal to 25 Behavioral Health Section (P-25)

- ▶ Formerly the Children Youth and Family Team
- ▶ Building out three lifespan areas
 - ▶ Prenatal to 5
 - ▶ School age (5-18)
 - ▶ Transition age youth (16-25)
 - ▶ We chair the Children Youth and Family Division of the National Association of Behavioral Health Directors

How we think about our work

▶ Continuums:

- ▶ Developmentally appropriate
- ▶ Service array
- ▶ Stages of readiness for change

▶ Core elements of our work:

- ▶ Brain science
- ▶ Diversity equity and inclusion
- ▶ Trauma informed
- ▶ Lived experience driven
- ▶ Poverty impacts – social determinants of health
- ▶ Data informed

P-25 Areas of work

Wraparound with Intensive Services (WISe)

- ▶ A result of the TR lawsuit
- ▶ Lawsuit filed over mental health services for youth
- ▶ Community based, intensive mental health services
- ▶ Uses a wraparound approach
- ▶ Strength-based
- ▶ Relies heavily on youth and family voice and choice
- ▶ Medicaid eligible youth, up to 21 years of age with complex needs
- ▶ Team members (i.e.) – youth, family, therapist, care coordinator, peers, system partners.
- ▶ Special projects

Children's Long-Term Inpatient Program (CLIP)

- ▶ The only publicly funded, longer term inpatient program
- ▶ 5 psychiatric facilities
 - ▶ Child Study and Treatment Center (CSTC), in Lakewood
 - ▶ Community-based facilities
 - ▶ MultiCare/Sunstone, Burien
 - ▶ Two Rivers Landing, Yakima
 - ▶ Tamarack Center, Spokane
 - ▶ Pearl Youth Residence, Tacoma
- ▶ Approximately 84 beds available throughout the state

Healthy Transitions

- ▶ The City of Yakima and Clark County serve as local laboratories for the development and evaluation
 - ▶ Expanding to a third location later this year
- ▶ Designed to improve emotional and behavioral health functioning
- ▶ Organize and develop regional ecosystems to equip and empower TAY to assume adult roles and responsibilities
- ▶ Create non-stigmatizing, trauma-informed opportunities
- ▶ Utilize local youth and family voices to inform program development
- ▶ Use targeted interventions that are evidence-based for their regional population
- ▶ Each implements supports and services which include;
 - ▶ employment, education, living situation, personal effectiveness, wellbeing, legal, and community-life functioning
- ▶ Target population is between 16 and 25 years old

New Journeys

- ▶ First episode psychosis intervention
- ▶ Early identification and intervention for serious mental illness promotes recovery and positive outcomes for individuals and families
- ▶ Each year, it is estimated that approximately 2,000 youth and young adults in Washington State experience their first psychotic episode
- ▶ Services include:
 - ▶ Employment and education
 - ▶ Medication management
 - ▶ Peer support
 - ▶ Family education
 - ▶ Case management
 - ▶ Individual resiliency therapy

New Journeys Cont.

New Journeys Teams



Family Youth System Partner Roundtables (FYSPRTs)

- ▶ FYSPRTs are a platform for families, youth, and system partners to come together to collaborate, listen, and incorporate the voice of the community into decision making at the regional and state level
- ▶ FYSPRTs are based on the System of Care core values:
 - ▶ Family and youth driven
 - ▶ Community based
 - ▶ Culturally and linguistically appropriate
- ▶ 10 regional FYSPRTs, one statewide FYSPRT, and multiple local FYSPRTs

Family Peer Development Networks

- ▶ Provides support for parents whose youth or young adult are experiencing behavioral health challenges
- ▶ Holds webinars for community feedback and opened forum discussions
- ▶ Workgroups to discuss trends
- ▶ The trends related to:
 - ▶ outpatient behavioral health services
 - ▶ inpatient behavioral health services
 - ▶ peer support
 - ▶ family leader opportunities
 - ▶ cross-system services

Substance Use Disorder (SUD) Treatment

▶ Services provided

▶ Outpatient treatment

- ▶ services may be delivered in community outpatient settings, schools, group homes, and other settings

▶ Residential treatment

- ▶ provided in youth-only facilities and are designed to be developmentally appropriate

▶ Withdrawal management and crisis stabilization

- ▶ provide a safe, temporary, protective environment for any youth experiencing the harmful effects of intoxication and/or withdrawal from substance

▶ Proviso projects

Family Initiated Treatment (FIT)

- ▶ FIT provides a new access point for behavioral health services, and it does not guarantee immediate services
- ▶ Can be used for both outpatient and inpatient services
- ▶ A parent/caregiver can access services without the youth's consent
 - ▶ Can only access an assessment for SUD treatment due to Federal Privacy Laws
- ▶ Medical necessity is always required for a youth to receive services through FIT across the continuum of care.

Tools/resources

Tools/resources

- ▶ [Teen link](#)
- ▶ [Washington Listens](#)
- ▶ [Washington's Mental Health Referral Service for Children and Teens](#)
- ▶ [Behavioral Health Toolbox for Families from Dept. of Health](#)
- ▶ [Trauma Informed Approach online training for BH agencies](#)
- ▶ Quick find behavioral health resources for individuals covered by school and public employee health benefits:
 - ▶ [School Employees Benefits Board \(SEBB\) Program | Washington State Health Care Authority](#)
 - ▶ [Public Employees Benefits Board \(PEBB\) Program | Washington State Health Care Authority](#)

Teen link

- ▶ A confidential help line for teens, by teens
- ▶ They are trained to provide support around issues like:
 - ▶ Bullying
 - ▶ Drug and alcohol concerns
 - ▶ Relationships
 - ▶ Stress
 - ▶ Depression



Washington listens

- ▶ A confidential, free support line developed in response to the COVID-19 pandemic to provide nonclinical support
- ▶ You will be connected to a support specialist who will listen when you need to talk
- ▶ Provides support for:
 - ▶ Stress
 - ▶ Sadness
 - ▶ Anger
 - ▶ Feeling overwhelmed

If you're experiencing stress from COVID-19, call us today.

WAListens.org

1-833-681-0211

Mon - Fri 9 to 9, Weekends 9 to 6

Language access services are available and TTY can be accessed by dialing 7-1-1 or preferred method.



Washington Listens supplements but doesn't replace existing community programs. The phone line is staffed by support specialists located around the state who understand how COVID-19 is affecting your community.

Mental health referral service

- ▶ Connects families with evidence-supported outpatient mental health services in the community
- ▶ It's a free phone-based service
- ▶ After a family completes a referral, a referral specialist contacts them with information of at least 2 providers, who have openings and who meet their needs
- ▶ Funded by HCA and operated by Seattle Children's Hospital

SEBB/PEBB resources

- ▶ Originally developed for Behavioral Health Navigators
- ▶ Resources for teachers and families in response to the COVID-19 pandemic
- ▶ Quick reference guide on
 - ▶ How to access behavioral health services
 - ▶ Possible obstacles and how to overcome them
 - ▶ Questions to help guide the conversation
- ▶ Next, we will be connecting them to the Managed Care Organizations (MCOs)

DOH toolbox

- ▶ Created by DOH and published in July, 2020
- ▶ Provides tips on how to navigate some of the emotional responses that families may experience during the pandemic.

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Thank you!

Diana Cockrell

Prenatal to 25 Lifespan Behavioral Health Section Manager,
HCA/DBHR

Email: Diana.Cockrell@hca.wa.gov

Liz Venuto

Transition Age Youth Integrated Services Supervisor,
HCA/DBHR

Email: Liz.Venuto@hca.wa.gov

Enos A. Mbajah

Prenatal to 25 Lifespan Behavioral Health Integrated Services
Supervisor, School Aged Focus, HCA/DBHR

Email: Enos.Mbajah@hca.wa.gov