



Children and Youth Behavioral Health Work Group – Youth and Young Adult Continuum of Care (YYACC) Subgroup

July 23, 2024

Glossary of Terms

ABA: Applied Behavior Analysis
ADOS: Autism Diagnostic Observation Schedule
ASD: Autism Spectrum Disorder
BH: Behavioral Health
CARE: Clinical Alignment and Resource Effectiveness
CDC: Centers for Disease Control and Prevention
DOC: Department of Corrections
DOH: Department of Health
HCA: Washington State Health Care Authority
MH: Mental Health
NP: Nurse Practitioner
PAL: Partnership Access Line
RN: Registered Nurse
SUD: Substance Use Disorder
SW: Social Worker

Meeting Topics

Welcome and Meeting Norms, Representative Eslick & Taanvi Arekapudi
Presentation: ASD continuum of care for youth & young adults, Jamie Kautz (MultiCare Mary Bridge Children's Hospital and Health Network)
Partnership Access Line (PAL) services & referral line, Dr. Robert Hilt (Seattle Children's)
Presentation: WA Department of Health (DOH) Youth Advisory Council (YAC) Recommendations, Alexis Bates & Nicole Casanova (DOH)
First look at full slate of 2025 YYACC priorities, Subgroup leads

Discussion Summary

Welcome and Meeting Norms

1. Upcoming opportunity:
 - a. Kenmore Nexus Mental Health Hub launch and mental health resource fair
 - i. August 22nd, from 5-8pm in the Kenmore Hangar
 - b. If you want to join the event as a vendor, reach out to YYACC youth lead, Taanvi at info@taanvi.us.
 - c. For more information, you can visit www.nexusforschools.com.

Autism Spectrum Disorder (ASD) continuum of care for youth & young adults



Jamie Kautz (MultiCare Mary Bridge Children's Hospital and Health Network)

1. Trends impacting pediatric autism programs:
 - a. Centers for Disease Control and Prevention (CDC) estimates an average of 1 in 88 children have autism.
 - b. ASD has a dramatic impact on health care costs, in the following ways:
 - i. Significantly more comorbid psychiatric and medical conditions,
 - ii. Greater likelihood of hospitalization,
 - iii. More Emergency Department (ED) visits.
 - c. ASD programs focused on the integration of medical, psychiatric and community services with an emphasis on care coordination have the potential to reduce costly high-acuity services and center care in the family's community.
2. ASD Clinical Alignment and Resource Effectiveness (CARE) model:
 - a. Mary Bridge is thinking about autism within a system of CARE, which allows them to:
 - i. Identify gaps in access and opportunities for integration, and
 - ii. Think about the strategic improvement of care across the continuum of services.
3. Mary Bridge has identified a fair number of roadblocks along the pathway of care.
 - a. At Mary Bridge, there is currently a 1-year waitlist for children under 3 who are seeking an ASD diagnosis, and a 2-year waitlist for children older than 3.
 - b. Additionally, there are older children who have never received a diagnosis and have thus missed out on significant support services.
 - c. Due to a high volume of patients and limited resources to help with care navigation, Mary Bridge is experimenting with using a risk stratification tool for patients with a diagnosis, via their lone nurse navigator.
 - i. Using this model, Mary Bridge has been able to connect children to care beyond Applied Behavior Analysis (ABA) to find community services that are a good fit for the child and family.
 - d. Mary Bridge is hoping to increase their capacity to have staff helping families navigate systems of care, creating a more personal connection to understand needs surrounding health literacy, rural care, transition of care, need for interpreters, multi-system involvement, and beyond.
4. Mary Bridge has proposed a one-year pilot to do the following:
 - a. Program coordination that involves:
 - i. Convening community summits,
 - ii. Forming workgroups,
 - iii. Mapping services,
 - iv. Overseeing navigation and collecting metrics, and
 - v. Liaisoning to the Mary Bridge steering committee.
 - b. Increase navigation capabilities by:
 - i. Continuing to use the registered nurse (RN) navigator for medical advocacy and care coordination,
 - ii. Adding a social worker (SW) for community advocacy and care coordination, and
 - iii. Testing a tiered intervention approach that allows for more personal and consistent care for crisis and subsequent connection.
 - c. Expand training for professionals that could assist with diagnostics, by:



- i. Providing Autism Diagnostic Observation Schedule (ADOS) kits for nurse practitioners (NPs) in the Neonatal Follow-Up Clinic, and
 - ii. Providing ADOS training for mid-level practitioners.
5. Funding options for the one-year pilot:
 - a. Option A (\$525,000) = 1 program coordinator, 1 RN navigator, 2 SW navigators, 7 ADOS kits/training
 - b. B (\$350,000) = 1 program coordinator, 1 RN navigator (MultiCare expense), 2, SW navigators, 7 ADOS kits/training
 - c. C (\$225,000) = 0 program coordinators, 1 RN navigator (MultiCare expense), 2 SW navigators, 7 ADOS kits/training
6. If Mary Bridge can accomplish everything in the proposed pilot, there could be a model that is scalable to other systems with similar infrastructure across the state.

Partnership Access Line (PAL) Services & Referral Line

Dr. Robert Hilt (Seattle Children's)

1. PAL has been an on-demand consult line for primary care providers across the state since 2008.
 - a. PAL receives between 1500 and 2000 new consults each year from the primary care community.
 - b. PAL is supported by the state in an insurance-blind setup where the provider can call Monday-Friday on-demand about any patient and typically receive immediate help.
2. PAL and the referral line are HCA-supported programs with contracts at Seattle Children's.
 - a. The programs have been level-funded with the state since 2018.
 - b. Due to inflation, it has been costing much more to deliver the service than they are receiving money from the state.
 - c. These programs were told to ask the legislature to ask for funding.
3. Referral Service:
 - a. The referral line, also known as Washington Mental Health Referral Service for Children & Teens, was created by a partnership with HCA and the legislature and built at Seattle Children's with input from the state pediatrics association in 2019.
 - b. The service allows every Washington parent or caregiver of young people through age 17 to call 833-303-5437 to be connected to outpatient therapy support services.
 - i. The service line receives approximately 65% of their calls from parents with commercial insurance.
 - c. There was a steady increase in utilization during the first 3 years, with turnaround times of 30-45 days for connecting families to services, at their worst.
 - i. Currently, the teams are appropriately staffed and there is about a 7-day turnaround for connection to services.
 - ii. There has been consistent demand, with over 5000 requests from parents and families across the state.
 - iii. The current staffing includes 12 FTE referral specialists, 3 intake coordinators, and a supervisor.
4. Funding Concerns:
 - a. Funding for new positions was set at 2018 rates, which has created a larger deficit.
 - b. The PAL is currently \$420k out of budget per year.



- c. The referral service is currently \$490k out of budget per year.
- d. Because the legislature said in years prior that commercial insurers were supposed to help support these services, and the Medicaid proportion of these programs pulled a federal match, about a third of the budget would need to be covered by state general funds.

Washington State Department of Health (DOH) Youth Advisory Council (YAC) Recommendations

Alexis Bates & Nicole Casanova (DOH)

1. YAC is a group of 35 young people ages 13-22 (as of 2023) with diverse backgrounds and lived experiences who give feedback and recommendations to DOH staff about adolescent health topics particular to the Maternal and Child Health Block Grant.
 - a. The DOH staff then commit to turning these insights into action.
 - b. The YAC meets via virtual meetings, including general council meetings, review meetings, subcommittees and project meetings, that are co-planned and facilitated by members.
 - c. Members are compensated for their time.
2. The first cohort of YAC ran from March 2022 through March 2023.
 - a. The group had six meetings that spanned the topics of mental and behavioral health, adolescent well visits, transition from pediatric to adult care, confidentiality, minor consent, and youth-friendly care.
 - b. Their recommendations were published in a report: [Adolescent and Young Adult Health Youth Advisory Council Report - 2022 Cohort - Washington State Department of Health_0.pdf \(waportal.org\)](#).
3. Relevant findings and recommendations:
 - a. Young people want access to high-quality, accurate, reliable, straightforward, youth-friendly health information, especially on mental health (MH) and behavioral health (BH).
 - i. Topics include:
 1. Recognizing symptoms of suicide risk, substance use risk, and unhealthy or harmful behavior.
 2. How and where to get help when it's needed.
 3. How to help and support their peers.
 4. How to prepare for and navigate appointments with providers, including MH.
 5. Information should be available online and mobile, and in places where young people spend their time, and accessible to teens, young adults, caregivers, and youth-serving professionals.
 - b. Young people want youth-friendly health care, in environments that are:
 - i. Welcoming, safe, and inclusive.
 - ii. Youth-centered.
 - iii. In convenient places, such as through telehealth, in-school, or in mobile units.
 - c. Young people want providers who:
 - i. Are non-judgmental, compassionate, trustworthy, and respectful.
 - ii. Give them facts and answer questions in ways that are easy to understand.



- iii. Understand trauma-informed and healing-centered care.
 - iv. Involve young people in their own care and in the systems that serve them.
 - d. Young people want help understanding and exercising their rights to consent for care and their rights to confidentiality, including:
 - i. Providers who can explain what information will be kept private.
 - ii. Access to confidential mental and behavioral health services, such as:
 - 1. Anonymous helplines, online chats and online and in-person meetings with peers and professionals.
 - 2. Ways to independently find and get help.
 - 3. MH training and education to support each other.
 - e. Young people want adults to address barriers to care like transportation, health care costs, and stigma around MH and trusting young people, for example:
 - i. Low-cost or no-cost MH and BH care.
 - ii. Free rides to appointments, using public or medical transport, Uber or Lyft.
 - iii. More ways to access care via online, mobile, telehealth, mobile units, pop-up clinics, in-school care, and peer support.
 - iv. Reducing youth MH and BH stigma in the community among parents, caregivers, schools, and professionals.
 - v. Being responsive to young people's needs.
- 4. Ways DOH are responding to the feedback and recommendations:
 - a. [Teen Health Hub WA](#)
 - b. [Youth Advisory Council](#) (YAC) and Youth Voice Volunteers
 - c. Health Care How-To's for Teens and Young Adults
 - d. School-Based Health Centers
 - e. Three School-Based Peer Support Service Grants:
 - i. DOH is providing funds to school districts for peer support work and waiting for feedback to inform potential expansion.
 - f. Youth-Friendly Care Certification:
 - i. This is a new certification program that clinics can apply for, where clinics promise to adhere to criteria developed by the YAC on being youth-friendly and in-turn receive support and technical assistance and communities of practice around being youth-friendly.
 - g. Support and training on Washington's confidentiality and minor consent laws.
- 5. Learn more about this work at the [Committed to Action webpage](#).

First look at full slate of 2025 YYACC priorities

- 1. There are two more meetings before draft recommendations are due to the full work group.
 - a. The draft recommendations submission is due on August 28th.
 - b. This is not a final deadline.
- 2. After draft submissions, there will be about 1.5 months until the full work group votes on recommendations to be put forward for the next legislative session.
- 3. Focus of next meetings:
 - a. For the first week of August, there are more presentations to hear, regarding juvenile rehabilitation centers and the move over to county facilities, substance use disorder (SUD)



and overdose prevention, particularly in schools and education in schools around prevention, and recovery high schools and the associated collegiate program.

- i. The rest of the meeting will be the start of discussions about refining and prioritizing recommendations.
 - b. The second August meeting will be spent entirely focusing on recommendation development.
4. Final update from Representative Carolyn Eslick:
 - a. There is a crisis in the Echo Glen Children's Center and juvenile rehabilitation facilities.
 - i. There will likely be a group session about this upcoming.
 - ii. 43 youth were moved to the 21-25 Department of Corrections (DOC) to allow for more bed space, but this is just a band aid.
 - b. There is a need to make more parenting skills available and help families survive the crisis of youth committing crime at high volumes.

Next Meeting:

August 6, 2024, 4-5:30PM

ASD Continuum of Care for Youth and Young Adults

Jamie Kautz, LICSW

AVP, Pediatric Behavioral Health

MultiCare Mary Bridge Children's Hospital and Health Network

March 11, 2024



Trends Impacting Pediatric Autism Programs

- The CDC estimates an average of 1 in 88 children have autism.
- ASD has a dramatic impact on health care costs:
 - **Significantly more comorbid psychiatric and medical conditions**
 - **Greater likelihood of hospitalization**
 - **More emergency department visits**
- ASD programs focused on the integration of medical, psychiatric and community services with an emphasis on care coordination have the potential to reduce costly high-acuity services and center care in the family's community.

Autism Within a System of CARE

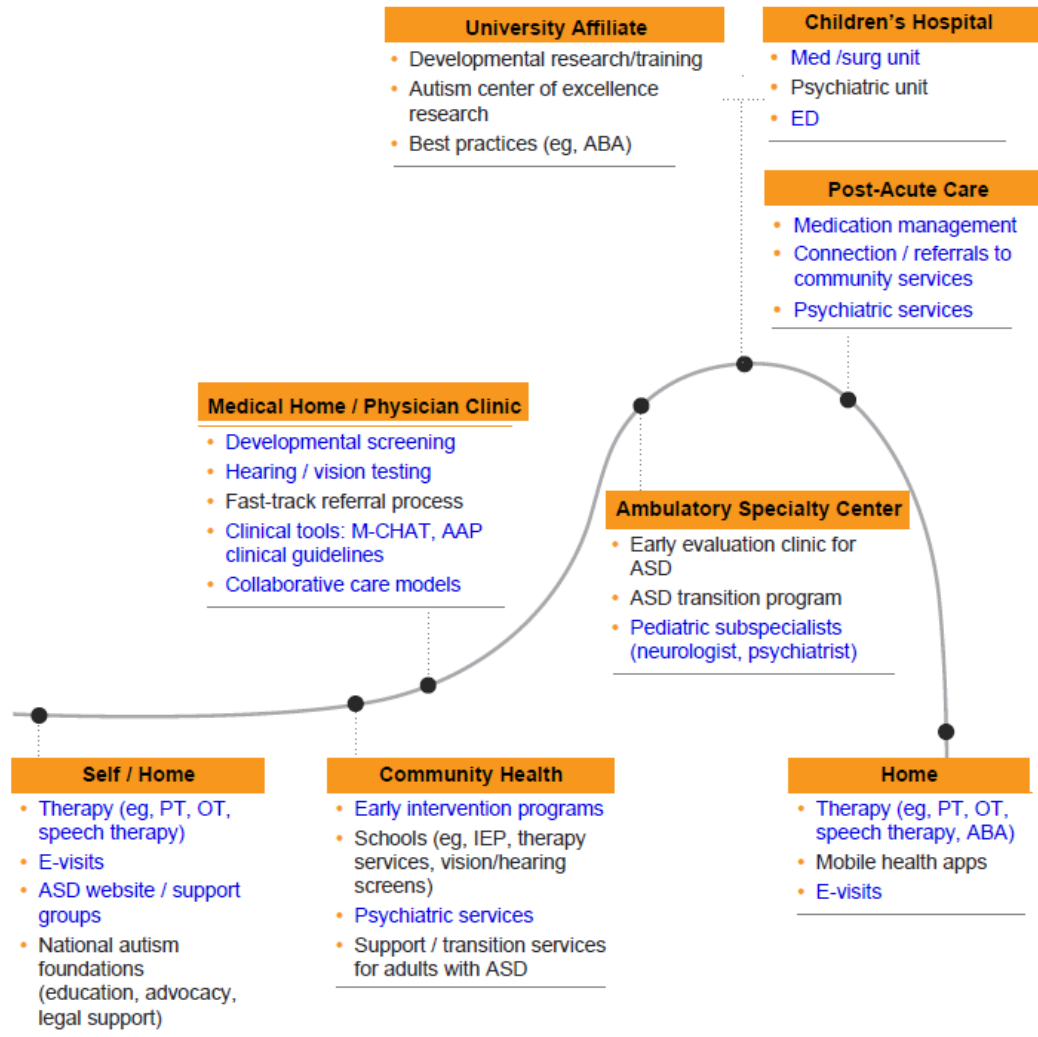
CARE = Clinically aligned and resource relevant

Critical for identifying gaps in access and opportunities for integration

Allows for the strategic improvement of care across the continuum

PEDIATRIC AUTISM

Autism System of CARE (Clinical Alignment and Resource Effectiveness)



Proposed One-Year Pilot

Program Coordination:

- Convene community summits
- Form workgroups
- Map services
- Oversee navigation/metrics
- Liaison to steering committee

Navigation:

- RN for medical advocacy and care coordination
- SW for community advocacy and care coordination
- Tiered intervention: crisis, connection, consistent

Training:

- ADOS kits for NPs in Neonatal Follow-Up Clinic
- ADOS training for mid-levels

Funding for One-Year ASD Pilot

	Option A \$525,000	Option B \$350,000	Option C \$225,000
Program Coordinator	1	1	0
RN Navigator	1	(1 - MultiCare expense)	(1 - MultiCare expense)
SW Navigator	2	2	2
ADOS kits/training	7	7	7

Mary Bridge
Children's
MultiCare 

An introduction to...



adolescent & young adult health

youth advisory council

EST 2021

nothing about us without us!



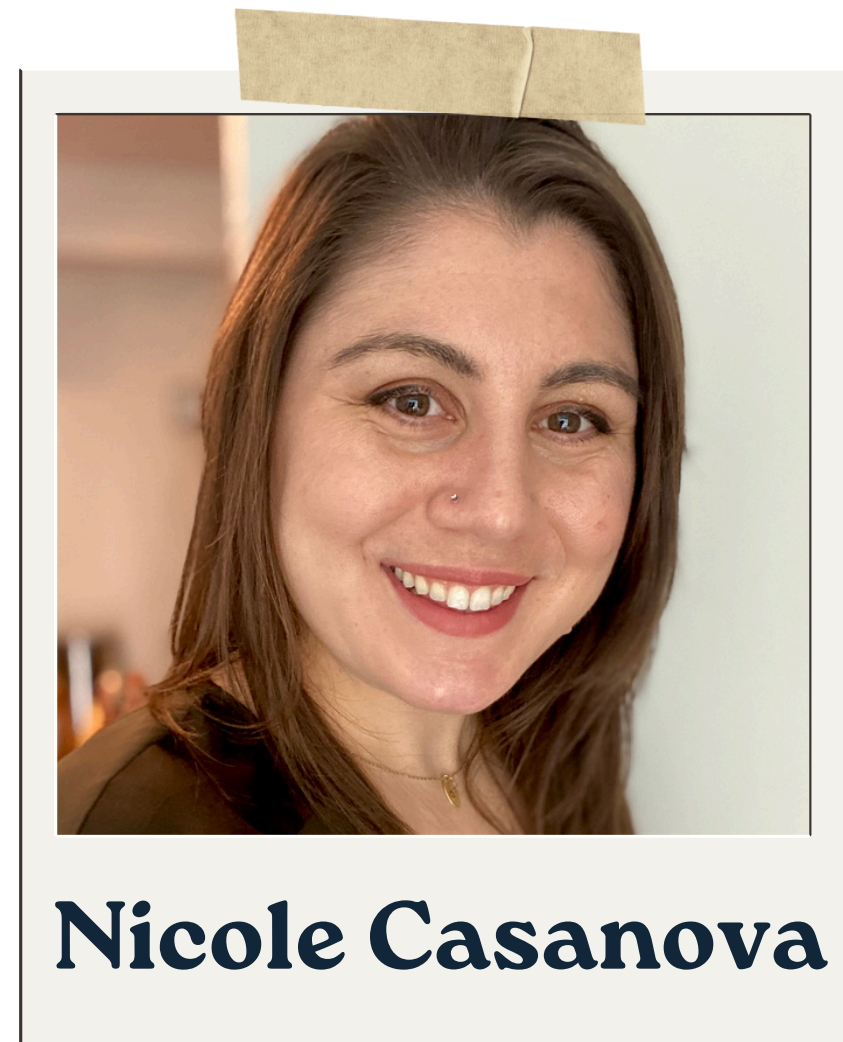
HELLO!



Alexis Bates

she/her

**Adolescent Health Consultant
Adolescent & Young Adult Health Unit
Washington State Department of Health**



Nicole Casanova

she/her

**Youth Engagement Specialist
Adolescent & Young Adult Health Unit
Washington State Department of Health**

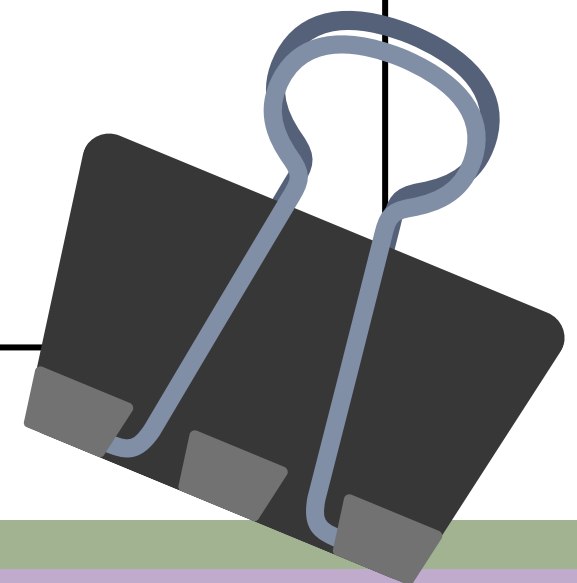
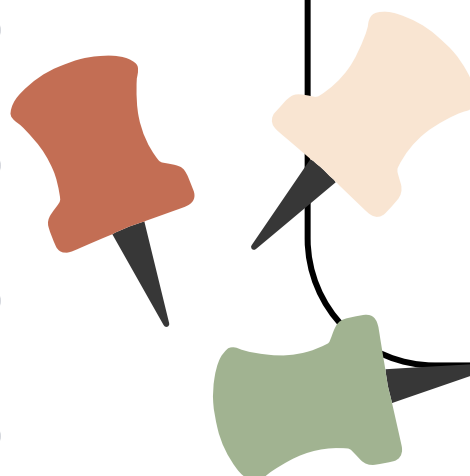


TODAY'S AGENDA

JULY 23, 2024



1. Intro to the Youth Advisory Council (YAC)
2. Relevant YAC findings and recommendations
3. Action!
4. Ways to engage
5. Q & A



Adolescent Health

Adolescent Health

School-Based Health Center Program

- [Community Advisory Board](#)
- [SBHC Grantee Storymap](#)
- [SBHC Grant Information](#)
- [Behavioral Health SBHC Grant Information](#)

Adolescent Health Needs Assessment

Resources for Young People

- [Resources for Youth-Serving Providers](#)

Washington Youth Sexual Health Innovation and Impact Network

- [About WYSHIIN](#)
- [Partner Map](#)

Youth Advisory Council



Washington State has more young people today than ever before! The health status of adolescents and young adults in the state is reflected across several data sources, including those that show teen pregnancy rates, repeat teen pregnancy rates, and sexually transmitted infections are lower here than the national average for some demographic groups, and higher for others. Educational and social outcomes, such as graduation rates, housing, childcare, and healthcare access also differ for under-resourced groups and historically marginalized populations.

Learn more about adolescent health data on our [Adolescent Health Data Dashboard on the Washington Tracking Network website](#).

The Adolescent and Young Adult Health Unit (AYAH) focuses work on changing these trends and uses data and innovation to support adolescents and young adults across the state to receive the skills, healthcare and social/emotional support needed to reach their optimal state of health.

Learn more about all of our projects and programs at [Teen Links](#) and [Resources: Washington State Department of Health](#).

- **Our Vision:** Serve as a statewide leader in optimizing the health, well-being, and development of all adolescents and young adults.
- **Our Mission: The AYAH Unit** - in collaboration with partners - provides programs and influences policies that promote the health and well-being of adolescents and young adults where they live, learn, work, and play.
- **Our Values:** We value accessibility, data-driven programming, diversity, equity and social justice, a holistic and human-centered approach, innovation, and the voices of young people in Washington!



**THE YOUTH ADVISORY
COUNCIL (YAC)**



INTRO TO THE YAC

What is the YAC?

- A group of young people who give feedback and recommendations to DOH Adolescent Health staff
- DOH staff commit to turning their insights into action

How do we do it?

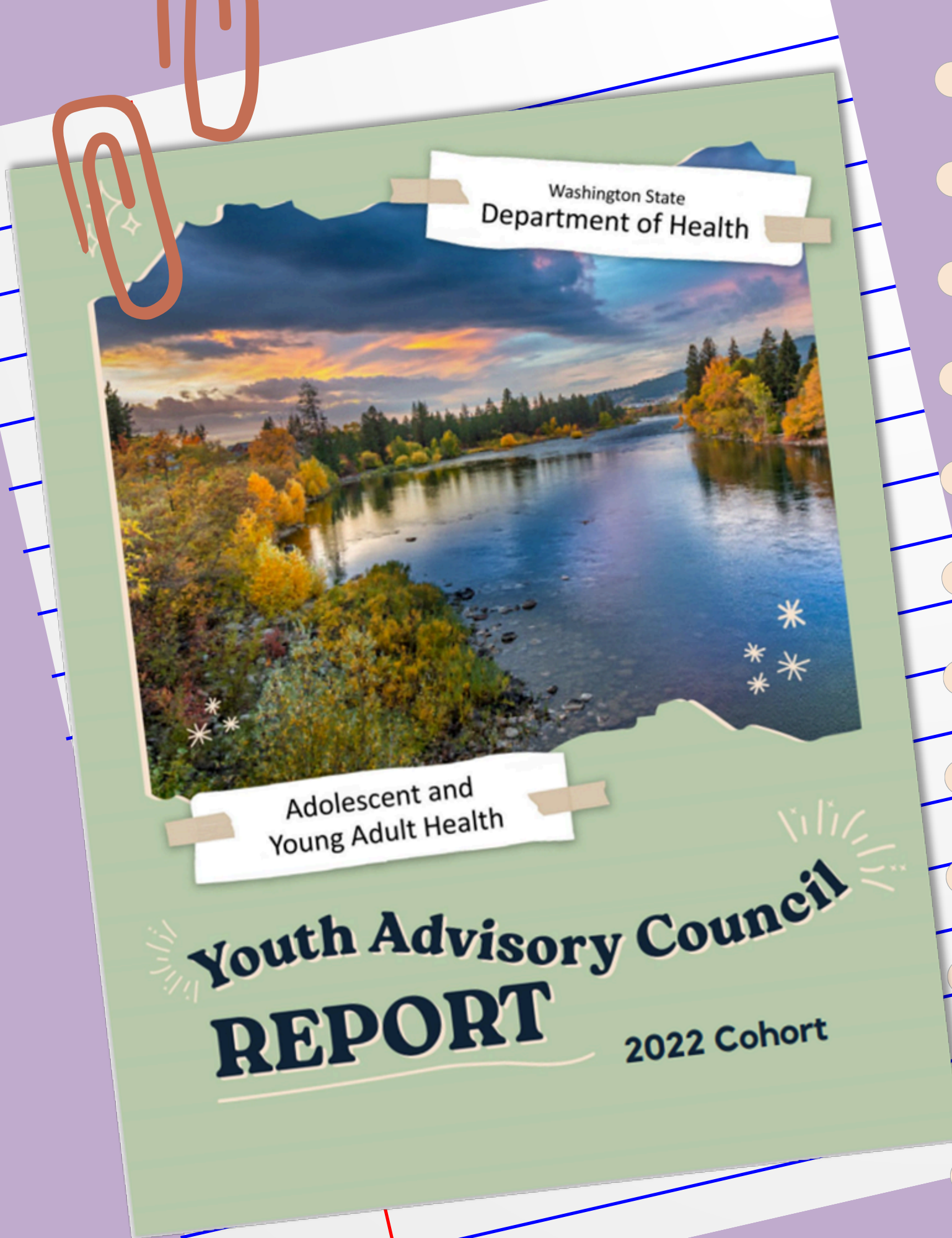
- Virtual Meetings:
 - General Council Meetings: Meet every other month to discuss youth-friendly solutions to common adolescent health topics
 - Subcommittees: Monthly topic-specific meetings with subject matter experts
 - Review meetings: Meet every other month to review webpages, documents, and youth-facing materials
- Members co-plan and co-facilitate meetings
- Members are compensated for their time

INTRO TO THE YAC



Who is on the YAC?

- 35 young people ages 13-22
- Diverse backgrounds, identities and experiences
 - Chronic medical conditions
 - Mental health conditions
 - Systems
 - Disabilities
 - Immigrant, 2SLGBTQIA+, and BIPOC communities
- Shared goal: Help their friends and communities be healthier



INTRO TO THE YAC

What did they say?

First cohort: March 2022-March 2023

- Six meetings
- Topics: mental and behavioral health, adolescent well visits, transition from pediatric to adult care, confidentiality, minor consent, and youth-friendly care
- Discussed challenges, barriers, youth-friendly solutions
- Data analysis, organizing, summarizing
- Report of recommendations released December 2023
- [Read the report](#)

YAC Feedback



Young people want access to high-quality, accurate, straightforward, youth-friendly health information, especially on mental and behavioral health.

- How to recognize symptoms of suicide risk, substance use risk, and unhealthy or harmful behavior
- How and where to get help when it's needed
- How to help and support their peers
- How to prepare for and navigate appointments with providers, including mental health
- Information should be available online and on mobile, and in places where young people spend their time, and...
- Should be accessible to teens, young adults, care givers, and youth-serving professionals

“It'd be helpful to have a list of things they're looking for or checking that way you know what to bring up? For example, a lot of young people might not know to bring up mental health concerns at a well visit because they think they can only talk to psychiatrists about that or etc.”

YAC Feedback



Young people want youth-friendly health care, in environments that are:

- welcoming, safe, and inclusive
- and offer care in convenient places, like through telehealth, in school, or in mobile units

And providers who:

- are non-judgmental, compassionate, trustworthy, and respectful
- give them facts and answer questions in ways that are easy to understand
- understand trauma-informed and healing-centered care
- involve young people in their own care and in the systems that serve them

"Many [young people] really just need a person, a reliable trustworthy person that they can share thoughts with."

"Inclusive language: they instead of he/she, child."

"Being able to see the providers values or - like LGBTQ - that so we know where providers are before we go see them, and to help us choose the right provider."

YAC Feedback



Young people want help understanding and exercising their rights to consent for care and their rights to confidentiality, including:

- Providers who can explain what information will be kept private
- Access to confidential mental and behavioral health services
 - Anonymous helplines, online chats and online and in person meetings with peers and professionals
 - Ways to independently find and get help
 - Training and education to support each other

“
More clarity on
consent, especially
what you can refuse.”

“A lot of young people struggle
with mental/behavioral health but
don't know how they can get
support or therapy without having
to involve their parents.”

YAC Feedback



Young people want adults to address barriers to care like transportation, health care costs, and stigma around mental health and trusting young people, for example:

- Low-cost or no-cost mental and behavioral health care
- Free rides to appointments - public transport, medical transport, Uber or Lyft
- More ways to access care: online, mobile, telehealth, mobile units, pop-up clinics, in-school care, peer support
- Reducing youth mental and behavioral health stigma in the community among parents, caregivers, schools, and professionals
- Being responsive to young people's needs

"There is still stigma that surrounds mental health especially in the BIPOC community and it can be hard for young people to be vulnerable and admit that they are struggling."

THE YAC SAYS YOUNG PEOPLE WANT...

"School groups or clubs that allow peers to talk about mental and behavioral health without stigma."

"A place where we can speak to the doctor **WITHOUT** parents."

"Encouragement for seeking help by adults...it's scary for young people struggling with mental illness."

"Easy access to counselor/therapy services at school."

"[to know] what parents will and will not have access to."

"Being able to see the providers values or like LGBTQ that so we know where providers are before we go see them, and to help us choose the right provider."

"Pop up clinics at school or in the community."

"A person, a reliable, trustworthy person they can share thoughts with."

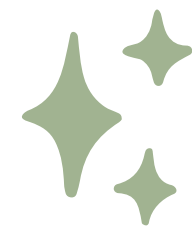
"[We want] a safe feeling environment."

"A seat at the table for us to have direct input in the decisions that affect us most."

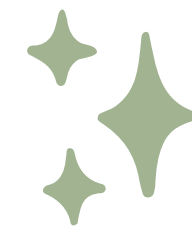


ACTION!

Honoring our commitment to the
Youth Advisory Council



ACTION!



Ways we are responding to the feedback and recommendations of young people:

- [Teen Health Hub WA](#)
- [Youth Advisory Council](#) and Youth Voice Volunteers
- Health Care How-To's for Teens and Young Adults
- School-Based Health Centers
- School-Based Peer Support Service Grants
- Youth-Friendly Care Certification
- Support and training on WA confidentiality and minor consent laws

Learn more about our work at our [Committed to Action webpage](#)

A vibrant collage of stationery items. The central focus is a white rectangular piece of paper with the text "WAYS TO ENGAGE" written in a bold, dark blue, serif font. Below the text is a thin black horizontal line. This paper is layered over a green spiral-bound notebook with white abstract doodle patterns. To the right, a black paperclip is attached to the edge of the paper. Further right, two orange paperclips are visible on a purple background. The bottom right corner shows a white paper with a dotted pattern. The overall composition is dynamic and creative, set against a light purple background.

WAYS TO ENGAGE

- Share about Teen Health Hub WA with people who serve young people
- Keep posters or promo items in your clinic where young people can find it
- We have stickers, posters, hand sanitizer, pens, lip balm, and more!
- Invite us to present to your team or other venues
- Suggest events for us to attend
- Suggest websites to be considered for inclusion
- Share feedback on the Hub that you gather from young people in your communities



A vibrant, stylized illustration of stationery items. The background is a light purple color. In the foreground, a green spiral-bound notebook with white doodle patterns is partially visible. A white card with the text "THANK YOU!" in a dark blue, serif font is placed over the notebook. A black paperclip is attached to the top edge of the notebook. To the right, there are two orange paper clips and a stack of papers, including one with a dotted pattern. The overall style is clean and modern with a hand-drawn aesthetic.

THANK YOU!



Washington State Department of

HEALTH

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