



**WELCOME!**

**WE WILL BEGIN  
THE MEETING  
MOMENTARILY.**

# PUBLIC PERFORMANCE REVIEW

Goal 4 – Behavioral Health, with a Focus on Our Youth

*October 11, 2023*



# WELCOME

PRESENTED BY:

- MANDEEP KAUNDAL, DIRECTOR, RESULTS WASHINGTON

# Building Logistics

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- **Emergency exits** are located through the conference room doors directly ahead
- **Restrooms** are located outside of the conference room next to the elevators
- Please take **side conversations** outside the room
- Attendees will find a QR code and a physical **survey** located on conference room tables
- **ASL interpretation** is being provided for today's meeting
- Our meeting is being **live-streamed** by TVW
- Meeting **materials** are located at [www.results.wa.gov](http://www.results.wa.gov)

# Topic Selection

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- Behavioral Health, with a Focus on Our Youth, is tied to the Governor's goal 4: Healthy and Safe Communities
- Recommended by leaders across the state to review progress on Behavioral Health services and programs for our youth and families
- Behavioral Health Introduction presented by:
  - Department of Health
- Progress and initiatives presented by:
  - Health Care Authority
  - Department of Children, Youth and Families



# Governor's Opening Remarks



# YOUTH MENTAL & BEHAVIORAL HEALTH INTRODUCTION

PRESENTED BY:

- TAO SHENG KWAN-GETT, MD MPH, CHIEF SCIENCE OFFICER, DEPARTMENT OF HEALTH

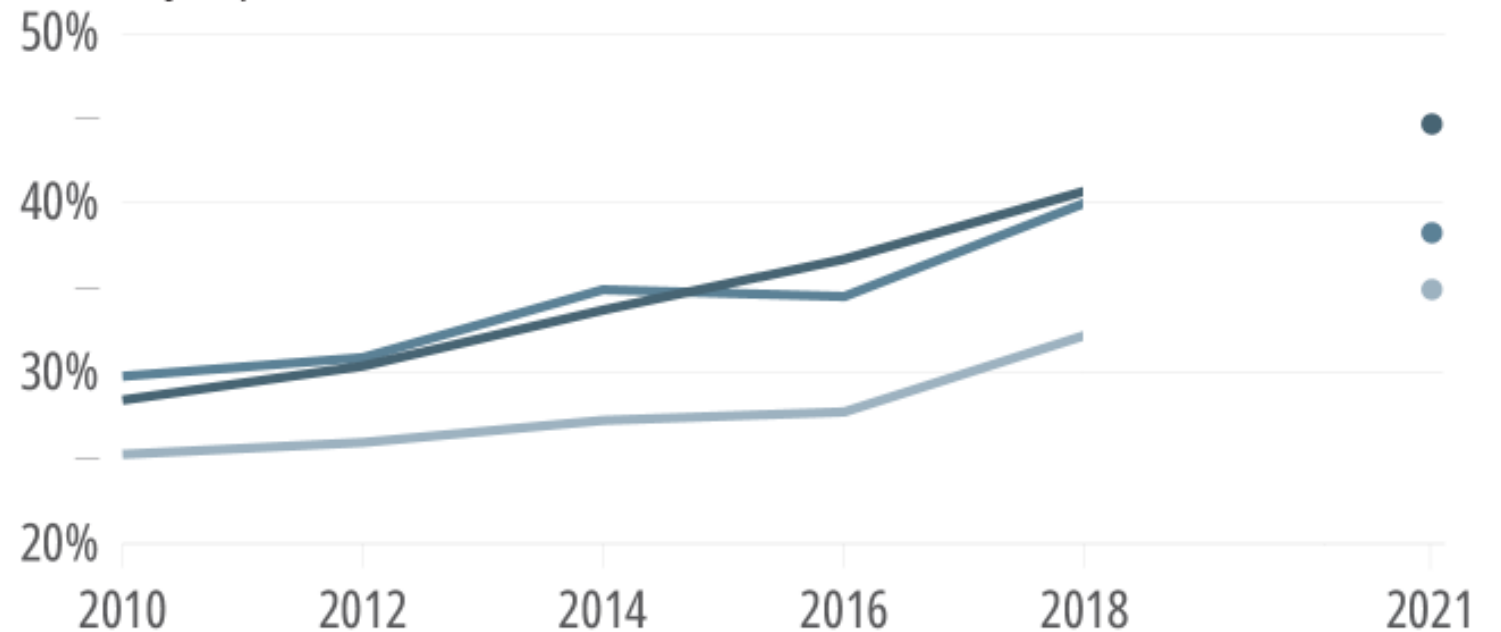
Mental health challenges are a growing concern for youth in Washington State.

## HYS Sad or Hopeless Feelings Almost Every Day in Two-Week Period in Past Year

2010-2021

■ Grade 8      ■ Grade 10      ■ Grade 12

*Percent of respondents*

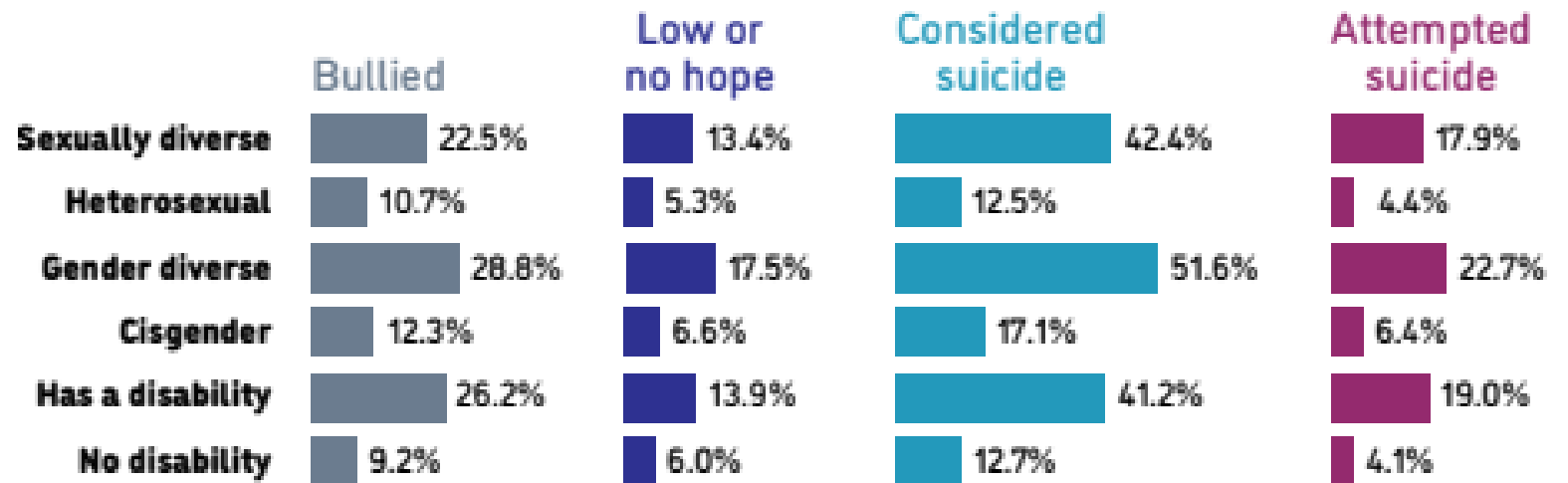


Washington State Health Youth Survey; There is no connecting line between 2018 and 2021 to indicate caution should be used when comparing estimates between 2021 and prior years because of methodological changes for 2021. Due to these changes, significant testing between 2021 and prior years was not performed.



LGBTQ+ and disabled youth are at greater risk of poor mental health.

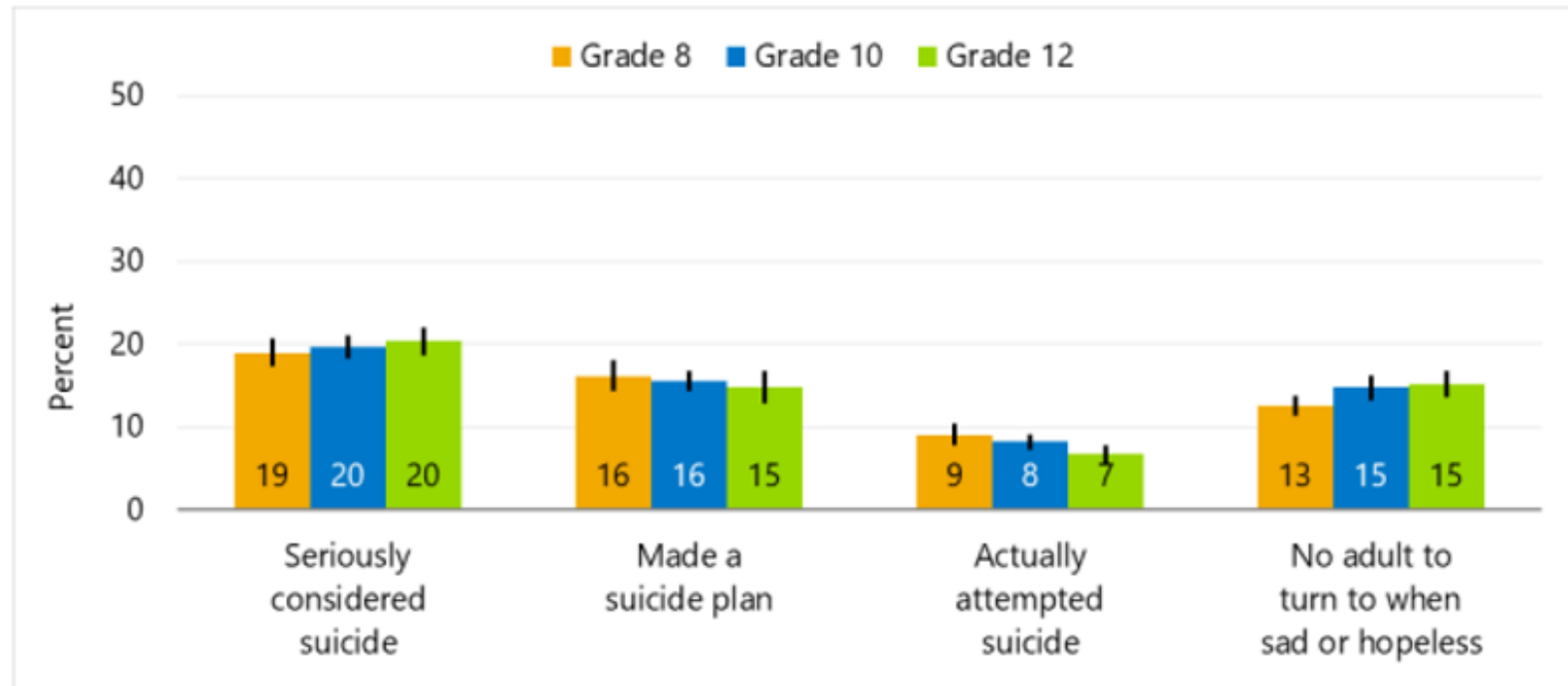
**Figure 2: Inequities in prevalence of poor mental health among Washington 10th Graders in 2021.<sup>14</sup>**



Source: Healthy Youth Survey 2021. Washington State Health Care Authority, Department of Health, Office of the Superintendent of Public Instruction, and Liquor and Cannabis Board; 2022.

Suicide continues to be a significant issue for youth.

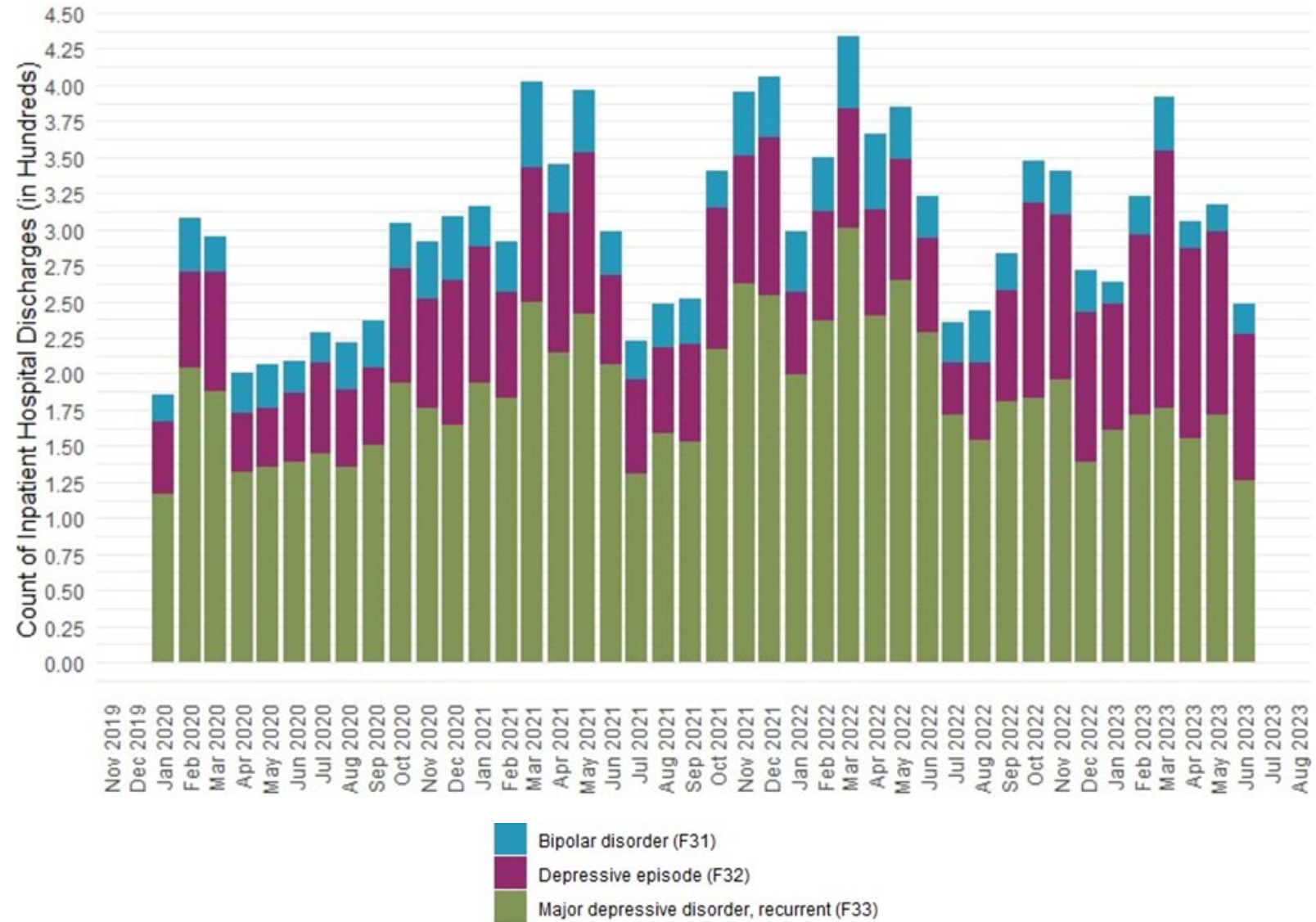
## Suicide Related Behaviors, 2021



| Measure                      | Grade 8    | Grade 10   | Grade 12   |
|------------------------------|------------|------------|------------|
| Seriously considered suicide | 19.0 ± 1.6 | 19.6 ± 1.4 | 20.4 ± 1.6 |
| Made a suicide plan          | 16.2 ± 1.8 | 15.6 ± 1.2 | 14.8 ± 2.0 |
| Actually attempted suicide   | 9.1 ± 1.3  | 8.2 ± 0.9  | 6.7 ± 1.1  |

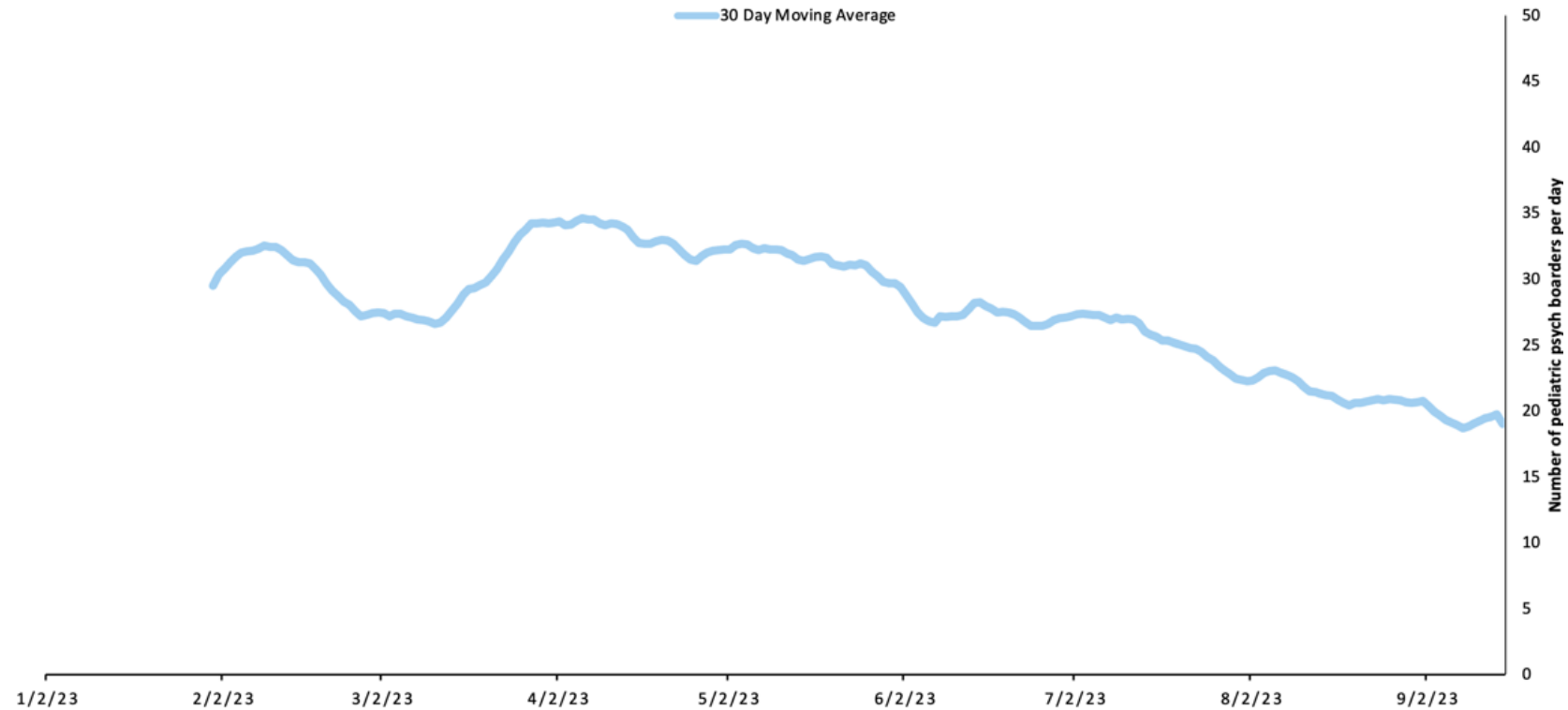
Youth  
mental health  
hospitalizations  
increased during  
the pandemic.

Count of Top 3 Sub-Groups of Mental, Behavioral, and Neurodevelopmental Disorders among WA Resident Youth Inpatient Community Hospital Discharges, by month (Source:DOH)



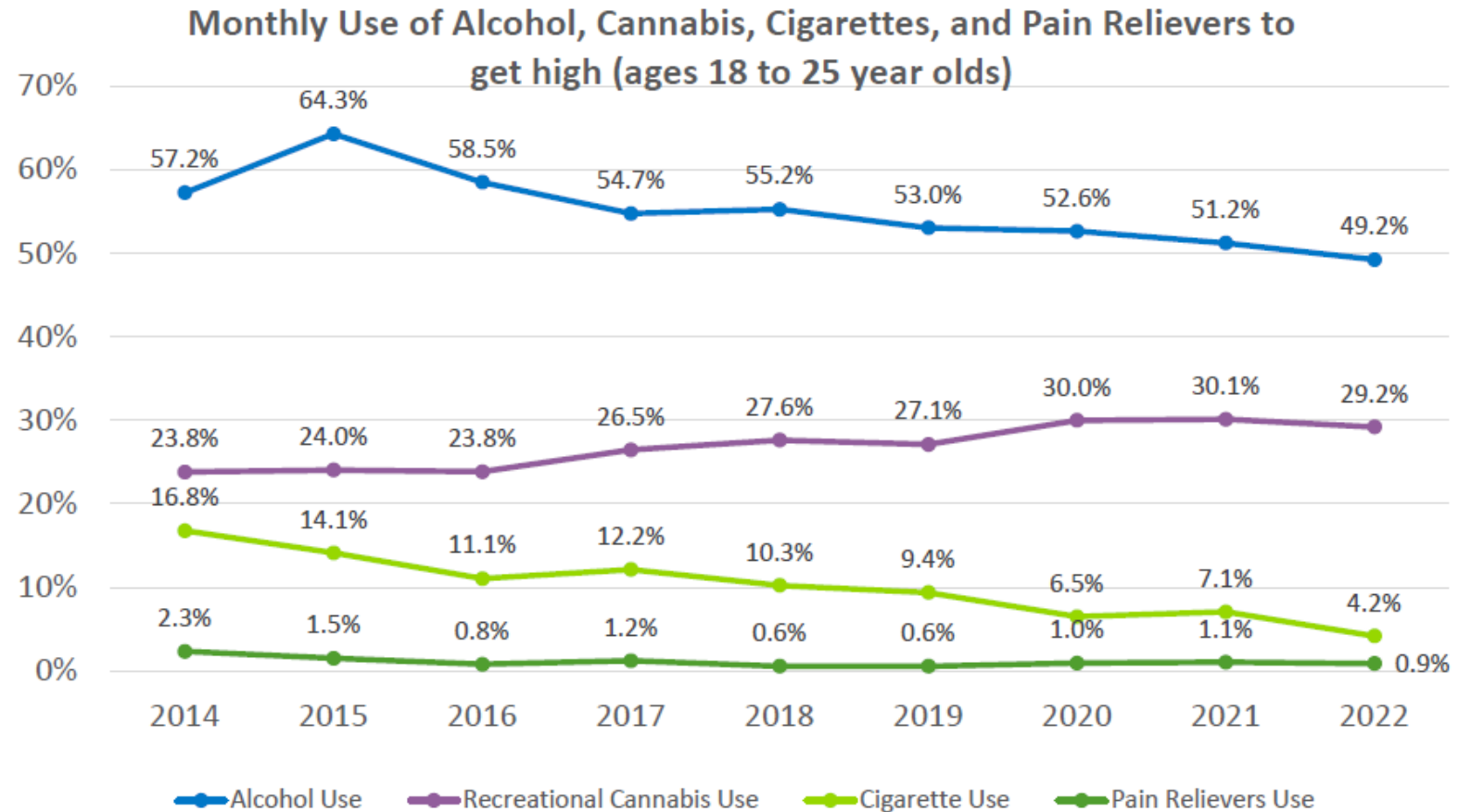
Washington's ED capacity has been stretched by pediatric "boarding" for mental health diagnoses.

## Pediatric Psychiatry Boarders in Washington Emergency Departments 2023 YTD



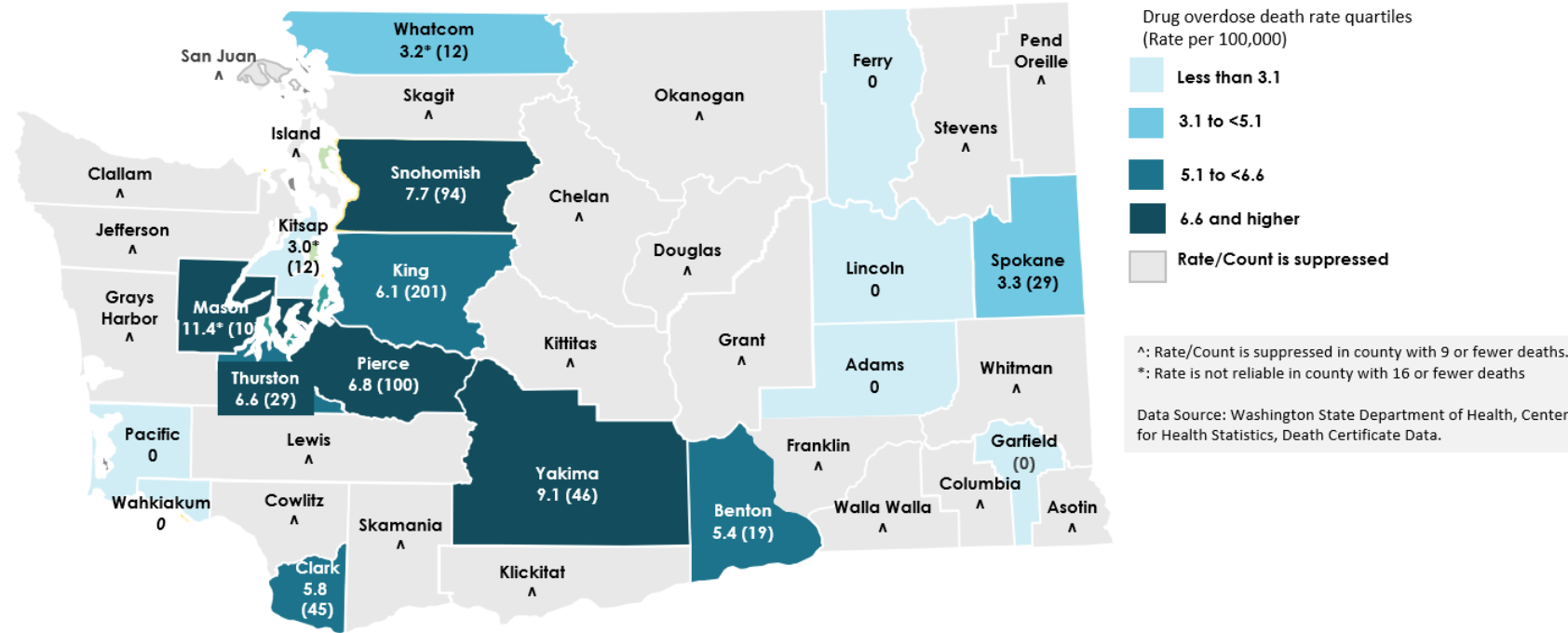
Some indicators of substance use decreased during the pandemic.

## Trend of Substances Used by Young Adults (YAHS)



Opioid overdose deaths increased in rural and urban communities.

## Opioid involved drug overdose youth death rates 2018-2022\*



\*2022 data is preliminary and may change with updates.

Positive social connections and protective factors are associated with decreased substance use and better mental health.

## Protective factors are associated with lower rates of substance use in youth

### Family protective factors

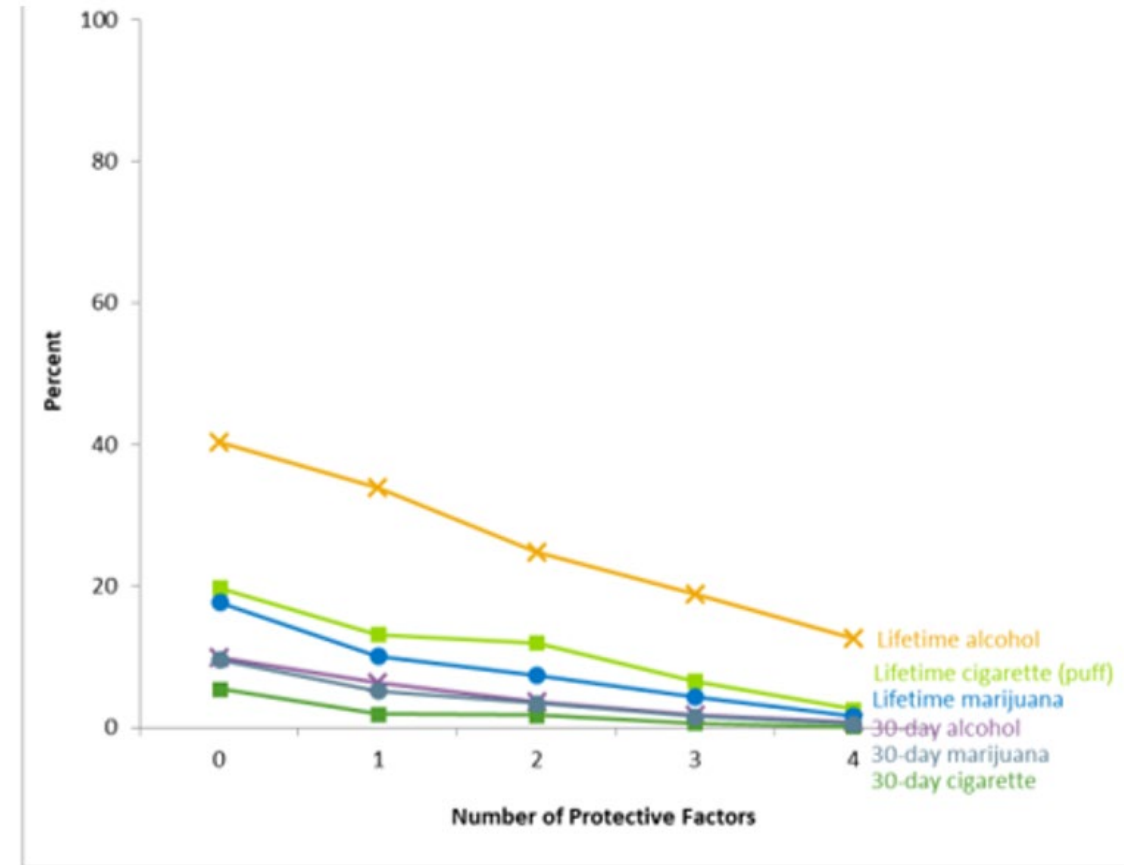
- Can ask parent for help
- Does fun things with parents
- Involved in decisions
- Parents let know when doing a good job
- Parents proud of something done
- Enjoy spending time with parents

### School Protective Factors:

- Can make class decisions
- Can talk to teacher
- Can be in a class discussion
- Teachers tell me when I am doing good work
- Teachers praise me for hard work

### Community Protective Factors:

- Sports and service opportunities
- Adult to talk to



Note: Percentages represent students who reported using alcohol, cigarettes, or marijuana in their lifetime or in the past 30 days according to each number of protective factors (0 through 5).

Source: HYS 2021.


# Youth Behavioral Health Summary

- A growing percentage of Washington youth are experiencing mental and behavioral health challenges, with LGBTQ+ and disabled youth at greater risk of poor mental health.
- Suicide continues to be a pressing issue for Washington youth.
- The pandemic saw a growing number of youth needing health care for severe mental and behavioral health concerns.
- Though some indicators of substance use decreased during the pandemic, youth opioid overdose deaths have increased in many urban and rural communities.
- Positive social connections and protective factors are associated with decreased substance use and better mental health in youth.
- More data would enable us to better understand youth mental and behavioral health.



A large, faint, circular seal of the State of Washington is visible in the background. It features a portrait of George Washington in the center, surrounded by the text "THE STATE OF WASHINGTON" at the top and "1889" at the bottom.

# Governor Q&A



# PROGRESS AND INITIATIVES: YOUTH AND YOUNG ADULT BEHAVIORAL HEALTH ACROSS THE CONTINUUM

PRESENTED BY (IN ORDER OF PRESENTATION):

- KERI WATERLAND, DIVISION DIRECTOR, DIVISION OF BEHAVIORAL HEALTH AND RECOVERY, HEALTH CARE AUTHORITY
- COMMUNITY VOICE VIDEOS:
  - DANIEL'S SUCCESS STORY
  - JASMINE'S SUCCESS STORY
  - CARELON SUCCESS STORY

# Behavioral health services program categories



Substance use disorder prevention and mental health promotion services



Prenatal through age 25 behavioral health treatment services



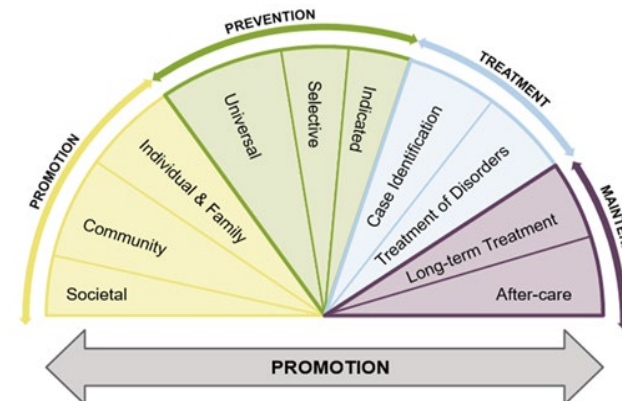
Mental health and substance use services



Problem gambling services



Recovery support services



# Key collaborative workgroups

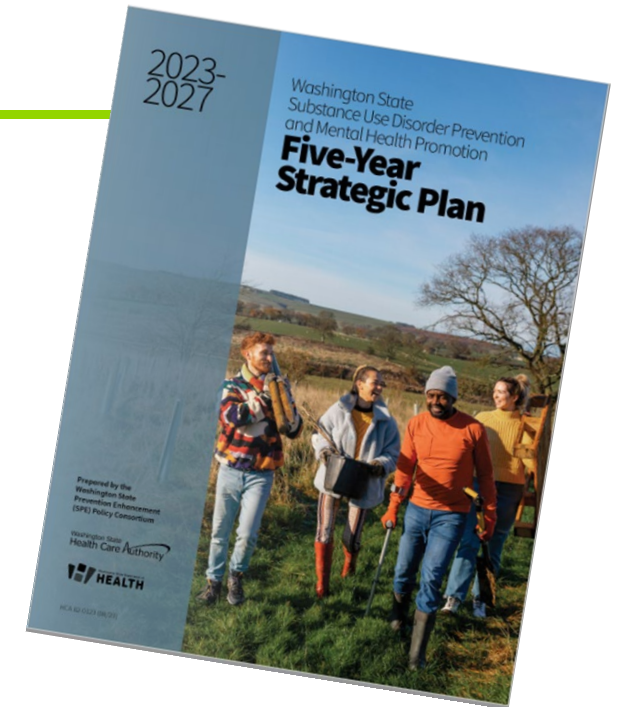
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## Strategic Planning:

- ▶ State Prevention Enhancement (SPE) Policy Consortium and State Plan [www.TheAthenaForum.org/spe](http://www.TheAthenaForum.org/spe)
- ▶ Children and Youth Behavioral Health Work Group ([CYBHWG](#))

## Information gathering:

- ▶ Healthy Youth Survey (HYS)  
<https://www.askhys.net/>
- ▶ Washington Young Adult Health Survey (WYAHS)  
<https://sites.uw.edu/uwwyahs/>



# Promotion and Prevention Local Services

▶ **Tribal prevention programming:**

- ▶ 27 Tribes implementing prevention programming.
- ▶ 2 Urban Indian Organizations

▶ **The Community Prevention and Wellness Initiative (CPWI):**

- ▶ Nearly 100 communities and schools identified as high risk across the state.
- ▶ Two-pronged approach: community coalitions and school-based prevention/intervention services.

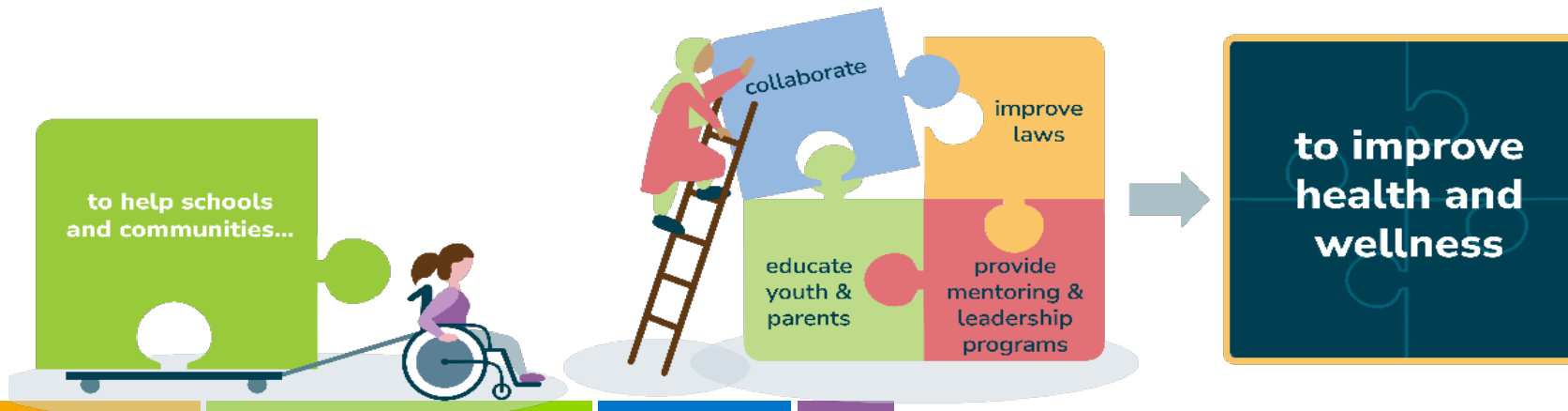
▶ **Community-Based Organizations (CBOs):**

- ▶ 21 CBOs in over 32 high-need communities
- ▶ SUD prevention and MH promotion/suicide prevention.

▶ **Young Adults services (YA):**

- ▶ First Year's Away from Home in 7 Universities
- ▶ Check-in with Yourself statewide online app

▶ **Prevention Evidence Based Programs Training**



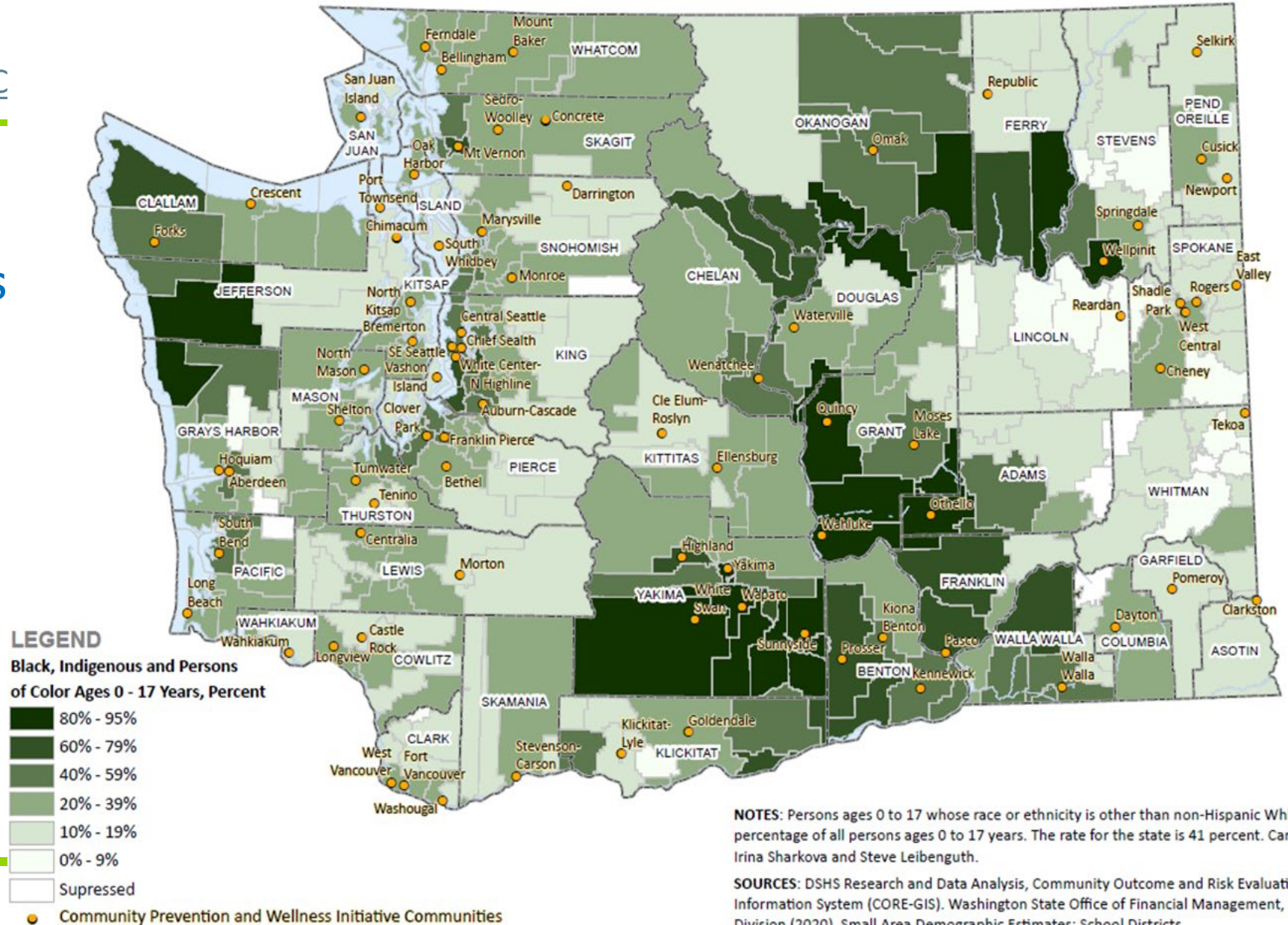
[www.TheAthenaForum.org/C](http://www.TheAthenaForum.org/C)

Prevention services are focused in diverse communities throughout the state

31 of 95 sites have over 40% BIPOC children and adolescence

# Black, Indigenous and Persons of Color, Ages 0 - 17 Years

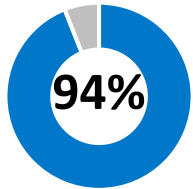
as a Percentage of All Persons Ages 0 to 17 by School District, 2020



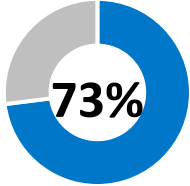
# Prevention works!

## CPWI Community/School - level impact

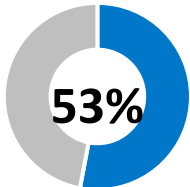
### ▶ Decreased substance use indicators:



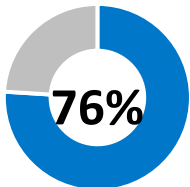
of CPWI sites had significant decreases or remained neutral across most substance use outcomes (>80%)



of CPWI sites showed reductions in **heavy drinking** among youth



of CPWI sites showed reductions in youth **access to alcohol**



CPWI sites showed reductions in youth **access to cigarettes**

### ▶ Improved school outcomes:

- ▶ Improved graduation rate
- ▶ Decreased dropout out rate
- ▶ Improved grades

### ▶ Effectively delay the onset of substance use between 6<sup>th</sup> grade and 12<sup>th</sup> grade.

### ▶ Are proven **cost beneficial**.

# Community voice

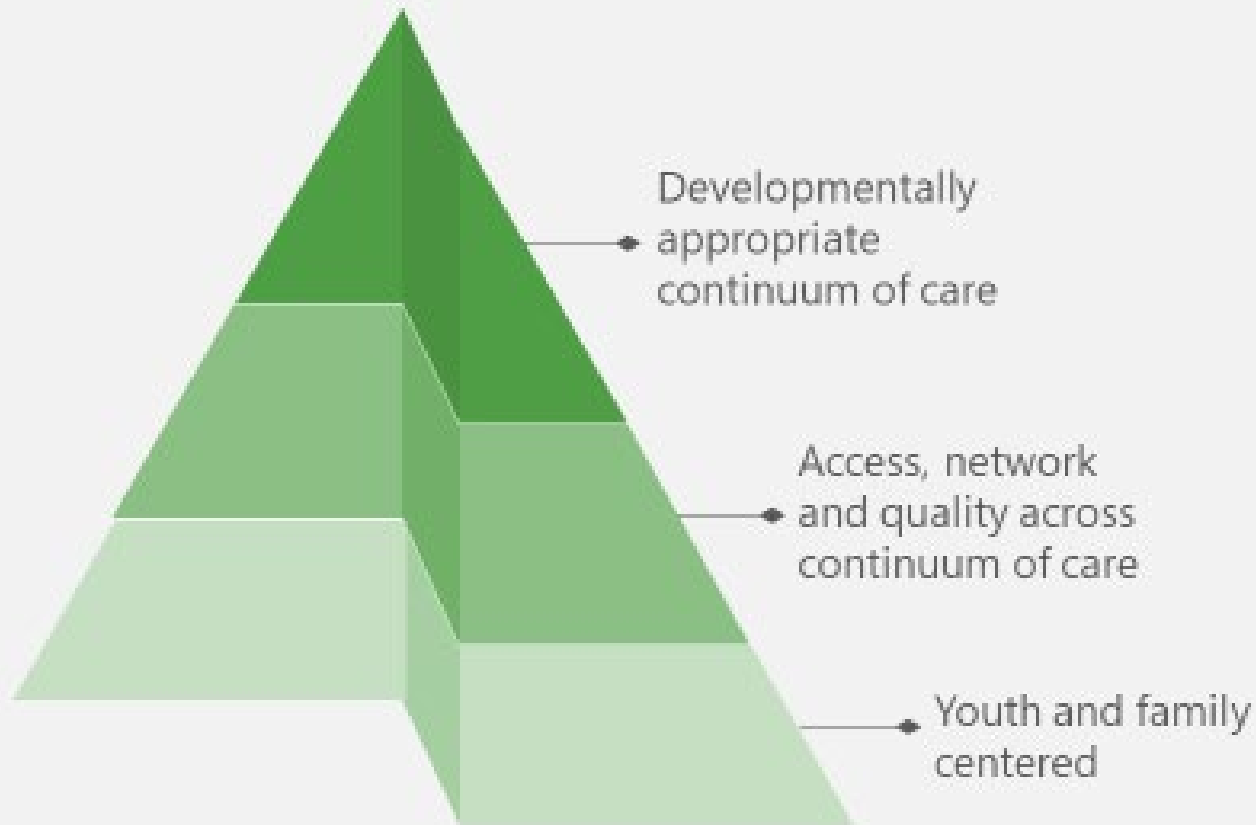
▶ *Daniel C.*

*Watch Daniel talk  
about his own success  
story.*





# Youth, young adult behavioral health care



# Center of Parent Excellence (COPE)

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- ▶ Federal block grant funded
- ▶ Insurance blind service
- ▶ Operated by A Common Voice, staffed by lead parent support specialists, hired for their lived experience as a parent/caregiver
- ▶ Washington State parent/caregiver of a child/youth who may benefit from assistance accessing and navigating behavioral health services, please contact your [regional lead parent support specialist](#).
- ▶ [Watch Jasmine's success story](#).






# Kids Mental Health WA (also known as) Youth Behavioral Health Navigator program

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- ▶ Standing up community-wide teams that convene to support the children, youth and families in their regions.
- ▶ Building an access portal for individuals concerned about a child or youth to reach out and request support.
- ▶ Convening multisystem-disciplinary teams by pulling partners from the community that can support the child and family in accessing behavioral health services and supports they are seeking
- ▶ Developing a regional resource hub
- ▶ [Watch the Carelon success story.](#)



# Governor Q&A



# PROGRESS AND INITIATIVES: BEHAVIORAL HEALTH NEEDS OF WASHINGTON'S MOST VULNERABLE YOUTH: NEEDS & OPPORTUNITY

PRESENTED BY (IN ORDER OF PRESENTATION):

- ROSS HUNTER, SECRETARY, DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES
- SHEMONTA DEAN, CLINICAL RESEARCH SUPERVISOR, SEATTLE CHILDREN'S HOSPITAL

# Introduction

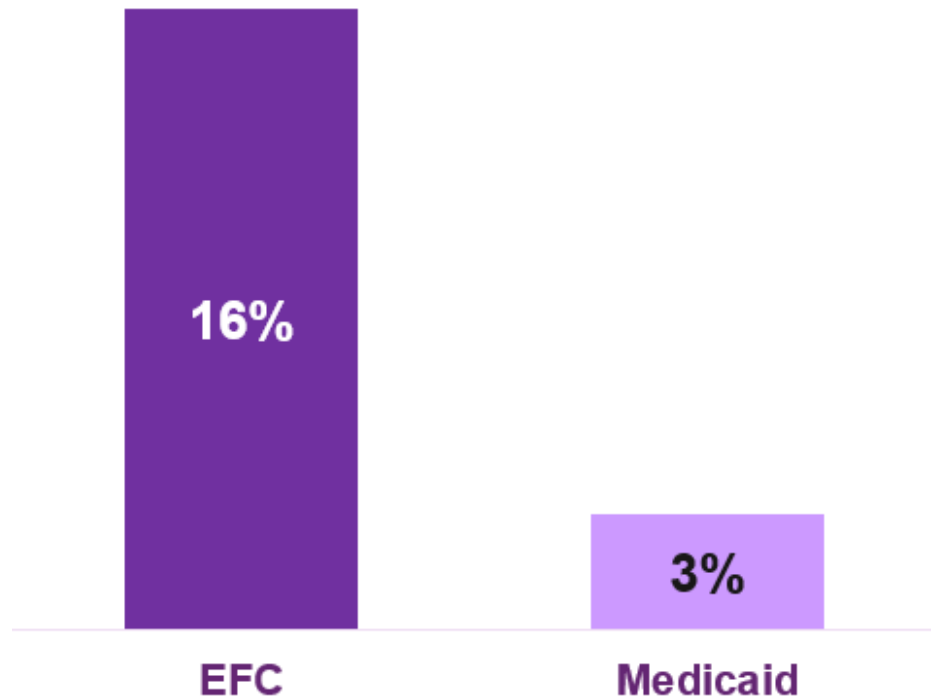
The Department of Children, Youth, and Families (DCYF) is an agency focused on the well-being of children, youth and families. DCYF oversees a continuum of services across **early learning, juvenile rehabilitation, and child welfare** programs.

**Our Vision:** “Washington state’s children and youth grow up safe and healthy – thriving physically, emotionally, and academically, nurtured by family and community.”

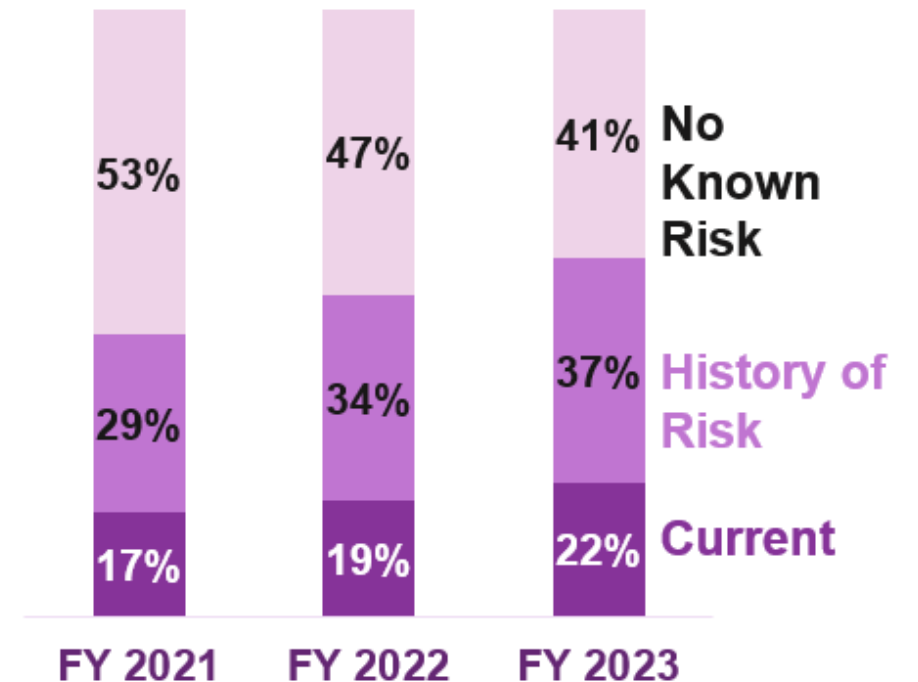


# Suicide & Self Harm Needs are Even Higher Among Adolescents in DCYF

Youth in **EXTENDED FOSTER CARE (EFC)** are over 5x as likely to have a medical encounter for suicide or self-harm

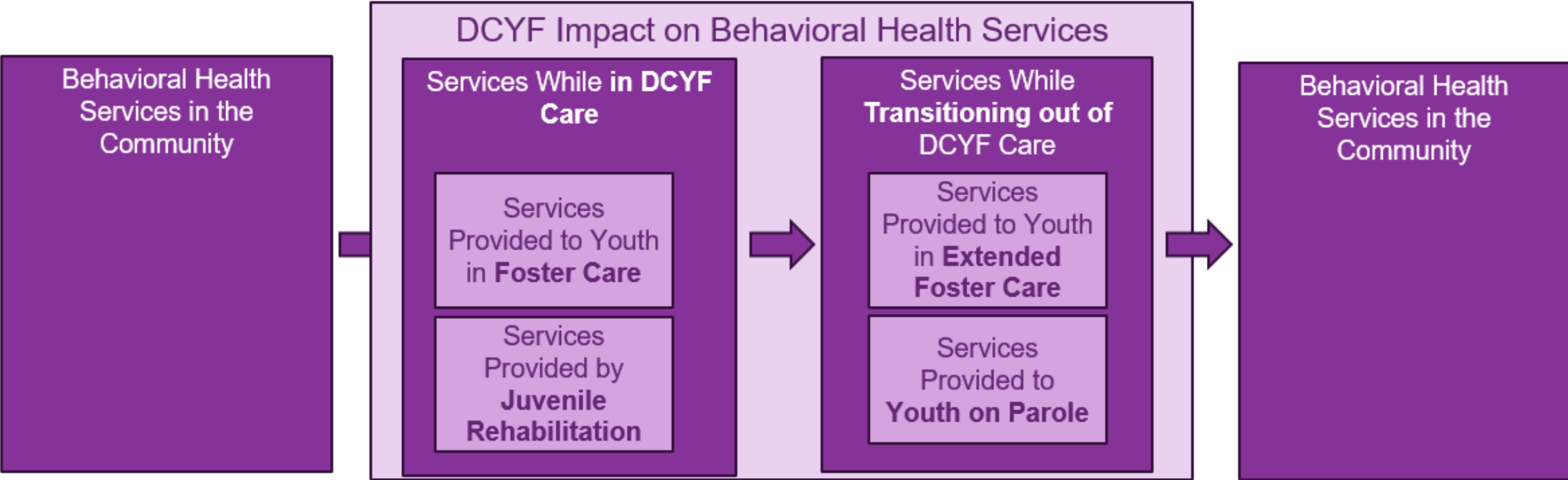


The percentage of **YOUNG PEOPLE IN JR** with a history or a current risk of suicidal ideation has increased to nearly 60% in FY23

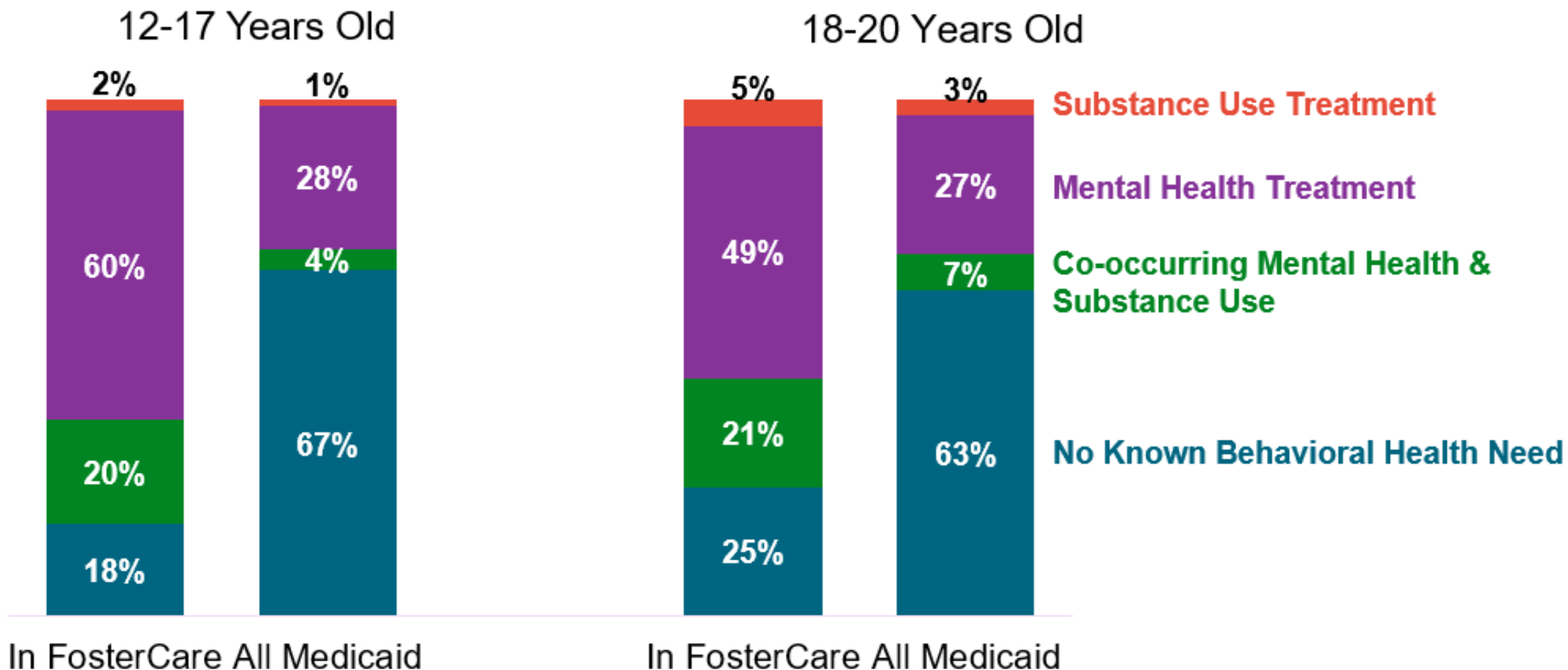




# Behavioral Health needs exist prior to engagement with the department and remain after exit



# Youth and Young Adults in Child Welfare have Higher Behavioral Health Needs



# Behavioral Health Needs of Adolescents in Child Welfare

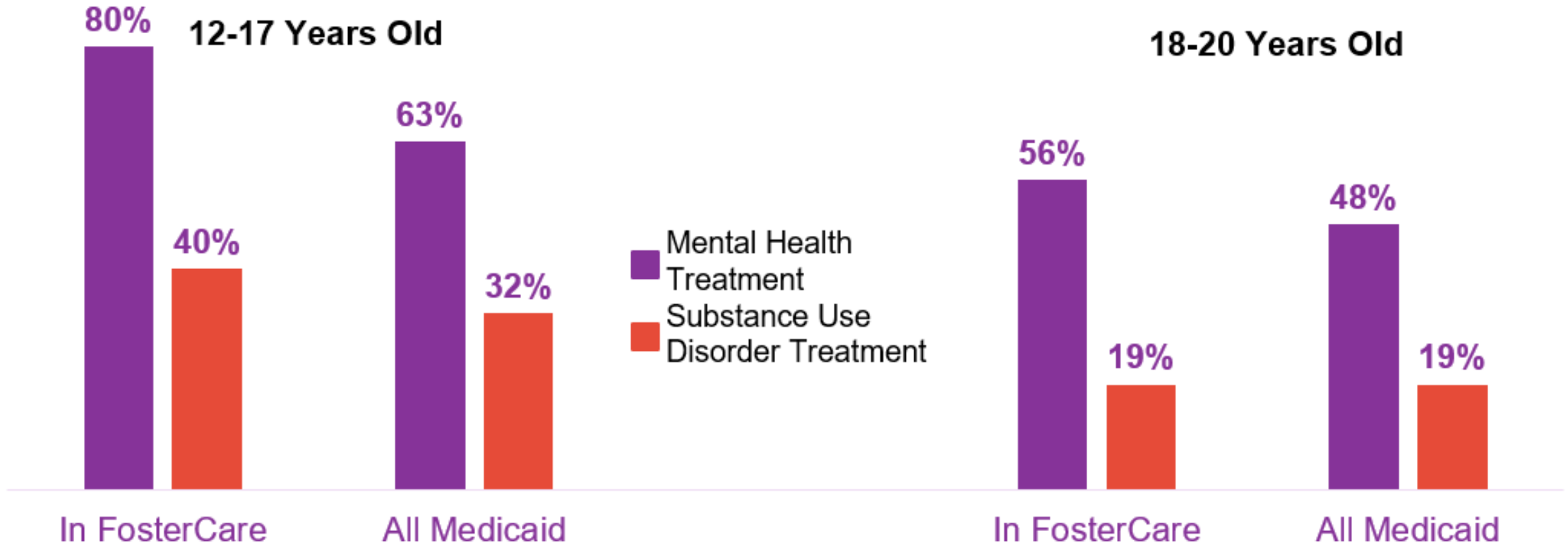


Coordinated Care is the statewide managed care health plan running the Apple Health Foster Care program.

- The Apple Health Core Connections program is specifically designed to serve:
  - Children and youth in foster care (dependencies with the Department of Children, Youth and Families (DCYF))
  - Children and youth in adoption support
  - Young adults in extended foster care (18-21 year olds)
  - Young adults 18-26 who aged out of foster care on or after their 18th birthday
  - Children and youth reunified with their parents (eligible for 12 months after foster care ends)

# Successes and Gaps of Behavioral Health Treatment of Adolescents in Child Welfare

Youth with Behavioral Health Treatment Needs who Receive Service



# Behavioral Health Needs in Juvenile Rehabilitation

## Needs in Community (pre-JR)

79% had **any** behavioral health need

71% had a mental health (MH) need

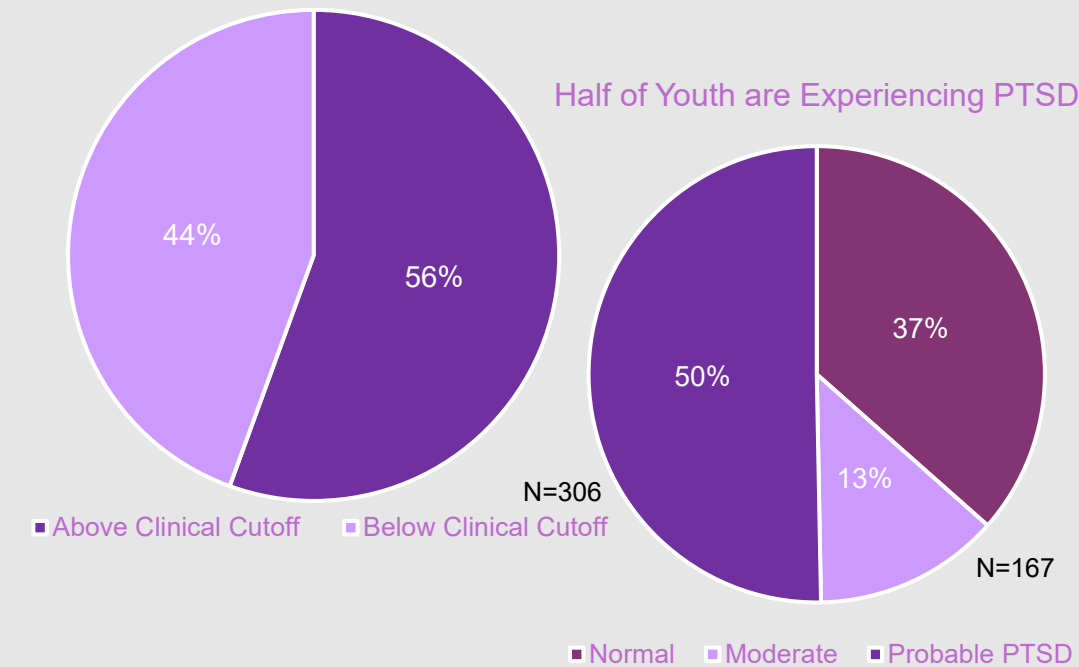
48% had a substance use (SUD) need

40% had co-occurring MH and SUD needs

CY22  
N=255

## Mental Health Needs while in JR

More than Half of Youth Currently Meet Clinical Criteria



## Community Services

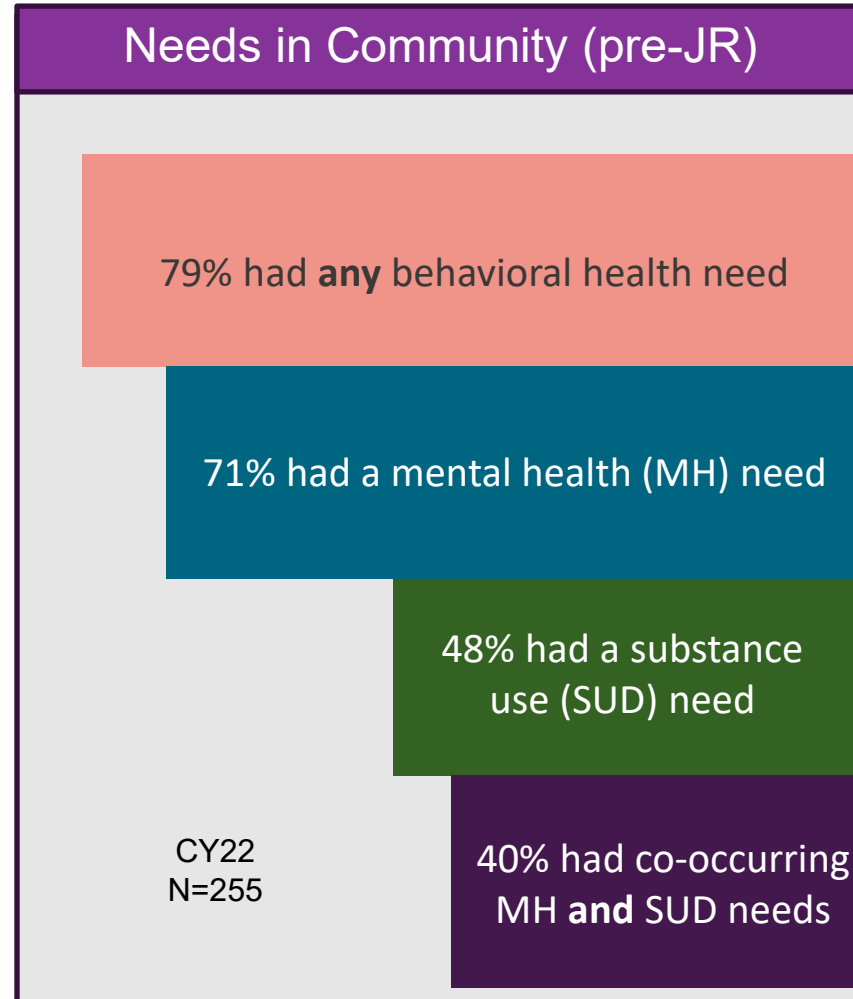
Only a small percent of young people exiting JR with MH/SUD treatment need receive a **Medicaid-covered** service within 90 days after release

**MH**  
**32%**  
46 of 144

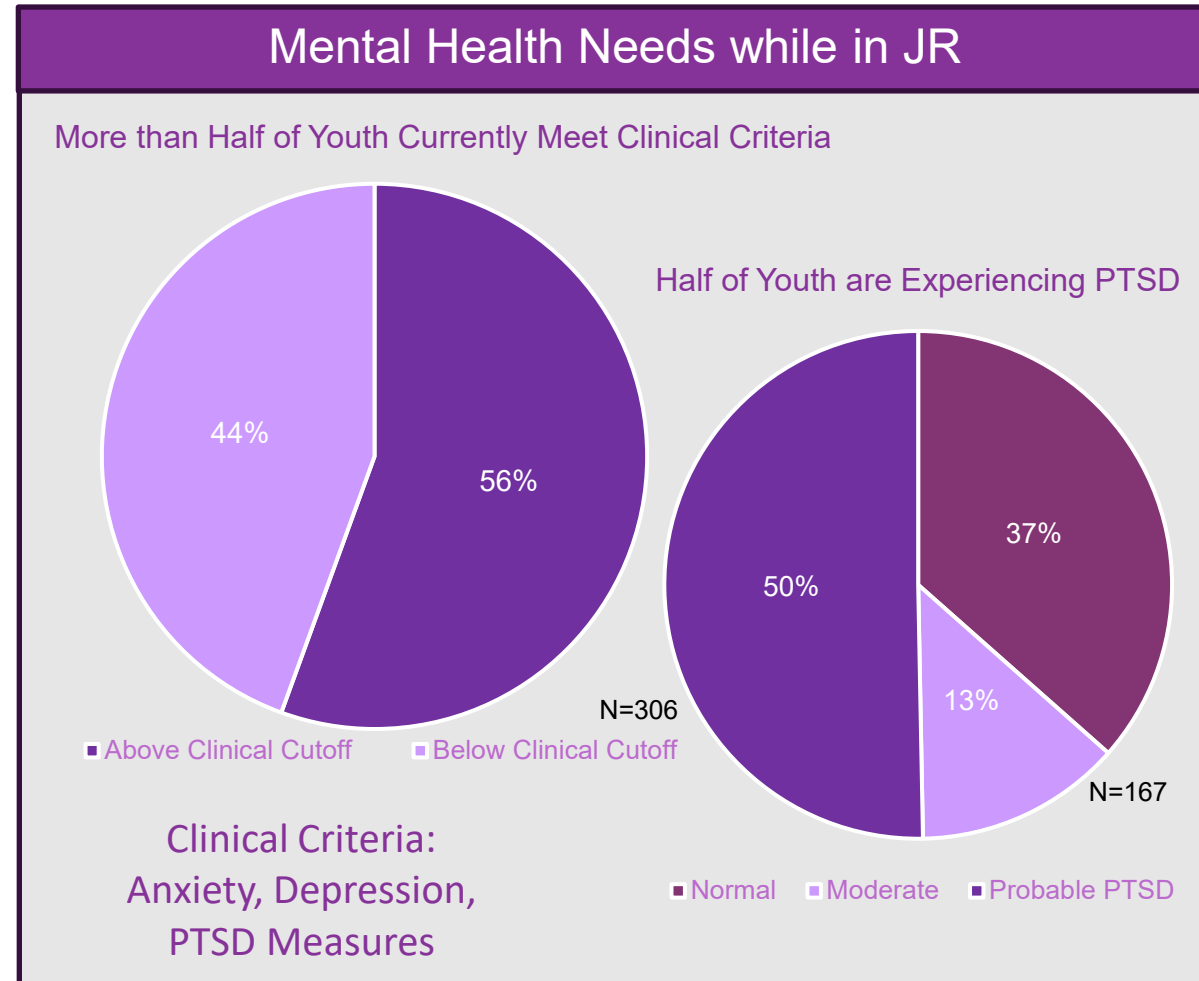
**SUD**  
**14%**  
13 of 94



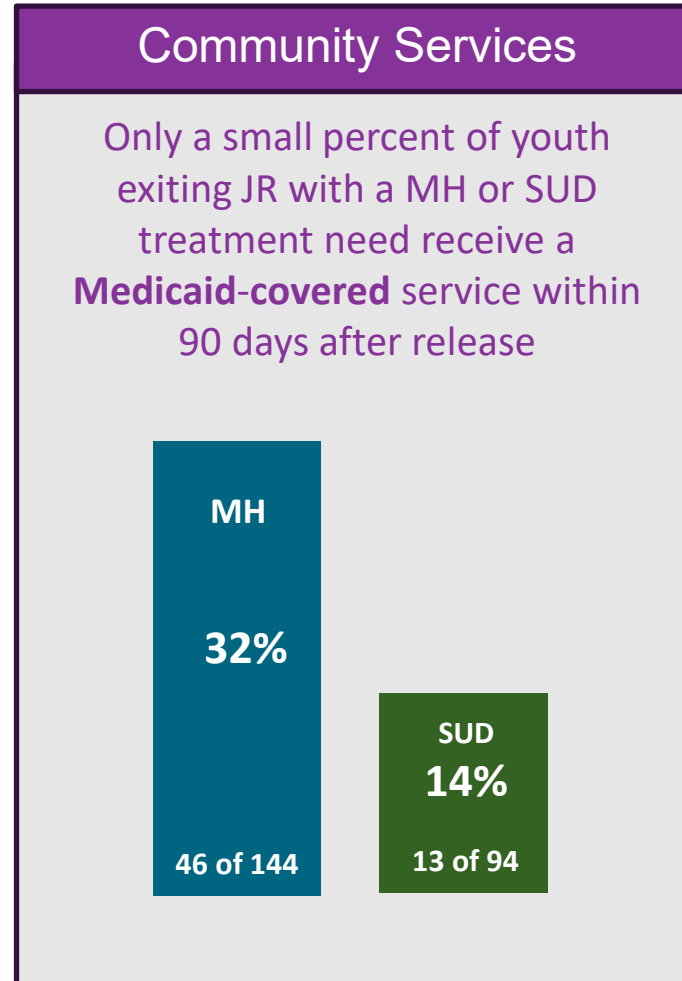
# Behavioral Health Needs in Juvenile Rehabilitation



# Behavioral Health Needs in Juvenile Rehabilitation



# Behavioral Health Needs in Juvenile Rehabilitation

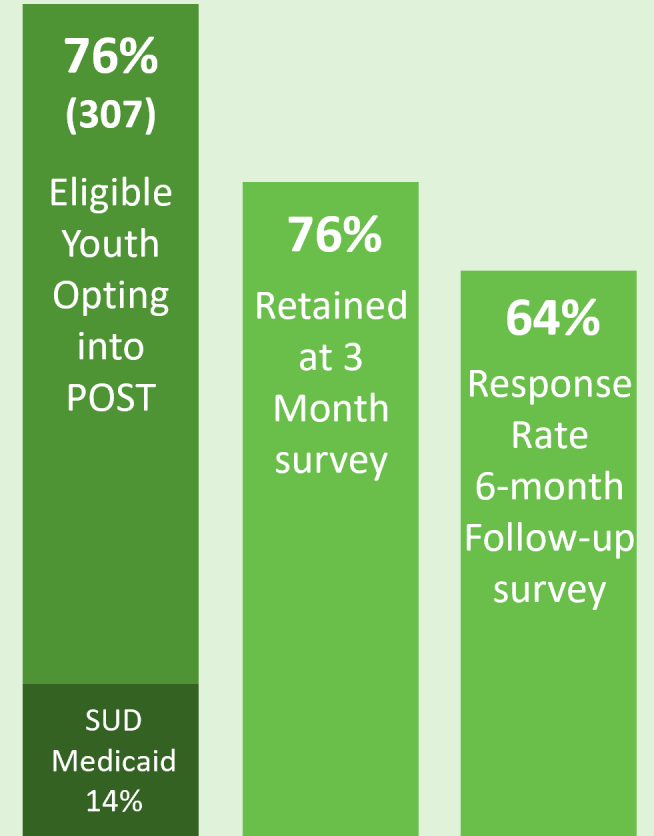




# POST (Positive Outcomes through Supported Transition) Study Approach & Interim Outcomes

- Opioid/overdose prevention education for all young people, plus one of two treatments that engage youth **before release** and provide check-ins and coaching with young people **in the community**  
**Lower intensity** = Goals & case management, mostly via phone/text  
**Higher intensity** = Goals, case management, & skill building, Zoom/in-person
- Both programs derived from the **evidence-based** Adolescent Community Reinforcement Approach which seeks to promote drug abstinence, positive activities, and healthy relationships.
- Youth may receive one or both programs based on their substance use
- Study is ongoing; goal is to design a tailored, responsive program **specifically optimized for JR youth** returning to their communities so young people with higher needs receive the **most beneficial, cost-effective programming**

## National Institute of Health (NIH) Fifth year of Five-year Study





# Governor Q&A



# FUTURE COMMITMENTS AND NEXT STEPS

PRESENTED BY (IN ORDER OF PRESENTATION):

- SUE BIRCH, DIRECTOR, HEALTH CARE AUTHORITY



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## Next steps

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- ▶ The behavioral health system is at a crossroads.
- ▶ We need to further invest in prevention, intervention, and treatment programs.
- ▶ We need to lean into what we know works and continue to grow and learn.
- ▶ We need to expand on prevention and early intervention services to increase overall health of individuals and communities.
- ▶ Prevention, intervention, post-intervention, and community-based support are essential to a thriving behavioral health system.

**Join us**  
**November 29th**  
**10:30 a.m. – 11:45 a.m.**

**Topic:**  
**Employee**  
**Engagement and**  
**Wellness**

**THANK YOU FOR ATTENDING TODAY!**

**PLEASE TAKE A MOMENT TO COMPLETE  
OUR BRIEF SURVEY USING THE QR CODE  
BELOW:**



**YOU CAN VIEW THE RECORDING OF  
TODAY'S MEETING  
AT: [HTTPS://RESULTS.WA.GOV/MEASURING-  
PROGRESS/PUBLIC-PERFORMANCE-REVIEWS](https://results.wa.gov/measuring-progress/public-performance-reviews)**

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# Governor Q&A



# Governor's Closing Remarks