

PUBLIC PERFORMANCE REVIEW

Goal 4.2 – Behavioral Healthcare System

September 9, 2021

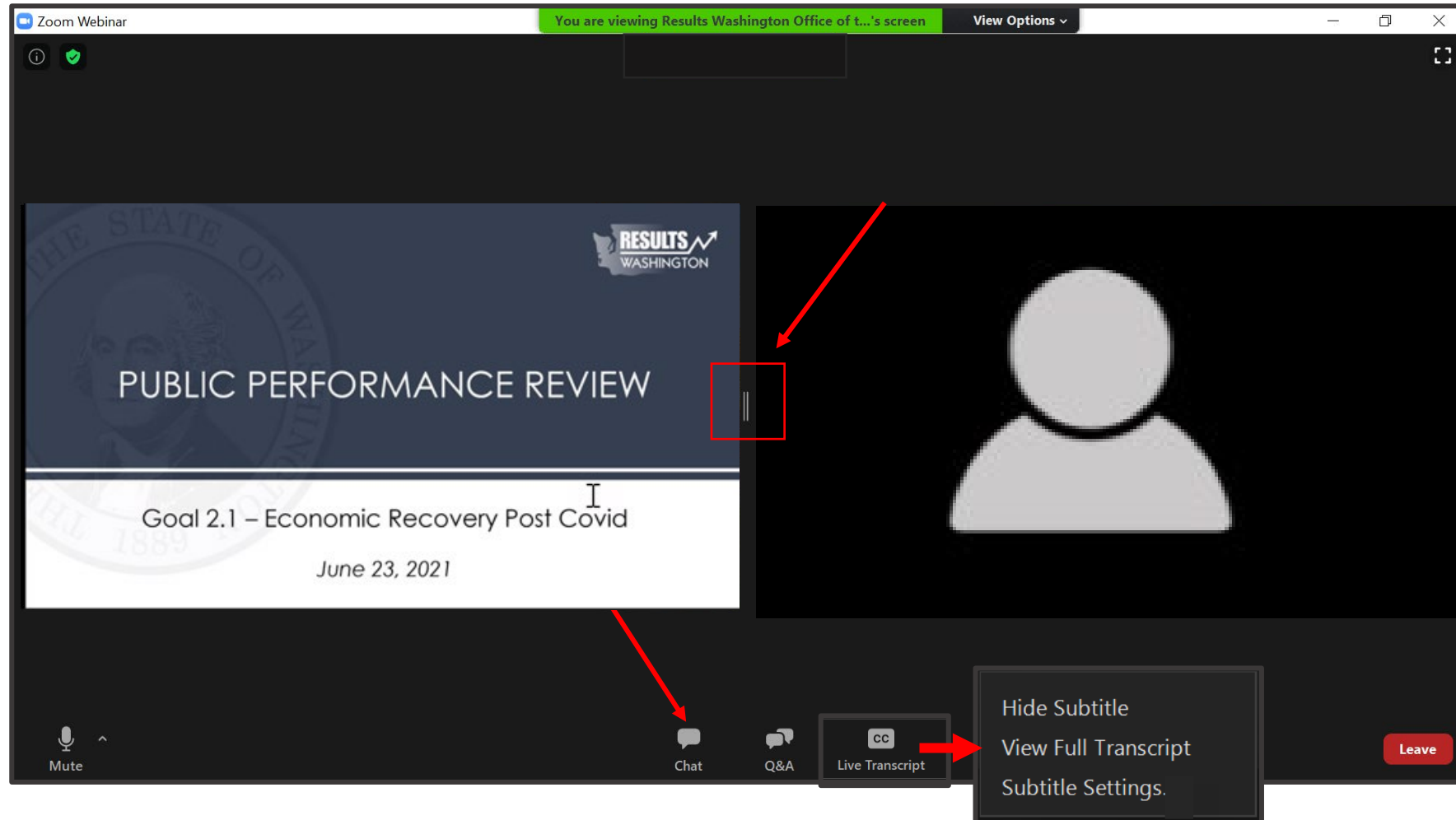


WELCOME

PRESENTED BY:

- CHRISTY BEZANSON, DIRECTOR, RESULTS WASHINGTON

Zoom Overview



Zoom Overview



Public Performance Review Purpose

The Public Performance Review is our monthly meeting with the Governor, leaders, agency experts, and community members designed to:

- Focus on a cross-agency project tied to the Governor's priorities
- Hear from those impacted by the project – those with lived experiences and those who are customers and process partners in the community
- Engage in discussions and problem-solving on these complex topics

Public Performance Review Project Selection



1. Held agency meetings to finalize improvement project recommendations for each Goal area topic.
2. Agencies self-selected their participation and designated subject matter experts (SMEs) for each improvement project based on RASCI criteria.
3. Facilitated agency meetings to finalize improvement project focus for each Goal area.
4. RW and agency SMEs have been actively working to define project scope and develop charters and project plans.

Project Focus

- Increase access to Peer Supports for justice-involved youth when they reenter the community
- Increase agency readiness and capacity to partner with Peer/Mentor-focused organizations.

Project Team

Sponsoring Agencies

- Department of Children, Youth & Families

Support, Consulted, and Informed Agencies

- Department of Commerce
- Department of Corrections
- Department of Financial Institutions
- Department of Health
- Department of Social & Health Services
- Health Care Authority
- Department of Transportation
- Department of Veterans Affairs
- Office of Financial Management
- Washington State Patrol
- Workforce Training & Education Board

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Opening Remarks

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PROJECT INTRODUCTION

PRESENTED BY:

- ROSS HUNTER, SECRETARY, DEPARTMENT OF CHILDREN, YOUTH & FAMILIES
- SUE BIRCH, DIRECTOR, HEALTH CARE AUTHORITY

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OPPORTUNITY & PROJECT OVERVIEW

PRESENTED BY (IN ORDER OF PRESENTATION):

- TED RYLE, CLINICAL DIRECTOR, DEPARTMENT OF CHILDREN, YOUTH & FAMILIES

Peer-Powered Transition and Reentry Supports

www.dcyf.wa.gov



Washington State Department of
CHILDREN, YOUTH & FAMILIES

Opportunity and Project Overview

Young people in JR care

- Are increasingly older youth and young adults
- Are disproportionately BIPOC
- Have a high level of behavioral health needs and obstacles to success.
- Are not as likely to engage due to access barriers, stigma, inequitable experiences with the 'system', insufficient culturally relevant services and supports provided by diverse professionals.

Increasing connections and supports with Peers and Mentors of shared experience and background can impact these factors and **“Build Safe & Strong Communities Through Successful Reentry”**.

EO 16-05



Serving Young Adults to Age 25

E2SSB 6160 (2018)

Extends juvenile jurisdiction for four types of crimes up to age 25

E2SHB 1646 (2019)

Allows youth convicted in adult court to remain in DCYF custody until age of 25

6160 Workgroup Report: *(agency reps, community members, people with lived experience, family)*

Peers and Mentoring a priority across principles and goals!

Principle:

Ensure youth/young adult voice in decisions

Principle:

Trust us to explore with mentors

Meaningful Navigation:

Connect to Peer networks

Education:

Peer Mentoring Program

Employment Pathways:

Opportunities to Explore

Healthcare/Treatment:

Culturally responsive community partners.

Healthcare/Treatment:

Trauma informed care & workshops

Social Connections:

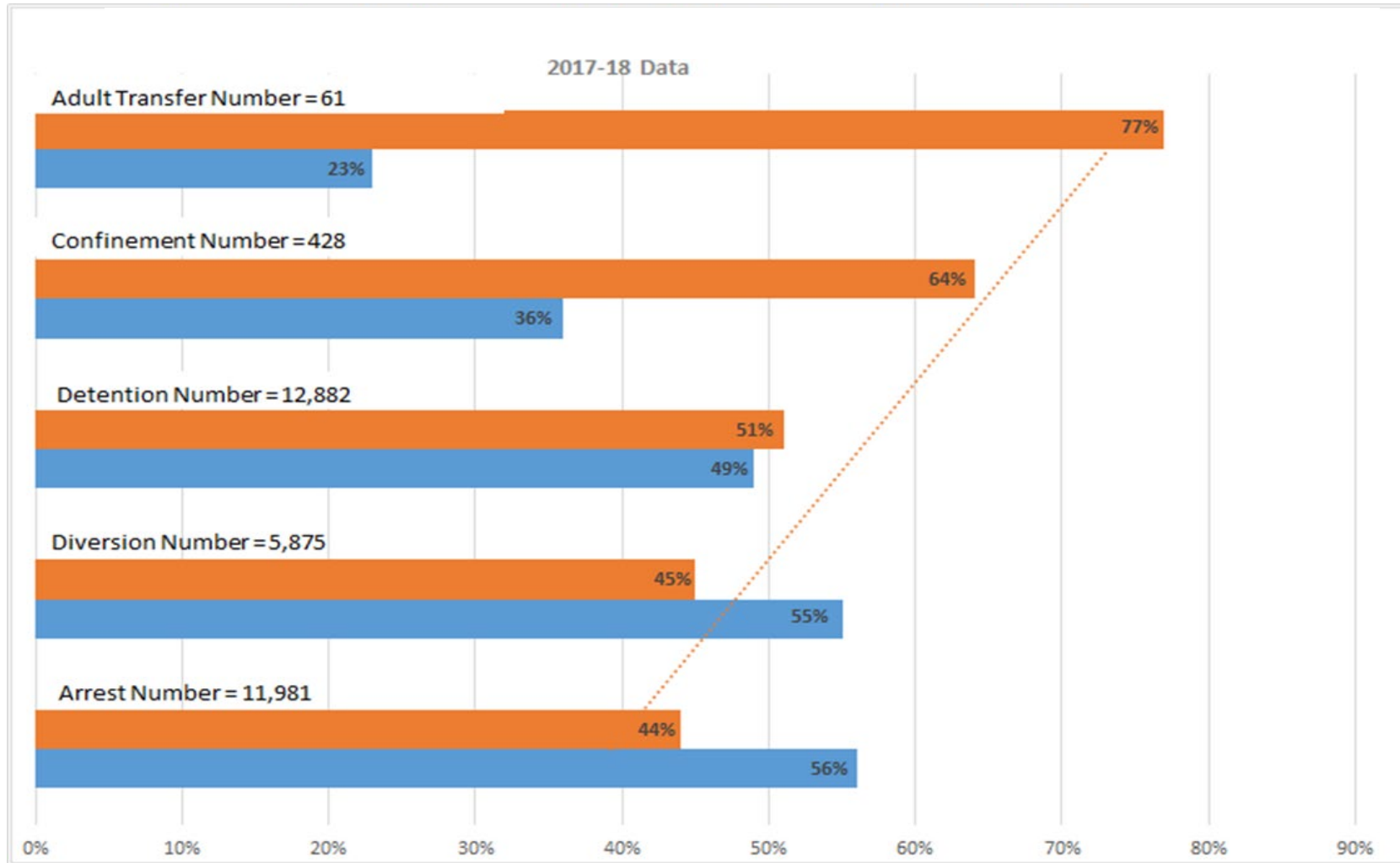
Transformational Mentoring Programs

"We need to grow resources so everyone can have a mentor." **Youth Member**

"We want you to value our labor. We can be good employees." **Youth Member**

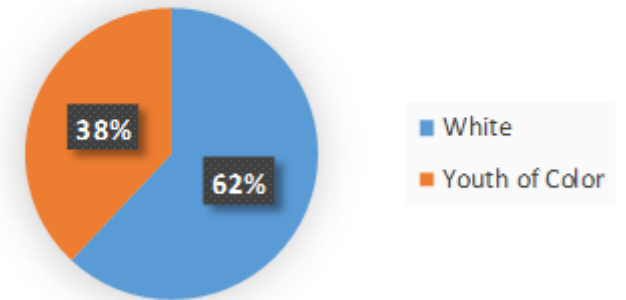


Disproportionality Increases as Youth of Color Move Through the System

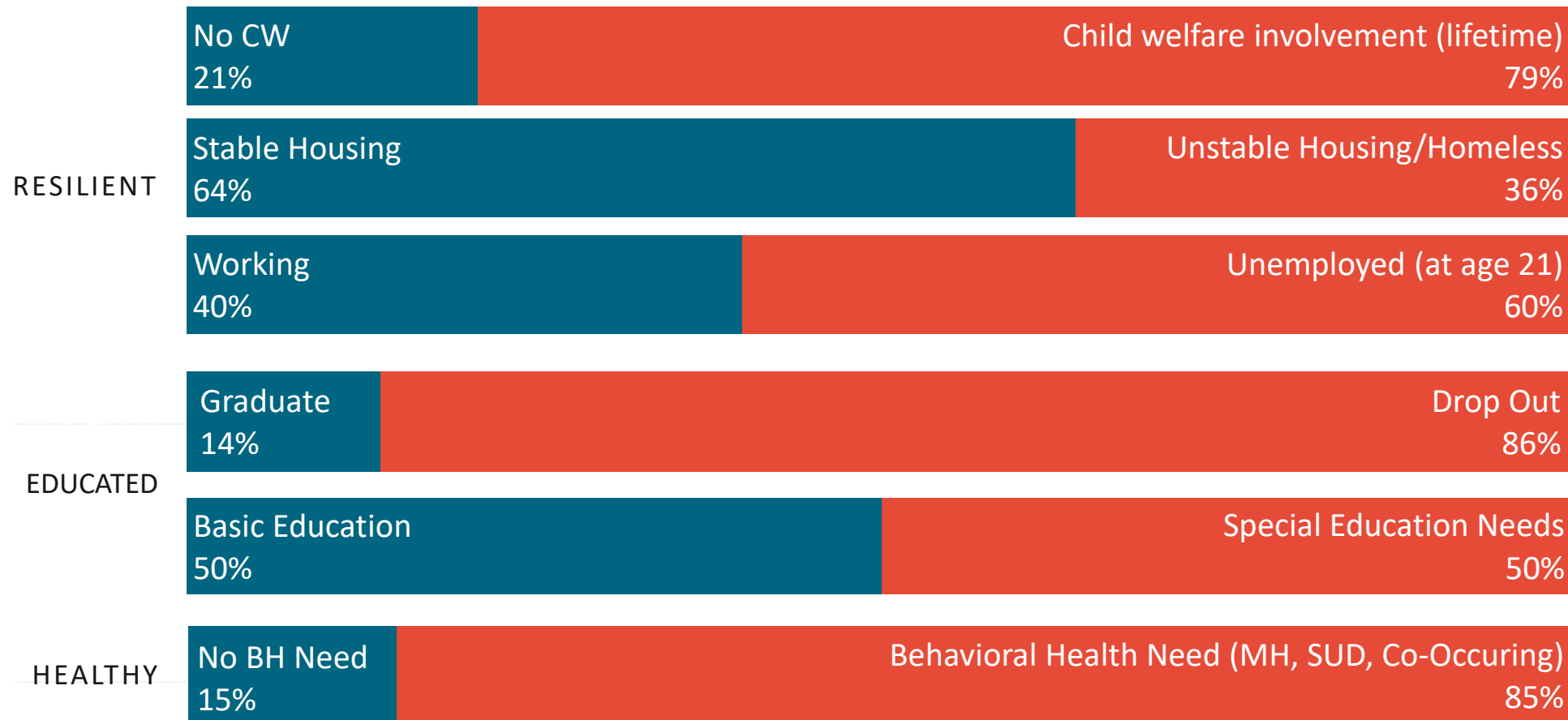


JR
youth

2017 WA Juvenile
Population(age 10-17)



Young People in JR Experience Many Complex Barriers



Medicaid Coverage & Behavioral Health 2019

Needs

Behavioral health needs of youth released with Medicaid (*344, 86% of all releases*)

82% had **any** behavioral health need

73% had a mental health need **only**

59% had a substance use need **only**

50% had co-occurring MH **and** SUD needs

Services

Youth with Medicaid and need receiving service three months post release.

33%

MH
Tx

77 of
232

9%

SUD
Tx

17 of
184

Disparities

Rate of service access for BIPOC relative to White, Non-Hispanic.

DEMOGRAPHIC

MH SUD

Black

-22% -15%

Asian American/
Pacific Islander

-20% -17%

American Indian/
Alaska Native

-11% -12%

Hispanic

-8% -5%



Governor Q&A

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CURRENT WORK, FUTURE COMMITMENTS, & CUSTOMER VOICE

PRESENTED BY (IN ORDER OF PRESENTATION):

- FELICE UPTON, JR ASSISTANT SECRETARY, DEPARTMENT OF CHILDREN, YOUTH & FAMILIES
- MELODIE PAZOLT, SECTION MANAGER, OFFICE OF FEDERAL PROGRAM, HEALTH CARE AUTHORITY
- HEATHER MAXWELL-RYCHART, CERTIFIED PEER COUNSELOR, PEER BRIDGER
- CHARLENE PEDERSON, CERTIFIED PEER COUNSELOR, PEER BRIDGER

Current work & Future Commitments

Connecting youth in JR with community supports

Current

- Do our best, and . . .
- Expanding understanding of value Peer/Mentor role and benefits
- Need more services and supports that ‘fit’ with youth

Future

- Increased organizational support for peer engagement
- **Certified Peer Counselor** credentialing opportunities for young people after JR
- More connections with people in community who have shared experiences and identities



Recovery Support Services

Washington State Health Care Authority - Division of Behavioral Health and Recovery

SAMHSA 10 Guiding Principles and Definition of Recovery

▶ A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

▶ 10 Guiding Principles of Recovery

▶ Hope

▶ Person Driven

▶ Many Pathways

▶ Holistic

▶ Peer Support

▶ Relational

▶ Culture

▶ Addresses Trauma

▶ Strengths/Responsibility

▶ Respect

▶ Hope

What is unique about Certified Peer Counselors?

The Power is in Our Stories!
Self Disclosure = Hope & Inspiration



- ▶ Lived experiences create connections
- ▶ Actively promotes Principles of Recovery & Resiliency
- ▶ Work to reduce stigma in community and systems

Peer Services Definitions

"Peer counselor" means a person recognized by Medicaid agency as a person who:

(a) Is a self-identified consumer of behavioral health services who:

(i) Has applied for, is eligible for, or has received behavioral health services; or

(ii) Is the parent or legal guardian of a person who has applied for, is eligible for, or has received behavioral health services;

(b) Is a counselor credentialed under chapter [18.19](#) RCW;

(c) Has completed specialized training provided by or contracted through the Medicaid agency. If the person was trained by trainers approved by the department of social and health services before October 1, 2004, and has met the requirements in (a), (b) and (d) of this subsection by January 31, 2005, the person is exempt from completing this specialized training;

(d) Has successfully passed an examination administered by the Medicaid agency or an authorized contractor; and

(e) Has received a written notification letter from the Medicaid agency stating that the Medicaid agency recognizes the person as a "peer counselor."

- ▶ Medicaid reimbursable service for individuals with MH diagnosis since 2005
- ▶ SUD Peer Support services became a Medicaid reimbursable service July 2019
- ▶ Robust credentialing program – certifying over 4700 CPCs since 2005

New York's Peer Bridger Model

- ▶ The New York Association of Psychiatric Rehabilitation Services' (NYAPRS) Peer Bridger program has operated since 1995.
- ▶ In the several evaluation studies commissioned since 1996, the Project has consistently received high marks from both service recipients and facility staff for its unique ability to effectively engage and support people to leave and successfully stay out of hospital.
- ▶ The Peer Bridger Mission – “We support each other to get out of the hospital, stay out of the hospital and get the hospital out of us.”

Peer Bridgers

- ▶ Engage people in a uniquely personal, positive supportive **relationship**
- ▶ Involvement in an array of **Peer Support Services** located both in the hospital, and following discharge, in the community
- ▶ **Linkage to a broad range of community-based service *and* natural supports**
- ▶ Teach **community adjustment and wellness self-management skills**



Washington Peer Bridger Services

Peer Bridger Participant Logs July 1st 2020 – June 30th 2021

Region	# of unique Individuals Served	# of Peer Bridgers
North Sound	20	3 PB reporting
Great Rivers	55	2 PB reporting
Greater Columbia	52	2 PB reporting – 1 open position
King	10	3 PB reporting Jan-June – 1 open position
North Central	0	PB started in April
Pierce	23	2 PB reporting – 1 open position
Salish	8	1 PB reporting – 1 open position
SW	102	3 PB reporting
Spokane	58	Frontier BH Vacant; Passages: 2 PB
T-M	33	3 PB reporting
	361	

Next Steps for Peer Bridgers

- ▶ As we transition individuals under civil commitment from the State Hospitals to local psychiatric hospitals/free standing evaluation and treatment facilities (ie. Host Organizations), Peer Bridgers are also beginning to deliver services within those settings
- ▶ Creating an 'Operationalizing Peer Bridger toolkit' for Host Organizations
- ▶ Expanding Peer Bridger services to Substance Use Treatment Facilities and Jail Transition Services
- ▶ Creating a fidelity scale as a continuous quality improvement approach as we expand Peer Bridger services to new environments

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WORK SAMPLE

PRESENTED BY (IN ORDER OF PRESENTATION):

- TED RYLE, CLINICAL DIRECTOR, DEPARTMENT OF CHILDREN, YOUTH & FAMILIES
- TYUS REED, PEER TRAINER, STUDENT PROVIDING AND RECEIVING KNOWLEDGE
- CAROLYN COX, PROGRAM DIRECTOR, STUDENT PROVIDING AND RECEIVING KNOWLEDGE
- MARIA NUNEZ, PEER TRAINER, STUDENT PROVIDING AND RECEIVING KNOWLEDGE

Operationalizing Peer Bridgers in JR

- JR to convene a group of system, youth and community partners to co-design plan for using Operationalizing Peer Bridger toolkit in JR
- Technical Assistance from Peer Bridger model developers - New York Association of Psychiatric Rehabilitation Services
- \$158,000 for JR Peer Bridger pilot with community contractor(s)





Peer Bridger Supported Multi-systemic Therapy (MST)



- Evidence-Based Program in Region 2 - SE WA.
- Provider of MST-FIT (Multi-systemic Therapy/Family Integrated Transitions) since 2008
- MST-FIT adaptation adds pre-release engagement with youth in facility, and with family before youth returns home.
- Innovatively funded through state Evidence-Based Expansion (EBE) & Medicaid WISE reimbursement
- **Changed contract July 2021 to shift to standard MST with EBE funding for Peer Bridger in-reach and engagement**



WISe

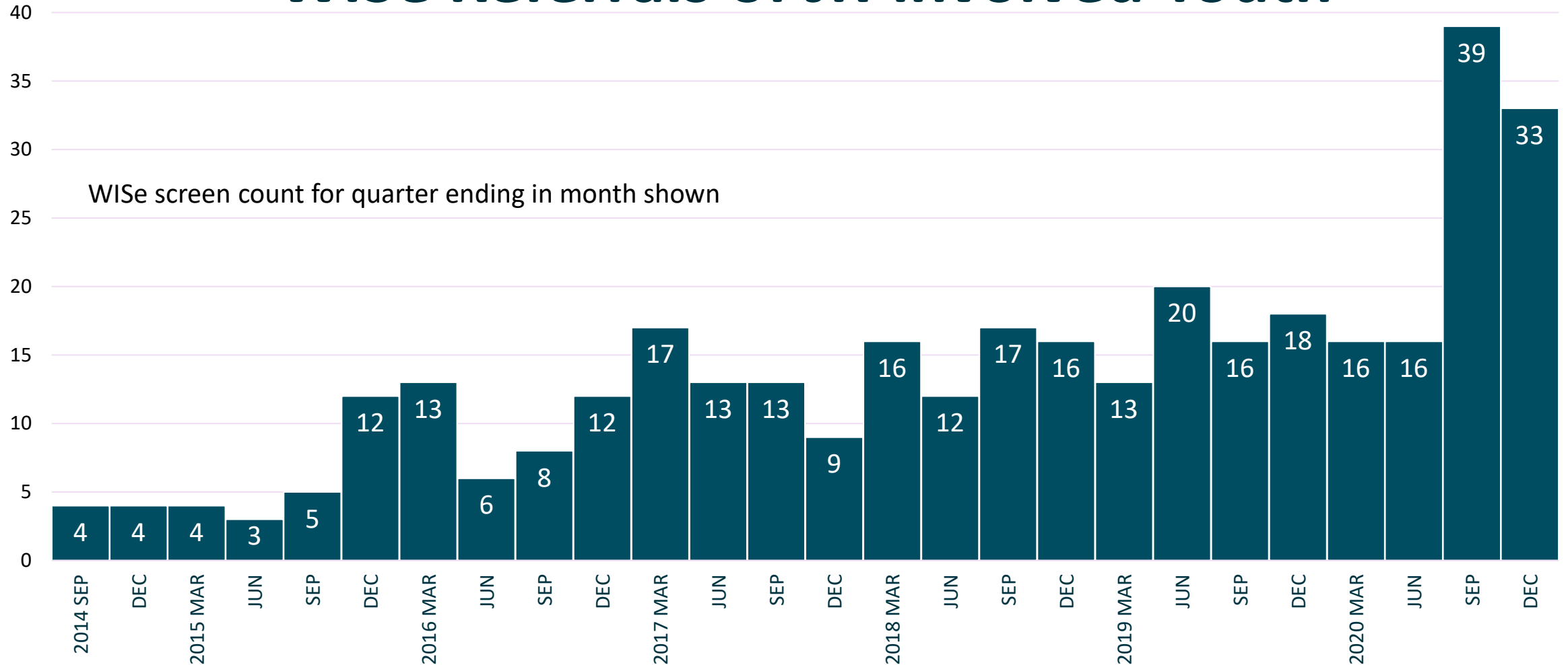
Wrap Around with Intensive Services

Increasing access to services that include **Certified Peer Counselors** as key members of Child & Family Team.

- Developed protocols with TR settlement group to identify, refer & screen youth **prior to release**.
- Collaboration with HCA, MCOs and providers to increase screening and consider JR-specific eligibility, assessment and engagement factors
- Grant funding from Office of Homeless Youth (OHY) for dedicated WISe Engagement Coordinator (starting in February, 2020)
 - Peer Engagement Specialist pilot with Castelee, Williams & Associates- African American operated provider in Tacoma



WISe Referrals of JR-involved Youth



Professional Peer Training for JR Young People



JR young people being paid to participate and give feedback on **Peer Counselor Prep** training.

- Expansion funds secured from SAMHSA by HCA
- Professional certificate and workforce opportunity
- Preparation to apply for HCA Certified Peer Counselor (CPC) training required for DOH Credential



“SPARK has introduced me to a career that I’m passionate about.”
Kevin G, CPC

“If I did this program pregnant any- one could do it.” Delilah L, CPC

“SPARK was a life changer”
Maria N.



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“Without SPARK life would be dark” Kahory N.

“SPARK motivated me to graduate” Diana H, CPC



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CUSTOMER VOICE

PRESENTED BY (IN ORDER OF PRESENTATION):

- JOSE (NEANERS) GARCIA, EXECUTIVE DIRECTOR, HOPE FOR HOMIES
- TATIANA DICKEY, PROJECT DEVELOPMENT TEAM MEMBER, ECHO GLEN RESIDENT
- TED RYLE, CLINICAL DIRECTOR, DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES

Transformational Mentoring

JR to 25 Workgroup

Delivered by community leaders, to include:

- ❖ Leadership and support for Positive Youth Development
- ❖ Empowering community leaders & building community capacity
- ❖ Culturally specific events and activities
- ❖ Peer-to-Peer Mentoring model - Training for young people
- ❖ Employment opportunities



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“Every person has a gift – if we put these gifts together we can make a difference”. Paradise Viena (young adult JR to 25 workgroup member)

Hope For Homies

www.HopeForHomies.org

“We bring Hope and Purpose to those marginalized by gang affiliation and its impact on communities.”



























Work Over the Next Year (Milestones)

- Increase access to peer career pathways
 - ✓ SPARK Project Pilot, Sep 2021
- Address agency readiness and development
 - ✓ Peer Bridger Toolkit, Q4 2021
- Continue growing relationships and Peer/Mentor services community providers and advocates.
 - ✓ MST Peer Bridger on-boarded, October
 - ✓ HCA funded Peer Bridger Pilot, contract executed and Peer oriented, Q1 2022

Align with:

- JR to 25 (SB 6160, HB 1646)
- Increase MH/SUD service access and reduce disparities
 - Engage diverse youth, peer, and community to inform approaches with added resources
- Effective reentry planning and implementation
- Supporting and increasing access to community-based resources





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Closing Remarks



THANK YOU FOR ATTENDING TODAY!

PLEASE TAKE A MOMENT TO
COMPLETE OUR BRIEF SURVEY

YOU CAN VIEW THE RECORDING OF
TODAY'S MEETING AT:

[HTTPS://RESULTS.WA.GOV/MEASURING-
G-PROGRESS/PUBLIC-PERFORMANCE-
REVIEWS](https://results.wa.gov/measuring-progress/public-performance-reviews)