RESULTS WASHINGTON

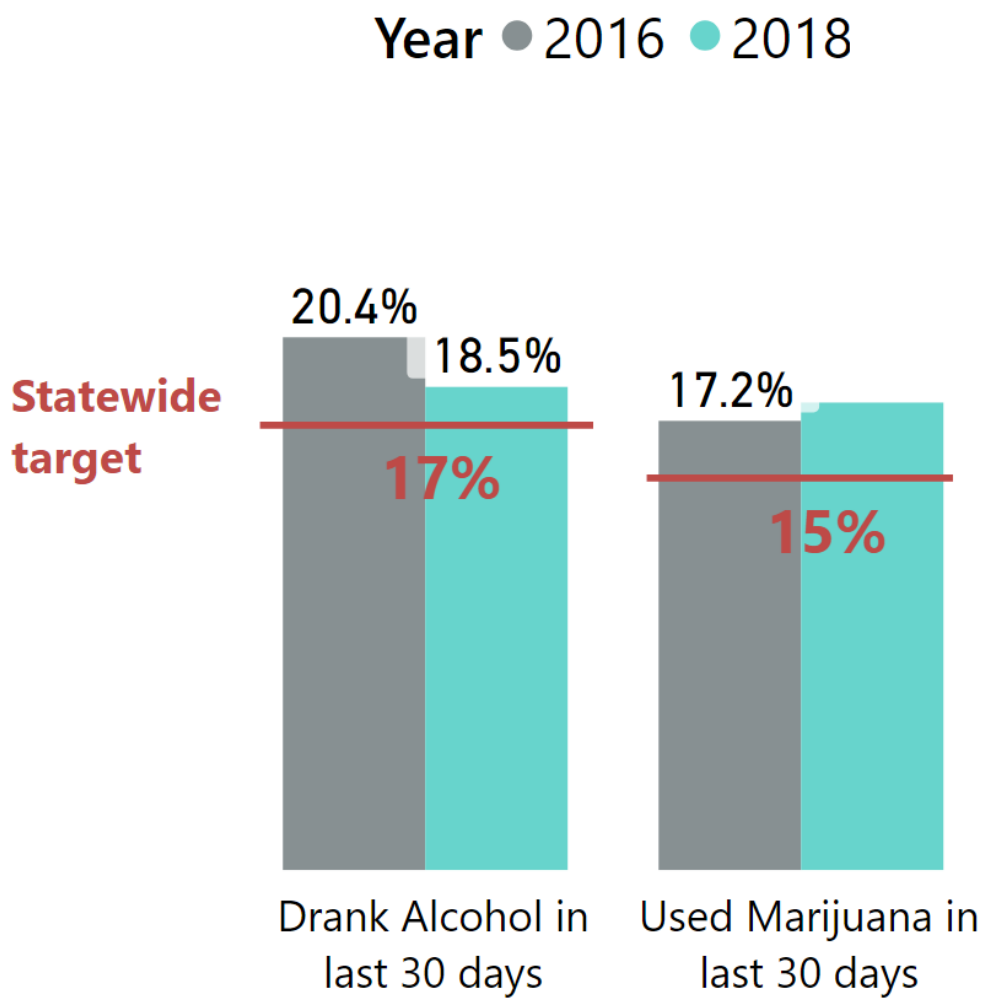
Results Review

January 29, 2020

Responses by 10th grade Washingtonians on the Healthy Youth Survey shows mixed results

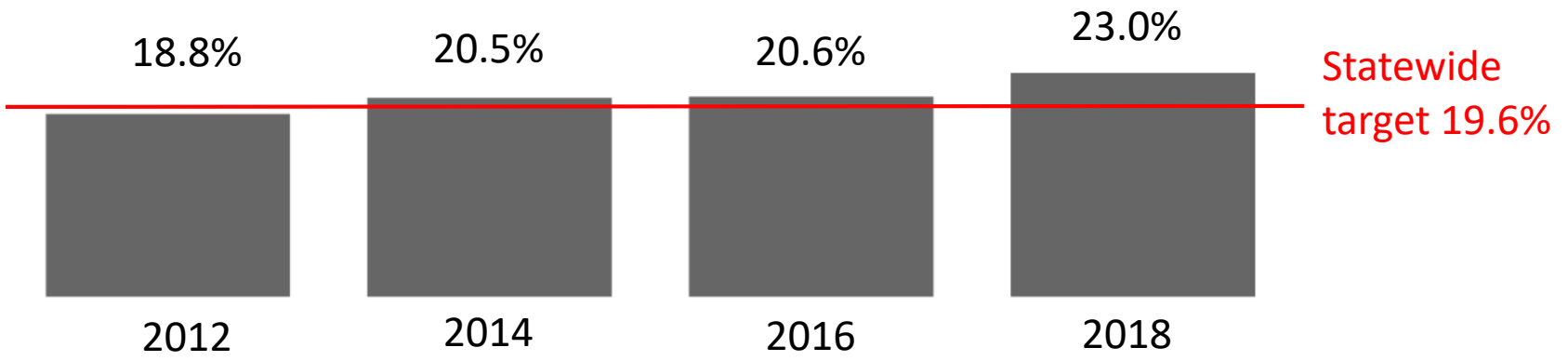
Outcome Measure:

Source: Healthy Youth Survey



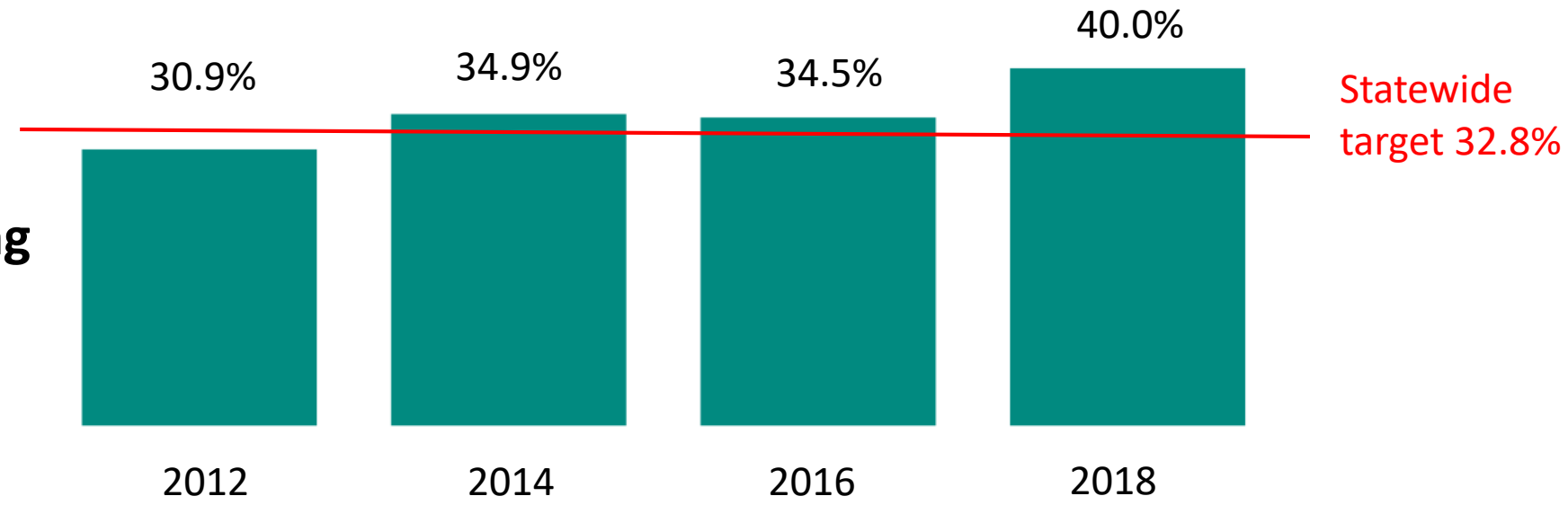
10th Graders Responses to the Healthy Youth Survey

Increased reporting of suicidal ideation



Source: Healthy Youth Survey

Increased reporting of feeling sad/hopeless



Source: Healthy Youth Survey

Opening Remarks

ROSS HUNTER

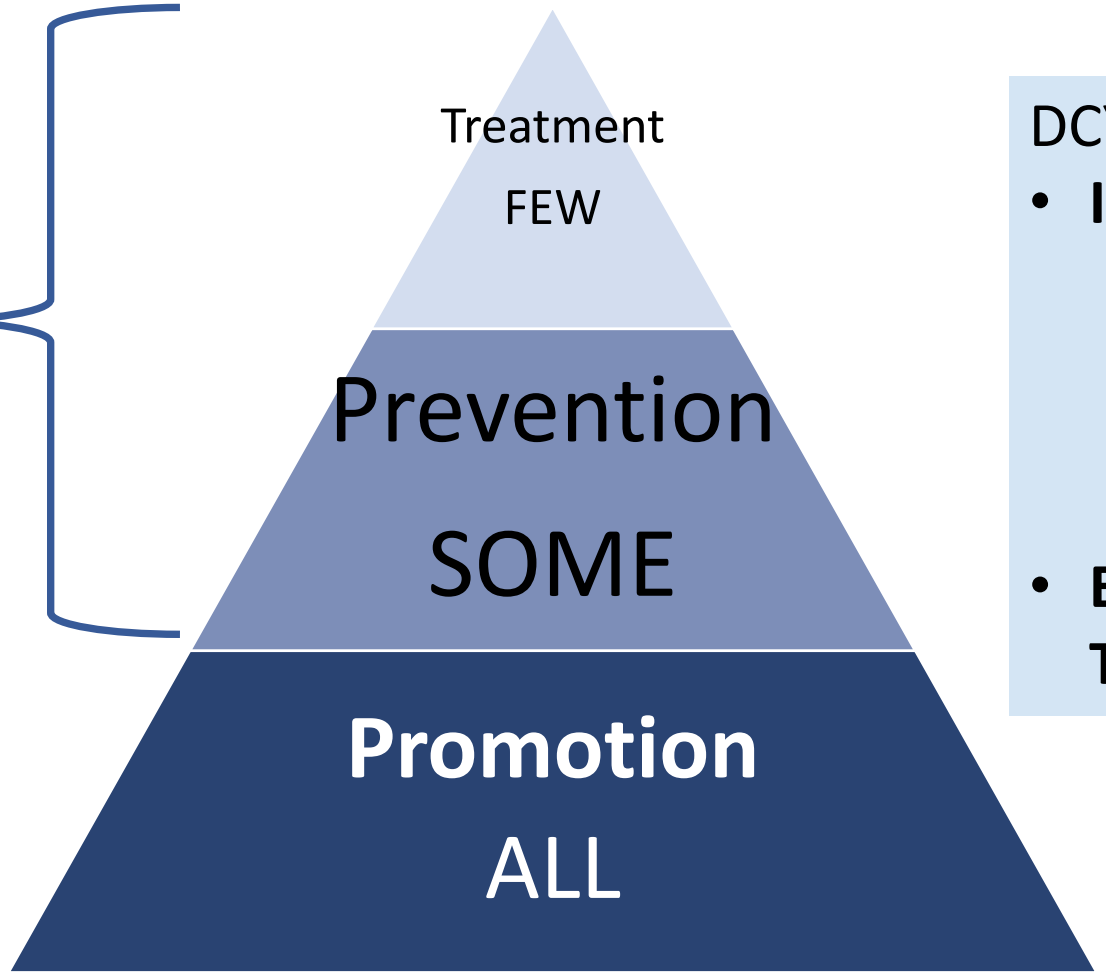
SECRETARY

DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES

Washington State Department of
CHILDREN, YOUTH & FAMILIES

Children's
Social, Emotional, and Relational Wellbeing

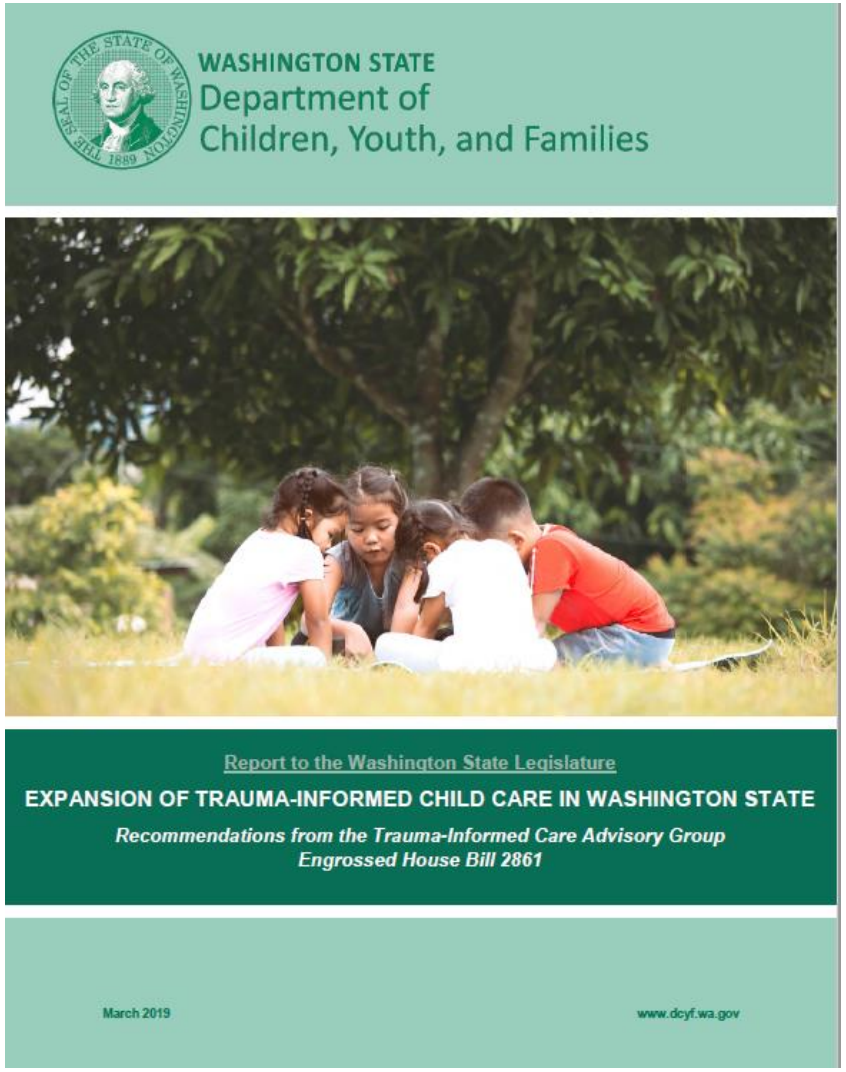
DCYF works primarily in this space – prevention and treatment



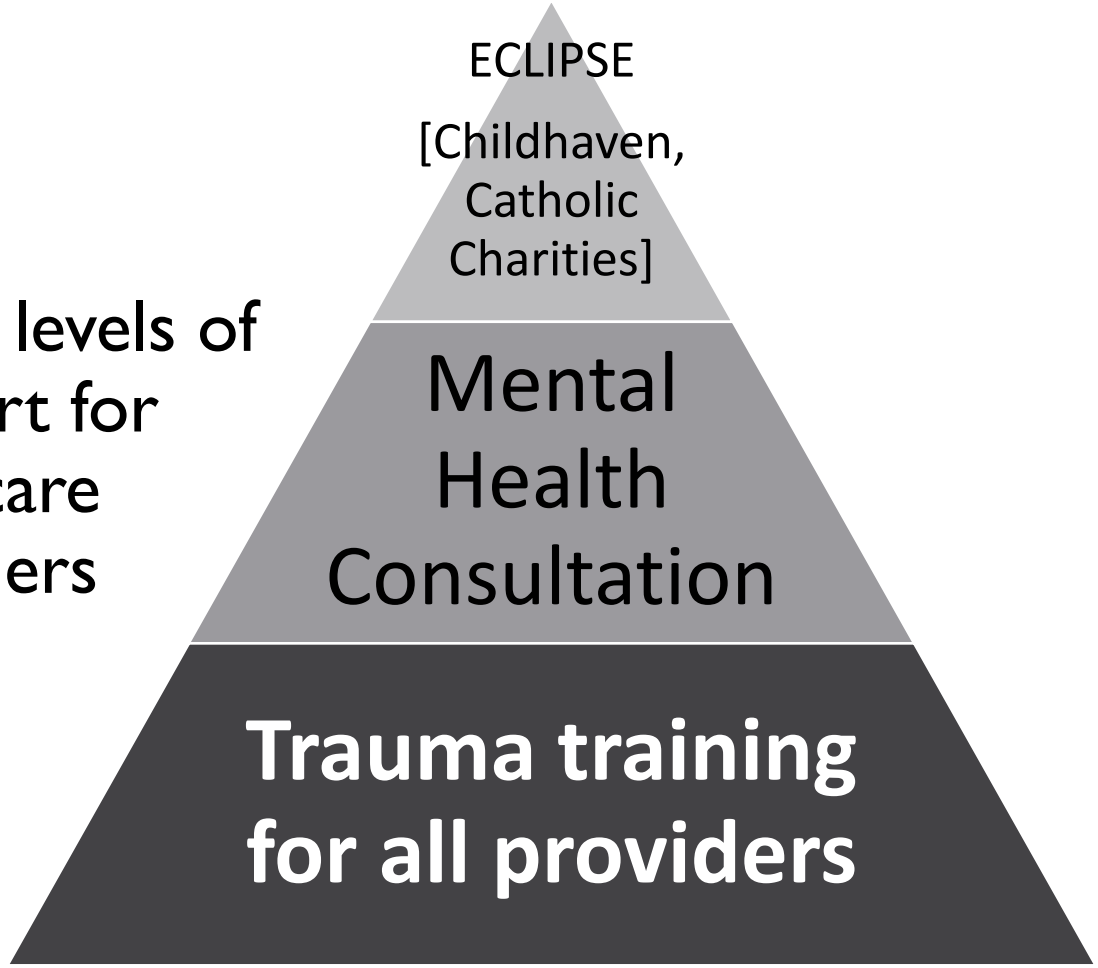
DCYF Prevention -

- **Intensive home visiting**
  - Nurse-Family Partnership
  - Parents as Teachers
  - Others
- **Early Support for Infants & Toddlers (ESIT)**

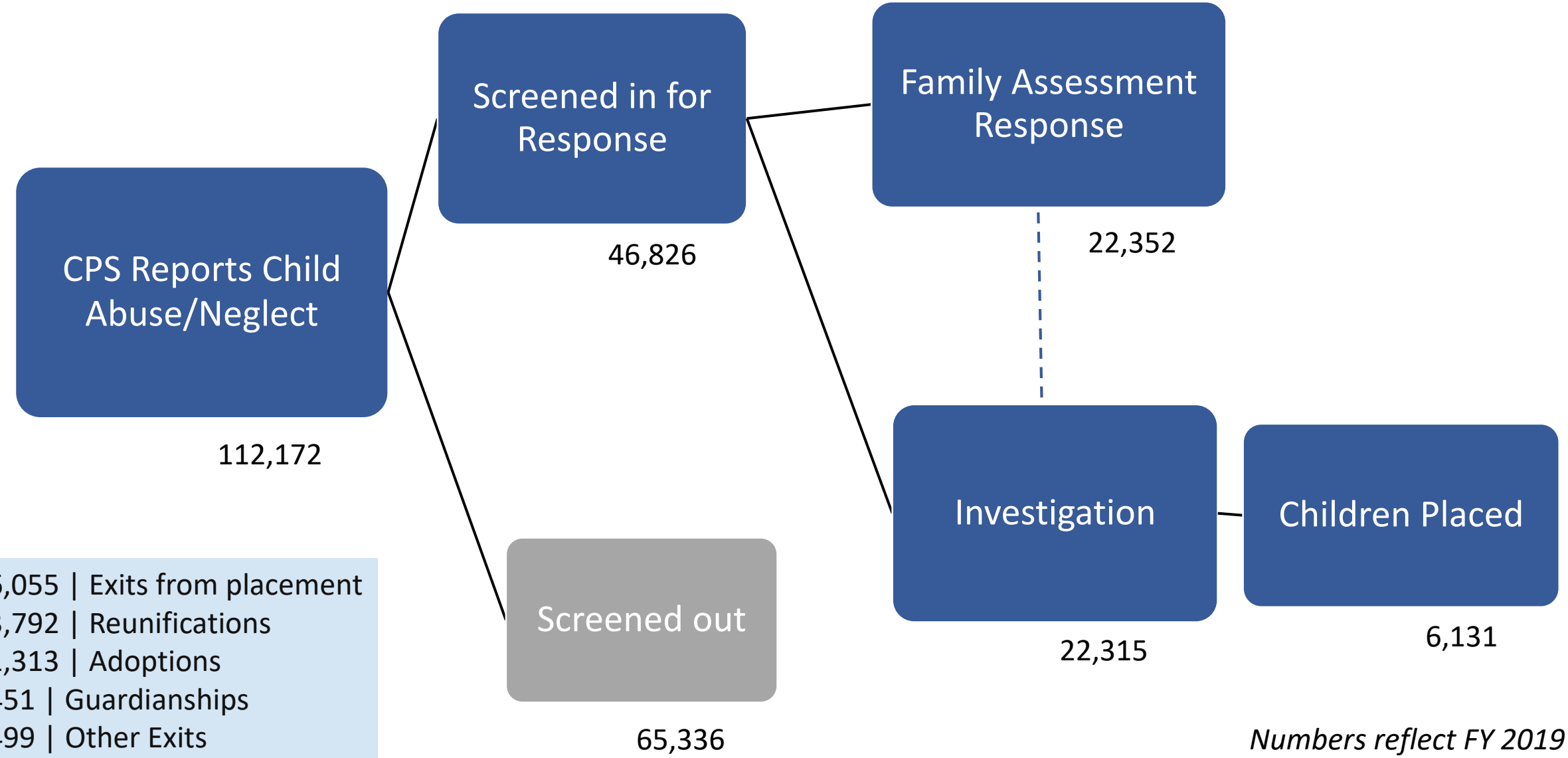
Trauma Informed Child Care



Three levels of support for child care providers



Child Welfare Pathway

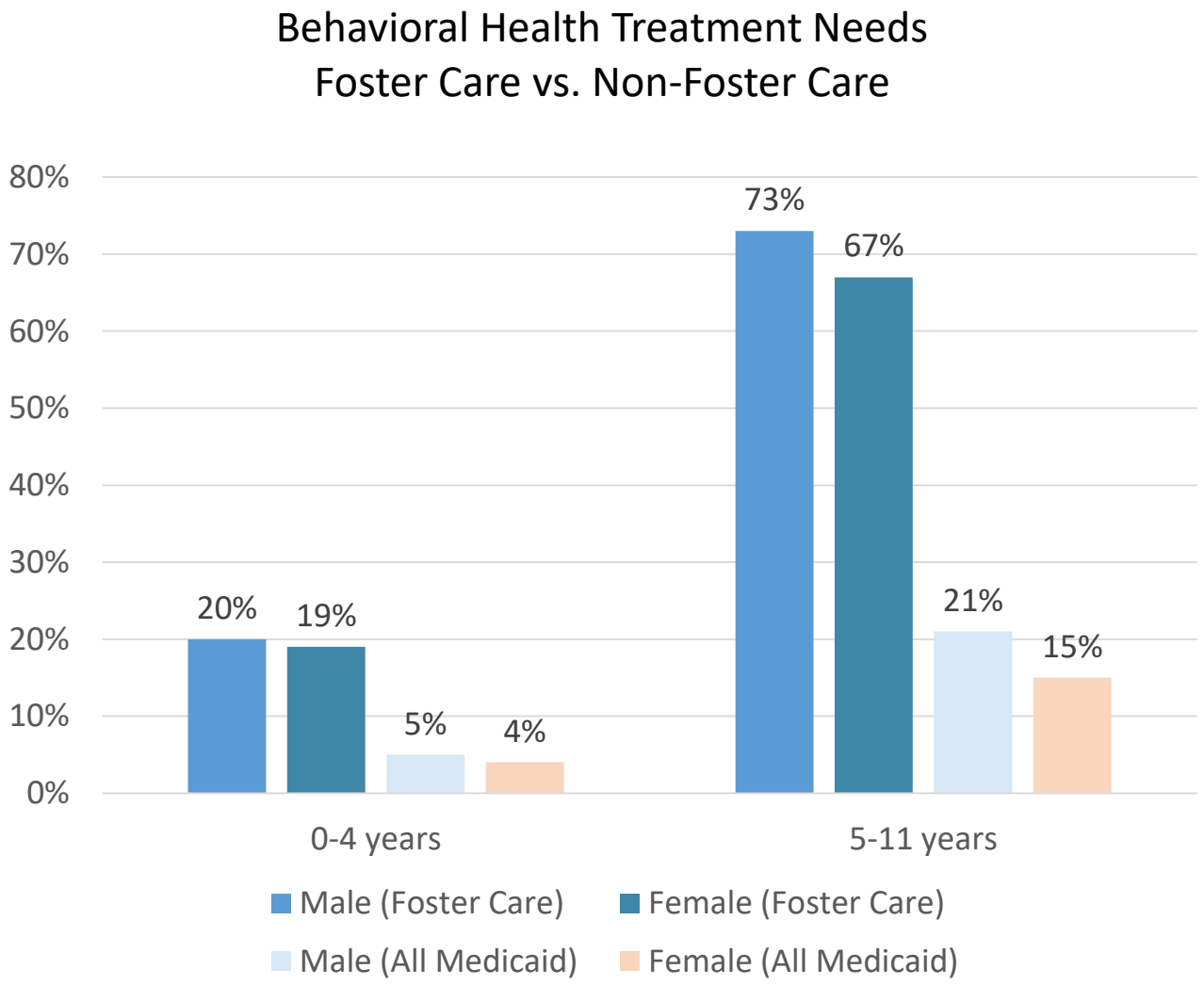


6,055 | Exits from placement
3,792 | Reunifications
1,313 | Adoptions
451 | Guardianships
499 | Other Exits

Numbers reflect FY 2019

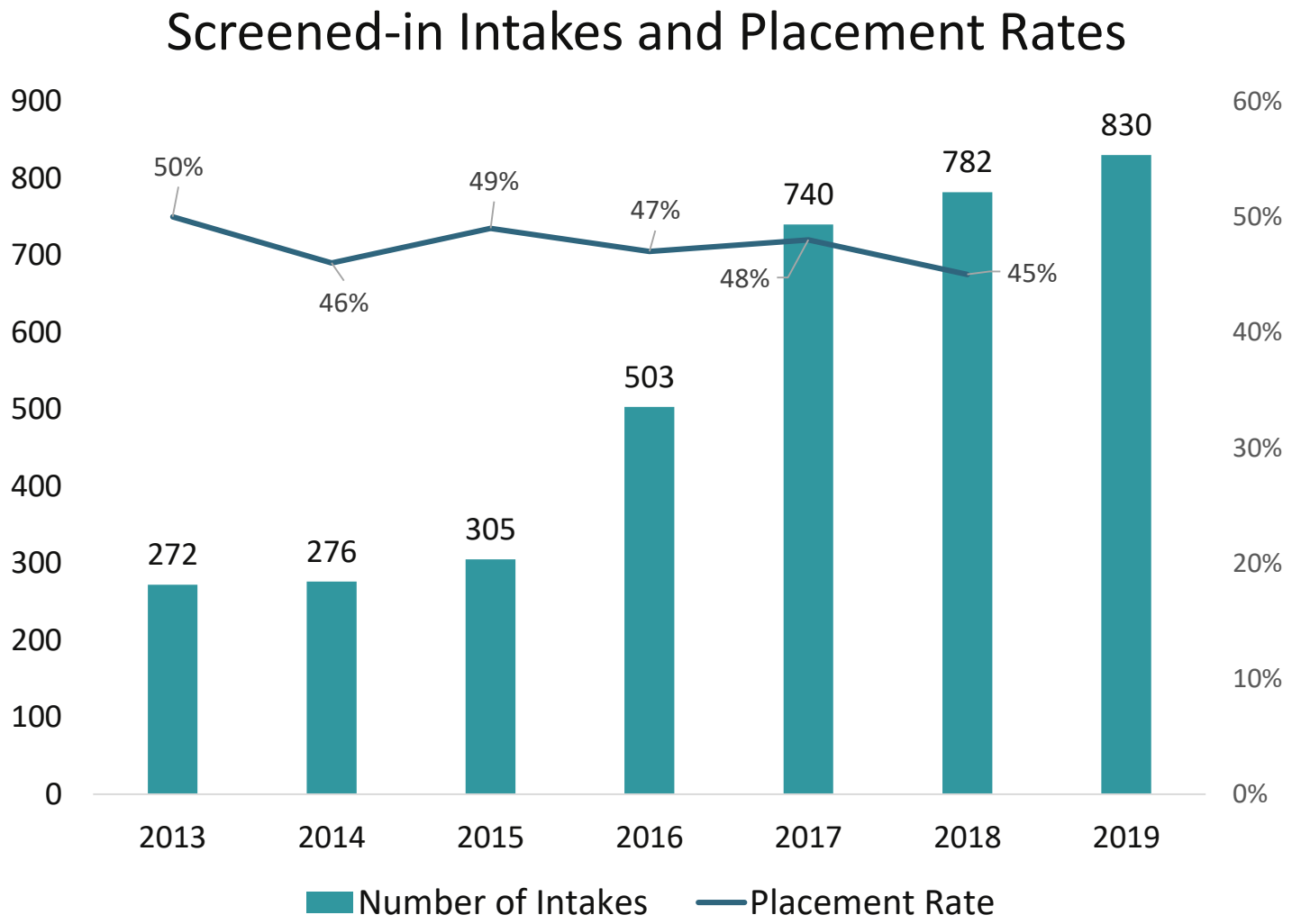
Child Maltreatment and Foster Care

Child maltreatment and subsequent foster care are sources of trauma and adverse childhood experiences that can lead to the need for behavioral health treatment of children.



Substance Exposed Infants

The increase in the number of substance exposed infants, and a similar increase in young children with parental substance abuse, has driven the increases of children entering foster care in the past few years.



Parent Need for Substance Abuse Treatment

- 42% of parents involved in the child welfare system, and 66% of those with children in foster care have a substance use disorder.

- Preliminary analysis shows that only about **35%** of parents in the child welfare system who need access to substance abuse treatment are getting access.

Provider story

Joe Le Roy,
CEO, HopeSparks
Lou Olson
Director of Children's
Developmental Services, HopeSparks

HopeSparks
family services

HopeSparks
family services

RESULTS WASHINGTON

Governor Q&A

SUE BIRCH

DIRECTOR

HEALTH CARE AUTHORITY

Washington State Health Care Authority

Promotion and Prevention Goals

- Reduce youth substance use and misuse
- Reduce prevalence of substance use disorder
- Promote mental health
- Prevent problems from “boiling over”

Created by FrameWorks

Key Prevention Initiatives

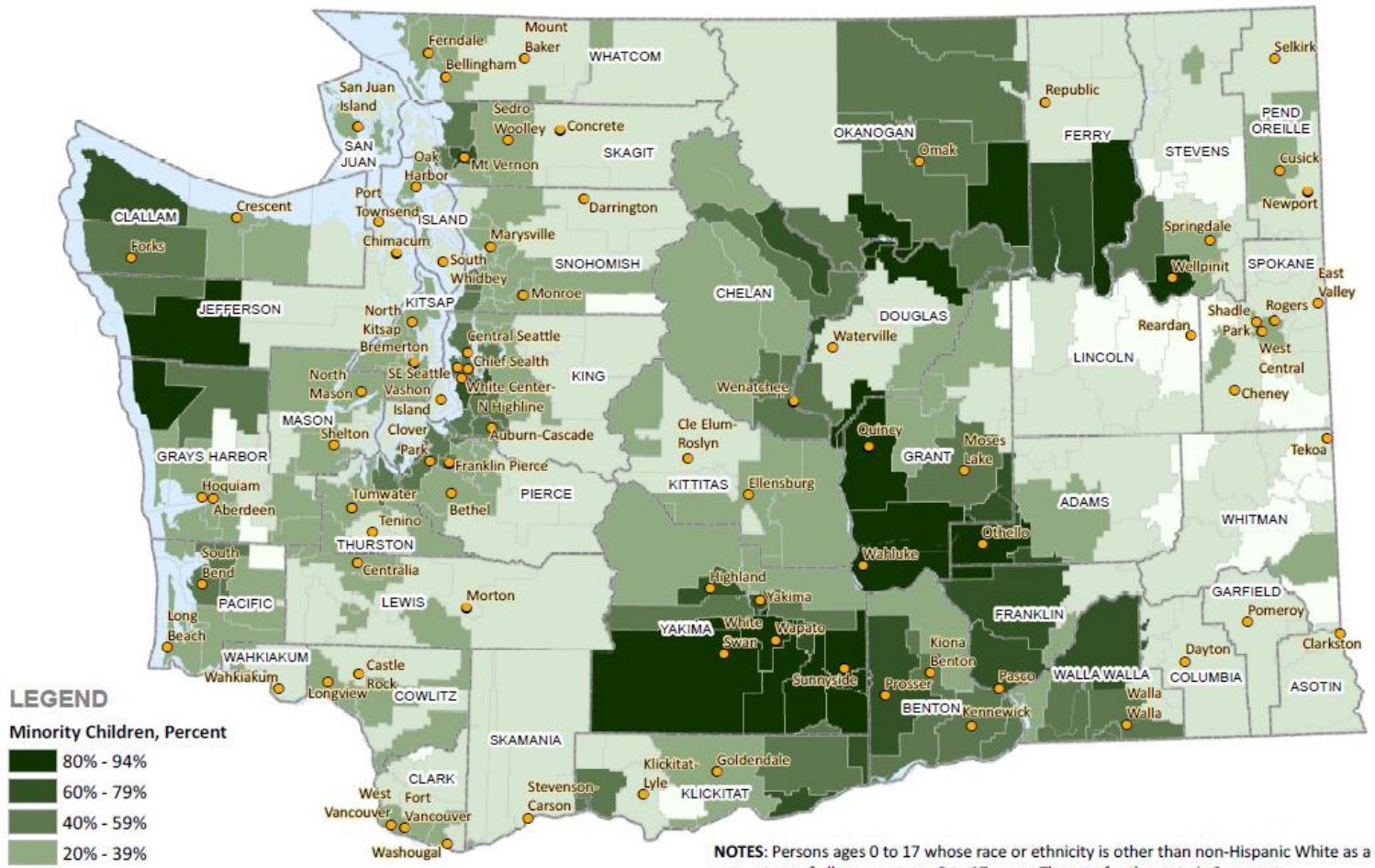
The Community Prevention and Wellness Initiative (CPWI)

Community-based organizations (CBO) grants

Workforce development

Racial or Ethnic Minority Children

as a Percentage of All Children Ages 0 to 17 by School District, 2017



LEGEND

Minority Children, Percent

- 80% - 94%
- 60% - 79%
- 40% - 59%
- 20% - 39%
- 10% - 19%
- 0% - 9%
- Community Prevention and Wellness Initiative Communities
- School Districts
- COUNTIES

NOTES: Persons ages 0 to 17 whose race or ethnicity is other than non-Hispanic White as a percentage of all persons ages 0 to 17 years. The rate for the state is 6 percent.

SOURCES: DSHS Research and Data Analysis, Community Outcome and Risk Evaluation Geographic Information System (CORE-GIS). Washington State Office of Financial Management, Forecasting Division (2017). Small Area Demographic Estimates: School Districts.

CONTACT: Irina Sharkova, DSHS/FFA/RDA, irina.sharkova@dshs.wa.gov, 360-902-0743.

FEBRUARY 28, 2019

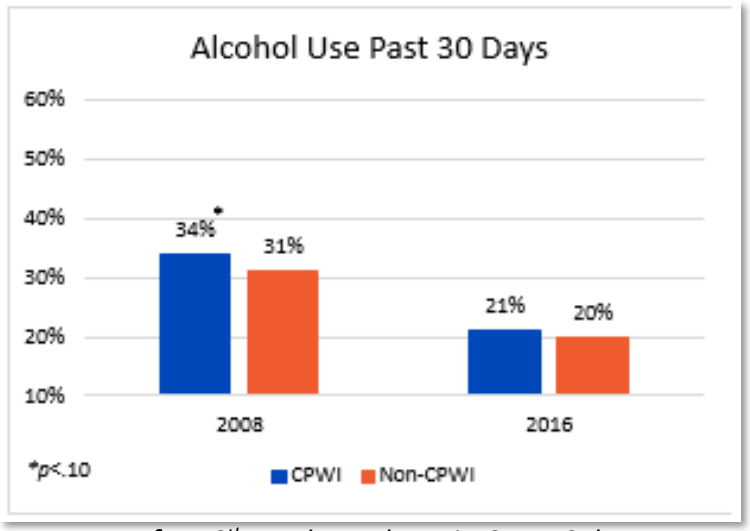
Youth and Family Prevention Programs

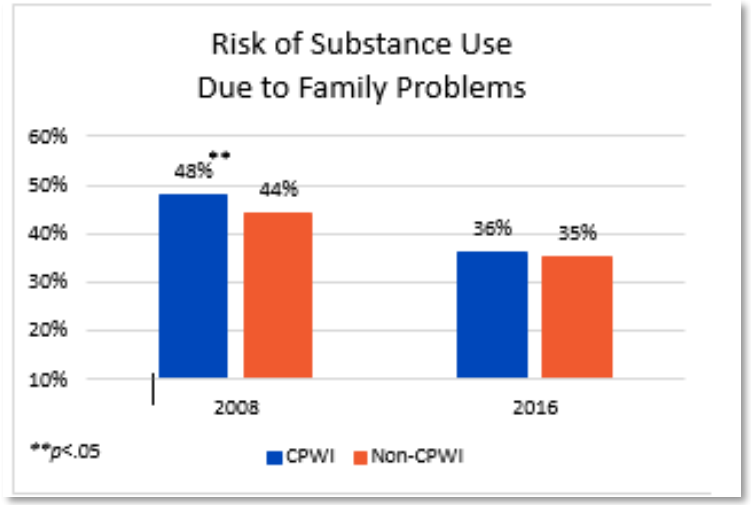
- Nurse Family Partnership
- Incredible Years
- Good Behavior Game
- LifeSkills Training
- Guiding Good Choices
- Strengthening Families

Community, Family, and School Outcomes

CPWI communities were at higher risk, but they have closed the gap

School outcomes improved in CPWI communities from baseline to post-intervention time point





Graphs reflect outcomes for 10th grade students in CPWI Cohort 1 communities.

Source: Washington State University CWPI Evaluation Outcome Report, 2018

Julie De Losada
Prevention & School-based Health Division Manger
Skagit County Public Health

State and County Partnerships: Unique Capabilities of the County

- County is the preferred partner
- Able to bear fiscal risk
- Able to braid local funds to expand or enhance prevention efforts
- Take local legislative actions to support prevention efforts

Example Strategies for Elementary Age

PAX Good Behavior Game

Positive Action

Incredible Years

Media

- Talking Points
- Movie theater ads
- Utility mailers
- Social

Gaps and Opportunities For Improvement

- Limitations of distinct funding sources
- Greater real time access to local data
- Sustainability from federal discretionary grants

RESULTS WASHINGTON

Governor Q&A

MaryAnne Lindeblad
State Medicaid Director
Health Care Authority

Mary fliss
Deputy for Clinical Strategy & Operations
Health Care Authority

Washington State Health Care Authority

Access and Coordination

Wraparound Intensive Services (WISe) Delivery Model

Comprehensive behavioral health services and supports to Medicaid-eligible individuals, up to age 21, with complex behavioral needs

Serves youth and their families

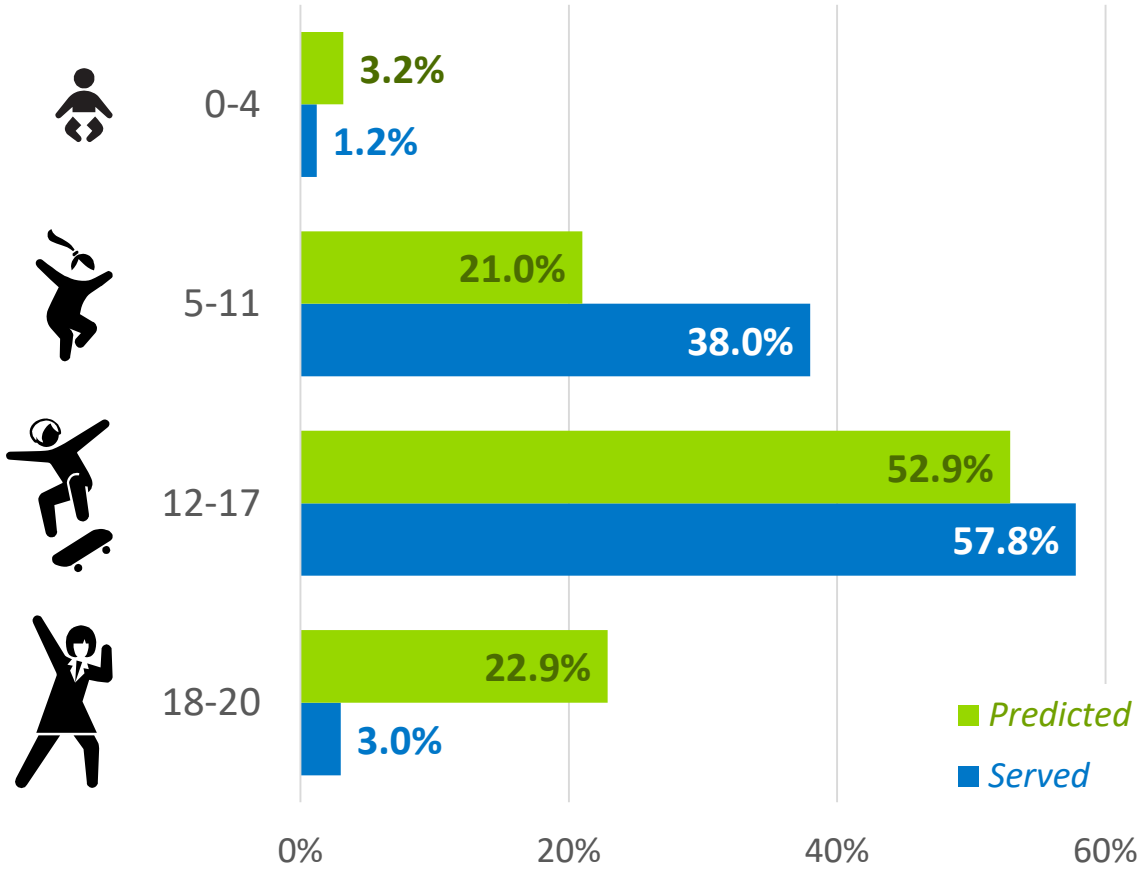
Required elements of WISe:

- Intensive care coordination
- Intensive services provided in home and community settings
- Crisis intervention and stabilization services
- Peer support services

WISe Provider Requirements

- Use the wraparound model and phases
- Certified peer support specialist (a youth partner and/or a family partner) on every team
- 24/7 crisis services available to WISe participants from individuals who are familiar with their safety plan (preferably from the WISe team)

Ages of Children and Youth In WISe



How do the age groups of those **predicted to need WISe** match up with the ages of children and youth **served in WISe**?

Data suggest additional WISe need for two age groups:

- **Early childhood** (Birth through 4)
- Transition aged youth (18 through 20)

For more WISe data: https://www.hca.wa.gov/about-hca/behavioral-health-recovery/wraparound-intensive-services-wise-0

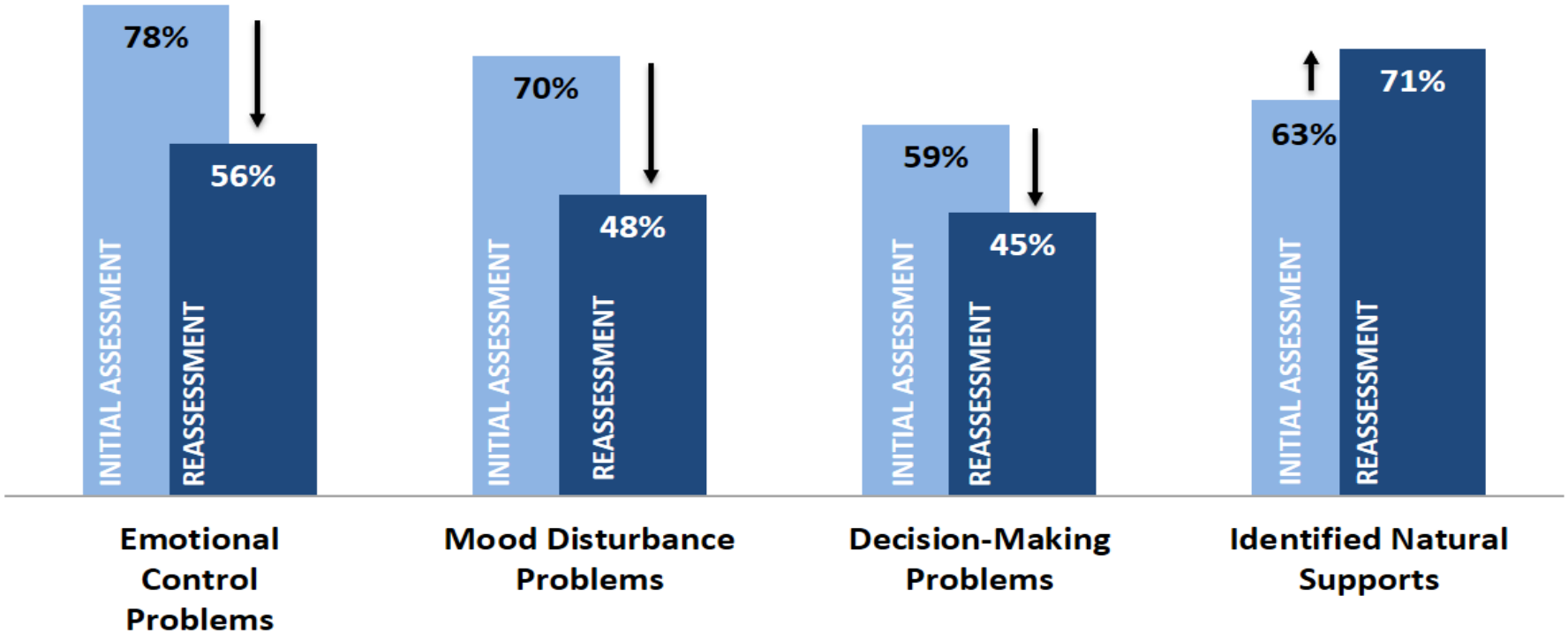
Meeting the Need for WISe Services

- Continue with current providers and expand outreach and training to providers so they can serve young children
- Look for providers already serving young children in Early Childhood Intervention and Prevention Services (ECLIPSE)
- Early childhood mental health is a skill set that needs additional training

WISe Outcomes

Changes in Needs and Strengths* Scores between Baseline and Six-Month Follow-Up

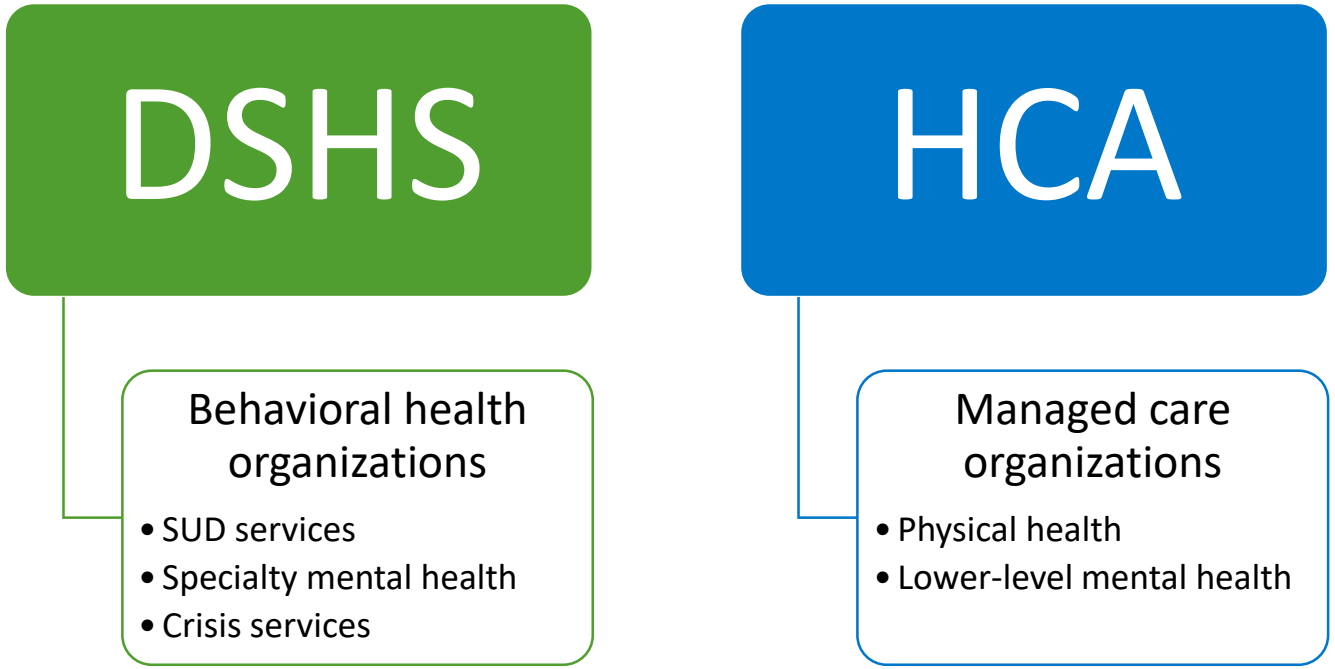
Youth with Initial Assessments January - December 2018



*Child and Adolescent Needs and Strengths (CANS) tool

Medicaid Before Integrated Managed Care

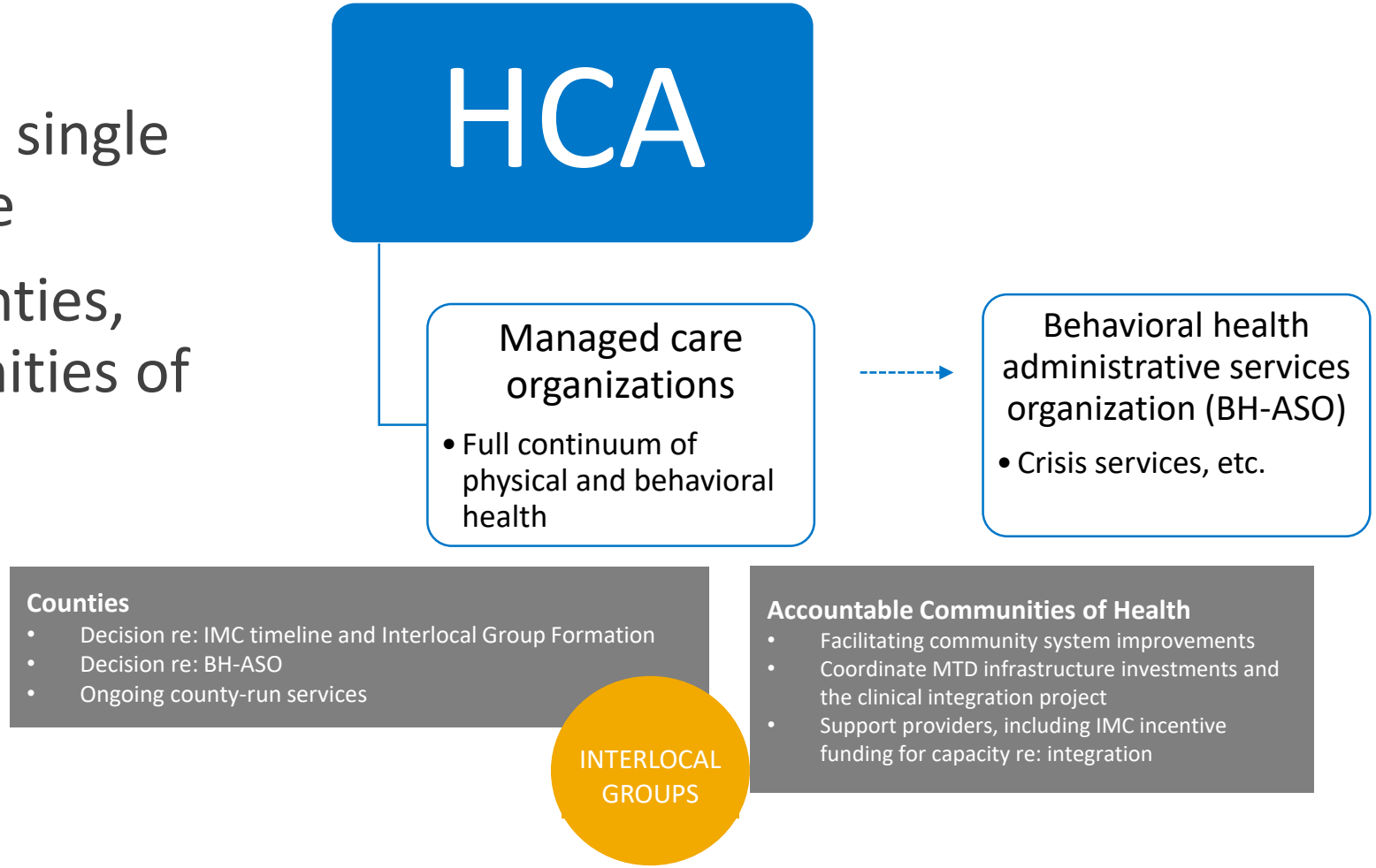
No one payer or provider responsible for whole person



Fully Integrated Managed Care

Whole-person care management through single accountable insurance

Support roles for counties, Accountable Communities of Health



Children's Behavioral Health Work Group

Overarching theme: Ensuring equity, diversity, inclusion, and trauma informed approaches in all services, training, and system design

Developmentally appropriate services in the birth-25 age group

Cross-system coordination

Network adequacy

Workforce

Provider rates

Partnership Access Line – Referral Assist

Connects patients and families with evidence-supported outpatient mental health services in their community

Description:

- A referral specialist works with families and providers to connect patients to the care needed
- Operated by Seattle Children's Hospital
- Two-year pilot program, beginning January 1, 2019

Outcomes

- 669 calls between July and November
- Individual counseling was most common service request by families

Physical and Behavioral Health Integration

Purpose: Integrate behavioral and primary care health services to deliver whole-person care

Description:

- Review of billing codes to remove any limits beyond the code definition (*Health and Behavior codes, Psychotherapy codes*)
- A 10% rate increase effective January 1, 2020

Other work completed

- Collaborative Care Code Model implemented January 1, 2019
- Comprehensive screening tool kit created

Depression Screening For New Moms

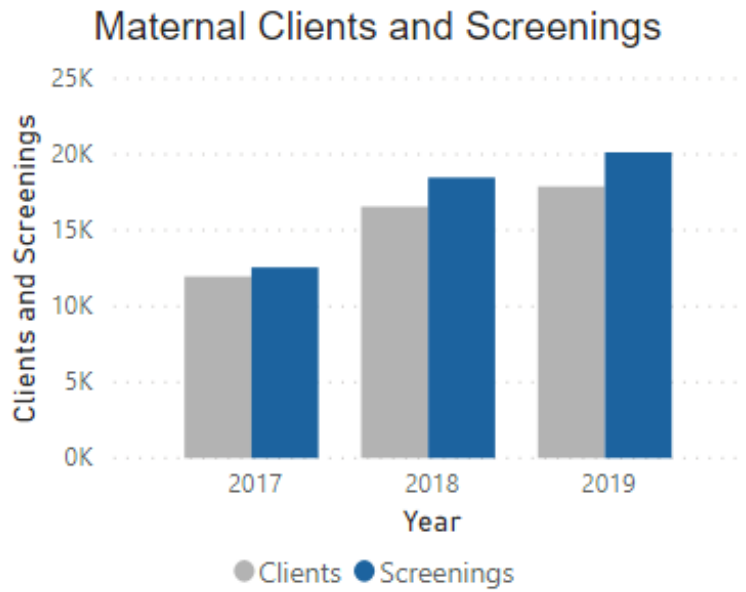
Support for maternal depression screening and treatment for pregnant women and new mothers

Screening code implementation and outcomes

- Two codes went into effect January 1, 2018
- Outcome – improvements year over year *(2019 data incomplete)*

UW Provider Access Line for Moms

- Support providers with depression diagnosis, treatment of pregnant women and new mother
- Two-year pilot program, beginning January 1, 2019
- 120 calls between July and November



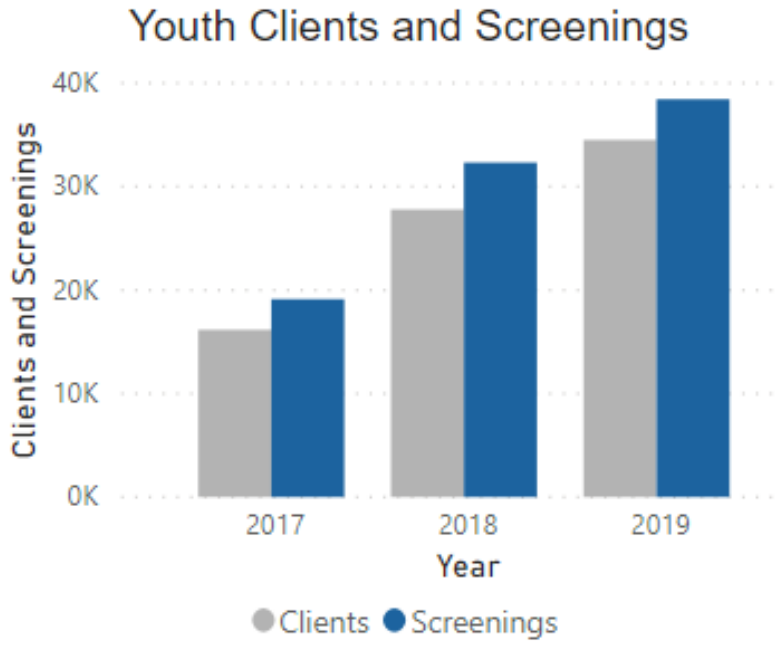
Screening Enhancements In Primary Care

Purpose:

- Standardized list of screening tools for children aged 0 – 20
- Identify billing options and propose coverage for screening

2018 implementation steps

- Added recommended screening tools to EPSDT Provider Guide
- Reimbursement for youth depression screening
- Expanded reimbursement for youth behavioral health screenings



Outcomes:

- Increases in screening for behavior health needs children and youth

Pediatrician perspective

Dr. Thatcher Felt
Children's Mental Health Work Group
Yakima Valley Farm Worker's Clinic

PEDIATRICIAN AND CLINICAL PSYCHOLOGIST PERSPECTIVES

DR. CHRIS JONES AND **DR. T.K. BRASTED**
HOPECENTRAL

HopeCentral

- A non-profit, pediatric primary care practice located in South Seattle
- Serves a diverse community
- General pediatrics and integrated behavioral health
- A special focus on ASD/DD evaluation and continuing care
- Reserves 50% of capacity for Medicaid

Size Matters

Small clinic assets:

- Embedded in local community
- Size preferred by immigrants and refugees
- Responsive to needs of the community

Behavioral Health Integration Matters

Studies have shown:

- Improved follow through on referrals
- Increased access to mental healthcare
- Improved outcomes
- Healthcare cost savings

Next Steps

Increase integrated behavioral health accessibility, especially in small clinics, through:

- Improved economic viability
- Workforce development

Pediatrician perspective

Dr. Crystal Shen
Washington Chapter of the American Academy of Pediatrics

The Washington Chapter of the AMERICAN ACADEMY OF PEDIATRICS

Challenges to Navigating Care

- Barriers to behavioral health care & medication management
  - Communication gaps between inpatient, outpatient, ED, schools
  - Wait times, longer for complex needs
  - Difficult for non-English speaking, resource limited families
- ED for times of crisis
  - Non-therapeutic
  - Costly

WCAAP
The Washington Chapter of the AMERICAN ACADEMY OF PEDIATRICS

Opportunities for Improved Care

- Collaboration with primary care & behavioral health
  - Staff trainings, improved communication
- Aim to increase community access & behavioral health integration
- Acute non-ED interventions for stabilization
- Support to navigate the system
- Meeting families & youth where they are at
  - PAL referral line
  - School-based services

WCAAP
The Washington Chapter of the AMERICAN ACADEMY OF PEDIATRICS

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Governor Q&A

Closing