Kids Mental Health Washington

Leveraging Partnership to Transform Change

Learning Objectives

1) Connecting attendees to their local teams.
2)Analyzing and applying data to inform serving local families and partners.
3)Review examples of local wins/ lessons learned.
4)Increase knowledge of model components.

Activity

1

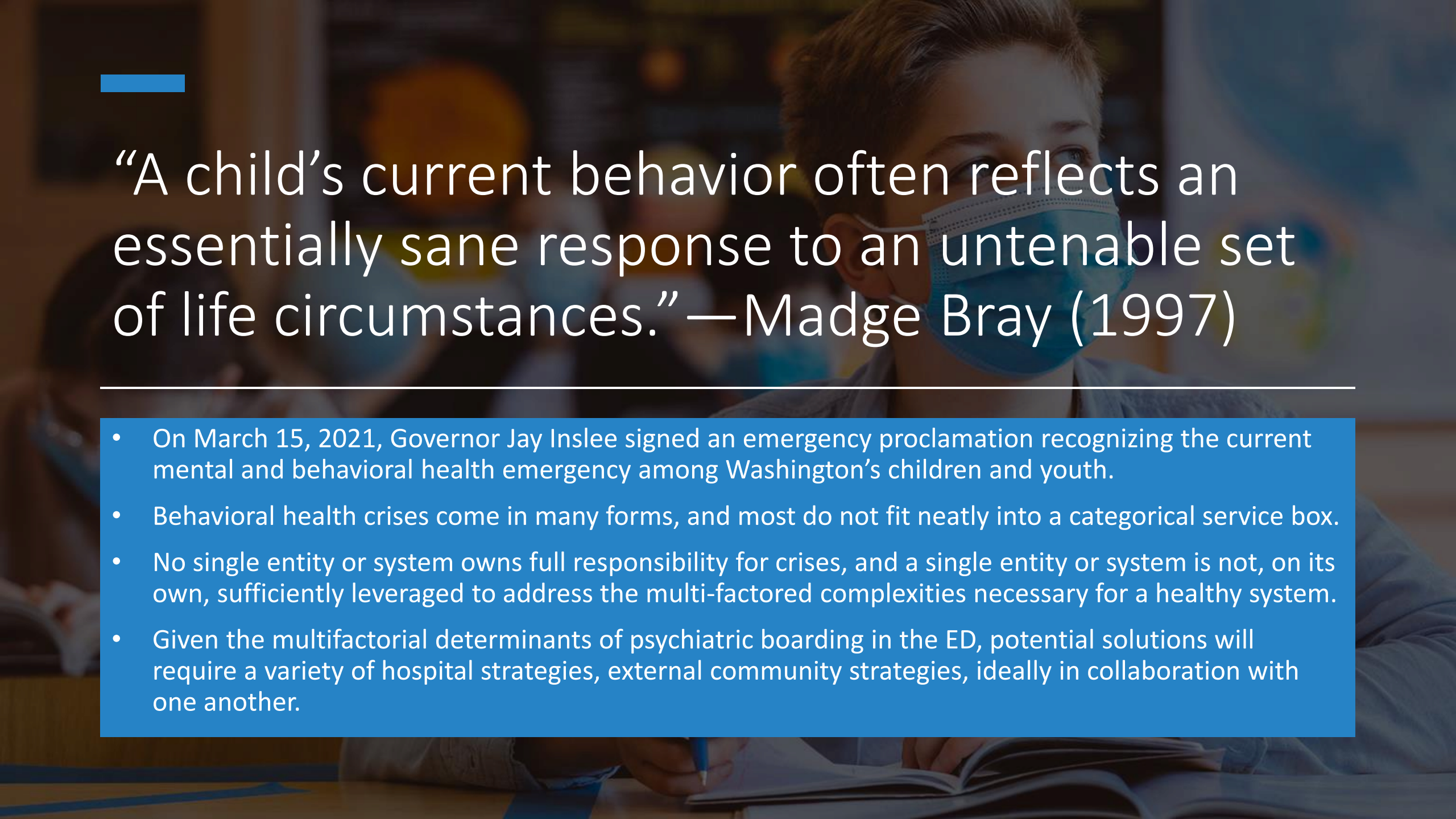
What county/ state are you coming from?

2

What system/ space are you representing?

3

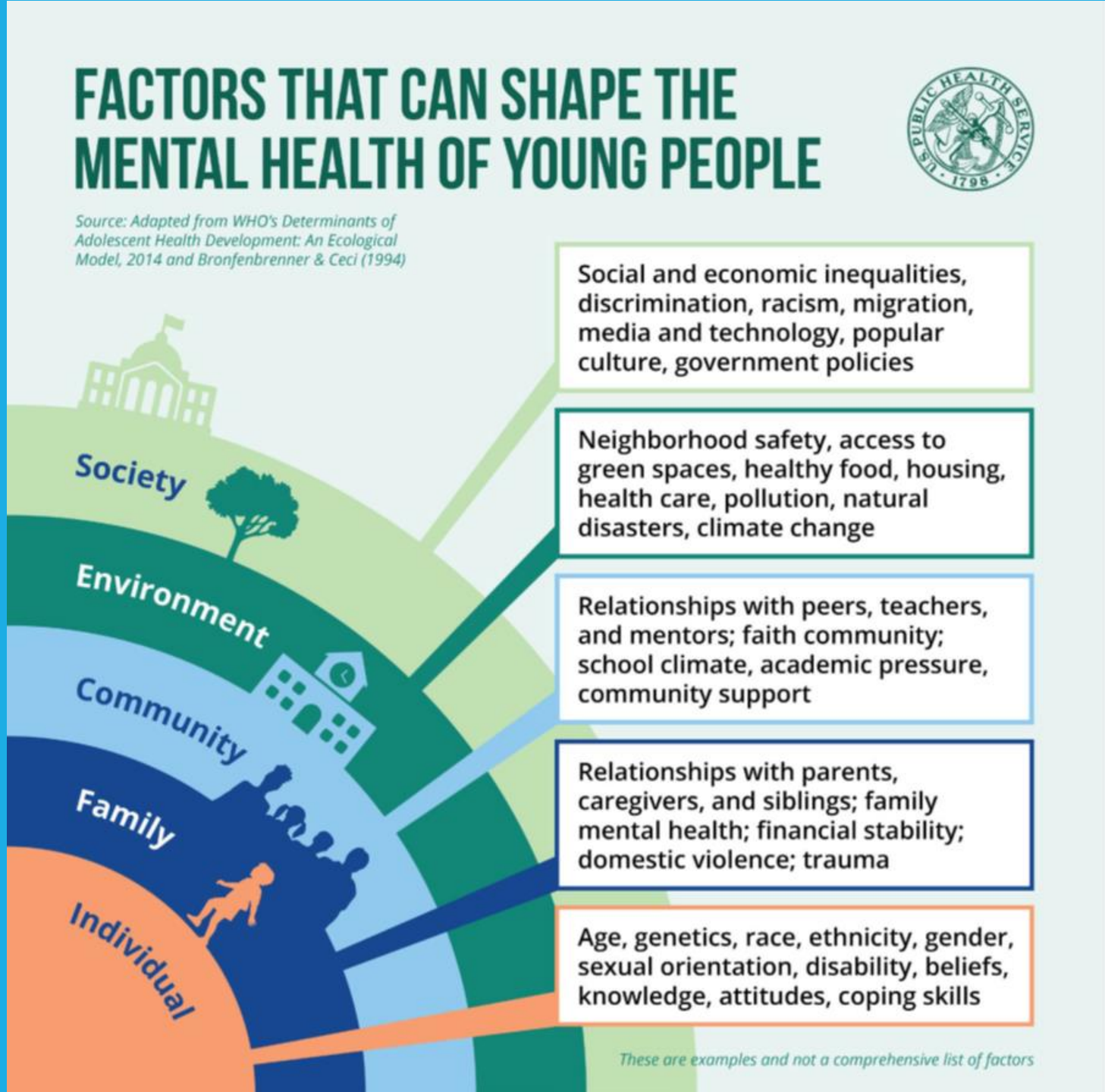
What are the biggest barriers you are seeing in addressing care?



“A child’s current behavior often reflects an essentially sane response to an untenable set of life circumstances.”—Madge Bray (1997)

- On March 15, 2021, Governor Jay Inslee signed an emergency proclamation recognizing the current mental and behavioral health emergency among Washington’s children and youth.
- Behavioral health crises come in many forms, and most do not fit neatly into a categorical service box.
- No single entity or system owns full responsibility for crises, and a single entity or system is not, on its own, sufficiently leveraged to address the multi-factored complexities necessary for a healthy system.
- Given the multifactorial determinants of psychiatric boarding in the ED, potential solutions will require a variety of hospital strategies, external community strategies, ideally in collaboration with one another.

“Supporting the mental health of children and youth will require a whole-of-society effort to address longstanding challenges, strengthen the resilience of young people, support their families and communities, and mitigate the pandemic's mental health impacts.”



Cross-System Collaboration

Autism and Disability Partners

Child Welfare

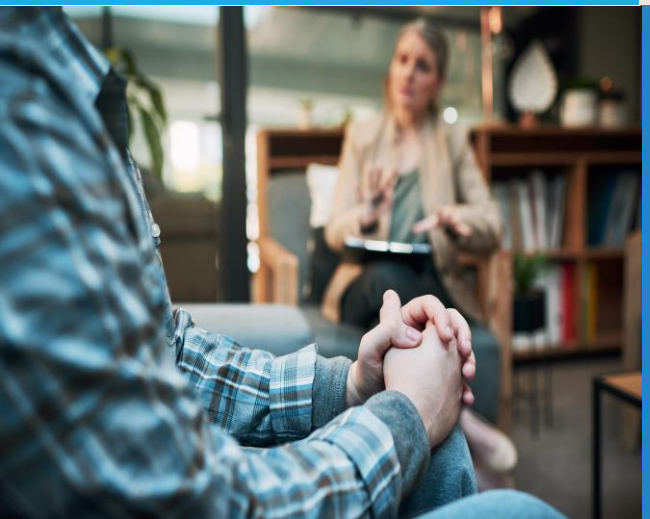
School Districts

Youth Services

Health Equity Partners

Health Care Systems

Primary Care



Community Mental Health

Crisis Services

Managed Care Organizations

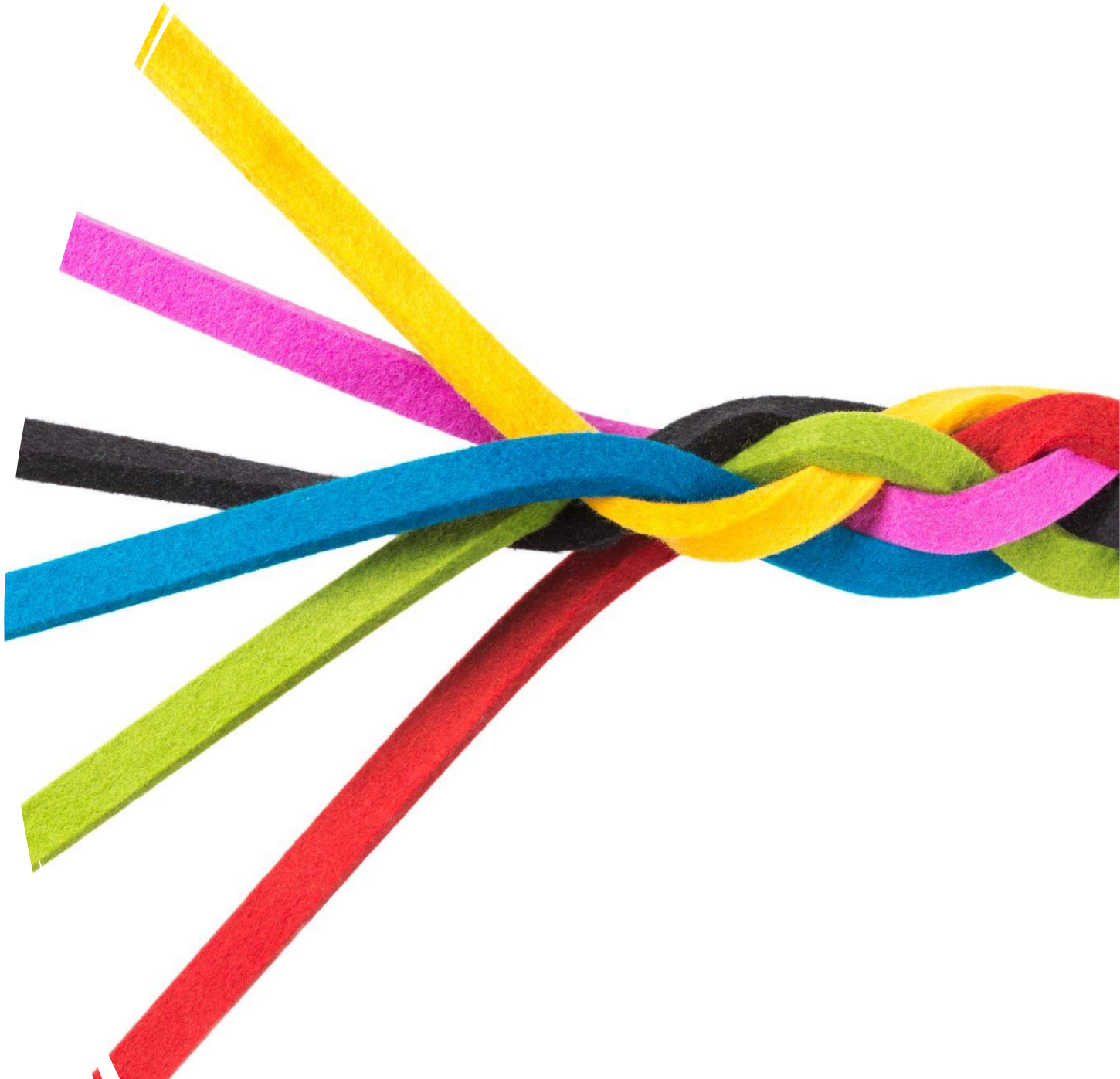
Law Enforcement

Juvenile Justice

EMS

Model Components

- A referral process for anyone to submit a request for a youth in need of support.
- Steering/Action Committees to coordinate local resources and collaborate on community initiatives.
- Multi-disciplinary team meetings (MDTs). Youth-centered wrap-around collaboration with local resource partners to develop an action plan tailored to the needs of the youth.
- A website with up-to-date local and community-based resources for youth and their families.
- KMHWA Teams: Behavioral Health Navigation, Care Coordination, and community consults.



Kids Mental Health Washington Program

The Health Care Authority (HCA) is partnering with Kid's Mental Health Pierce County and Developmental Disabilities Administration (DDA) to stand up teams in three regions per year for the next three years.

Technical assistance and support, collaborative learning teams and pathways for real time input on regional strengths and needs are being developed as teams begin standing up across the state.

Regional teams are building community in support of children, youth, and families through the development of Multi-Disciplinary Teams (MDT). Key partners including community members, providers, and cross-systems team members are gathering to connect our youth and families to the care and resources they need.

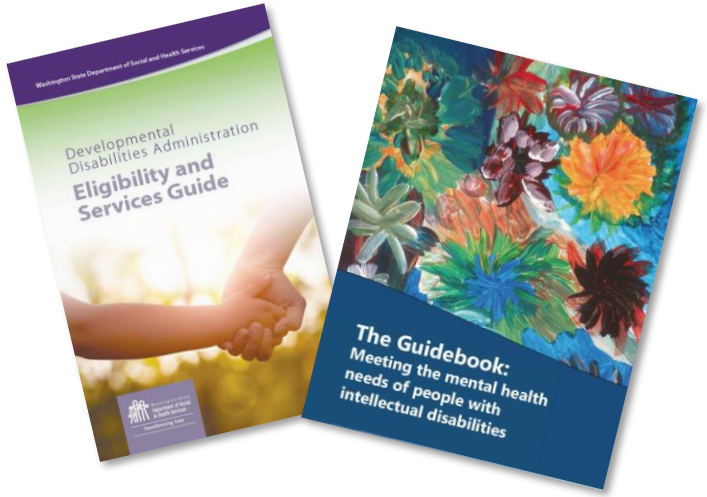
Developmental Disabilities Administration

DDA regional and central office staff are actively engaged in KMHWA.

- Partnering to support youth with developmental disabilities and their families in navigating service systems.
- Improving cross-system communication for more efficient collaboration.
- Addressing barriers to behavioral health services by sharing resources.

DDA services:

- Informing Families | Navigating the future.
- DDA Eligibility and Services Guide.



Supporting dual diagnosis:

- The Guidebook: Meeting the mental health needs of people with intellectual disabilities (wa.gov).
- NADD – Trainings, publications, research.
- ECHO Autism and ECHO IDD Washington INCLUDE.

KMHWA Rollout

Year 1 SFY 2022

- Pierce
- Salish
- Greater Columbia
- Southwest

Year 2 SYF 2023

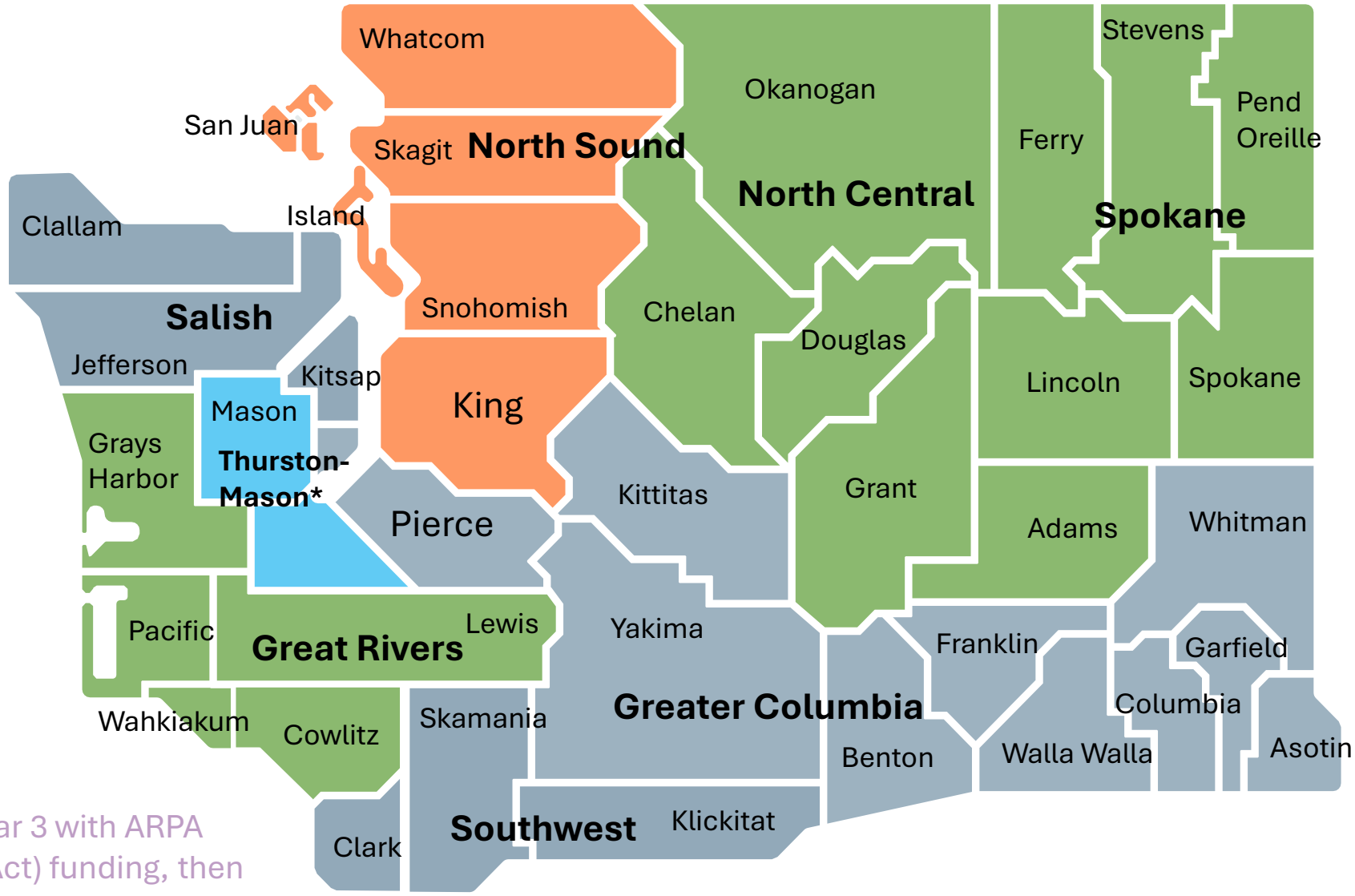
- North Central
- Spokane
- Great Rivers
- Thurston-Mason*

Year 3 SFY 2024

- North Sound
- King

Thurston-Mason

- Start year 2 instead of year 3 with ARPA (American Rescue Plan Act) funding, then will move to state funding



Regional and Program Wins

Data

Qualitative and quantitative.

Developed by and used by regions.

Includes age, insurance, date of contact, system involvement, area they live in, how many partners are engaged, disposition.

Behavioral Health Navigation examples

By The Numbers

# of MDT referrals	**352***
# of MDTs held	131*
Average Number of MDT attendees per meeting	13.51*
Range of MDT attendees per meeting	4 to 33
Average age for MDT referrals	12.76
Age range for MDT referrals	1 to 20*
Age range for MDTs held	4 to 19
Average Age for MDTs held	13.58
Insurance Type	Medicaid 62%, Commercial 22%, Dual insured 1%, Tricare 1%, Tribal 1%, Other 13%, .
Insurance Type for MDT	Medicaid 60%, Commercial 25%, Dual insured 2%, Tribal 1%Other 13%,
Top Referral Reasons	Outpatient Service Navigation, Care Coordination, Behavior Management Strategies*
Top Referral Reasons for MDT	Outpatient Service Navigation, Care Coordination, Behavior Management Strategies*
Top Referent Type All	School, Parent, System Partner*
Top Referent Type MDT	School, Parent, System Partner
To note: NOT holding an MDT is also a win	

Behavioral Health Navigation

WISe- Including transitional planning from WISe to outpatient services	DDA- waiver status, connection to resources, case management, OT/ ABA services, sensory evaluations, autism services	Outpatient Services- including culturally and linguistically responsive providers	Including animal therapy, yoga, naturopath referrals	Outpatient medication management
Telehealth Therapy	Advocacy/ Peer Support Partners	School Special Assistance Plans- IEP, 504, school advocates, etc.	Insurance case management	Crisis teams and hotlines
School clubs/ Mentoring services/ Boys and Girls Club/ Homeschool programs/Church youth Programs	LGBTQIA+ support groups	Psychosis training for families	Functional medicine for assessing gut health	Pharmacogenetic testing
Housing authority for basic needs	Transitional planning for release from juvenile detention center	Attended IEP meetings	Assisted with Apple Health applications	Presented to ECHO IDD for additional recommendations post-MDT for IDD/DD youth

Community Impact

Local Steering Committees: Volunteer decision-making members of organizations and systems that collaborate to govern the coordination of community-level youth behavioral initiatives in their communities with strategic plans and theories of change created, implemented, and measured locally.

Examples:

Rural Telehealth Hub

Evidence based program expansion in schools

Collaboration around use of 1/10% behavioral health tax dollars

Messaging around raising awareness and increasing referrals for existing providers with integration for current systems of care.

“I think that's great. Pierce steering and implementation advocated for 3 years for improving youth crisis... we now have 2 teams. Private insurance wise- now have a team. The collective advocacy and impact is huge!”

Centering Youth/ Family Voice

- KMHWA MDT caregiver attendance rate: 100%
- “I believe this is a great approach. From a parents prospective this is 100% needed in our community” - Parent on KMHWA Steering Committee
- “Thank you to everyone for being here when my daughter and I needed you! I don’t have words to express how much weight has been lifted from both of us. Having this resource to help point us in the right direction and come up ideas to get my daughter on the right track has been invaluable!!” -Parent who attended MDT
- “Hi Meredith recently interfaced with you/your team in a care conference for (youth). (Youth)’s Mom could not pay your team more praise for the great work you have done with the family to support the transition out of the hospital.”
- “Thank you for helping through this process. I’m feeling good and really appreciate all of the wide ranging ideas. The biggest comfort comes from some of the practical easy things we can do like the ice, but also knowing what to do and where to go if a crisis grows to something we can’t control. Breathing a little easier right now.”

Impact and What's Next

- **Statewide Outcomes:**
  - Influenced use of behavioral health tax dollars.
  - Increased evidence-based preventative programming in schools.
  - Increased paid engagement amongst youth in regional steering committees.
  - Facilitating telehealth hubs to increase capacity of behavioral health service access for rural areas.
  - County-wide crisis response protocols to reduce youth admission to emergency departments.
  - Next steps: Full implementation and data.

FAQs

- Will youth with OR without Lived Experiences (LE) be part of this initiative - planning, development, launch, implementation?

- How do you support parental involvement in service provision?
- What are the new opportunities being navigated to with programs alongside like CLIP, WISe, MRSS, FYSPRT?
- Is there a criteria youth have to meet to be referred? (school?) Ages, insurance/charge, level of acuity, etc.

Regional Websites

Each region is developing a regional resource hub for comprehensive pediatric behavioral health information.

Available Resources can include:

- Crisis Services
- Intellectual and Developmental Disabilities Resources
- Parent Support
- Inpatient and Outpatient Mental Health Services for Youth and Families
- Substance Use Disorder
- Black, Indigenous & People of Color Mental Health Resources
- Find A Provider
- Community Multi-Disciplinary Team (MDT)
- Insurance

Contacts

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