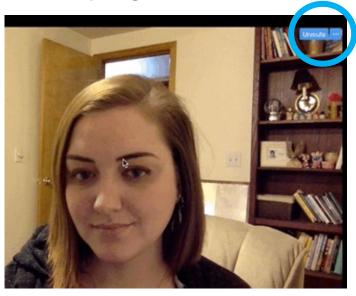
Welcome!

- To the COMM NET Meeting
- We are glad you are here!
- Once you get settled...



- ✓ Click the 3 dots in the top right of your image
- ✓ Select RENAME
- ✓ Enter...
 - ✓ First name,
 - ✓ Pronouns,
 - √ Your organization/agency name
- ✓ If you don't see your image, check your view settings at the top of the bar and set to see all webcams or Side-by-Side Gallery View
- ✓ Please make sure you are muted, and your camera is turned off if not speaking.

Transcriptions



If you would like to access Transcription resources during the meeting, please select <u>Live Transcript</u> and click <u>Show Subtitle</u>

Zoom Toolbar **W** View Adjust **View** of presentation and participants **Expand Participants** Offer Refer to **Chat** for **Raise Hand** to when in nonverbal Turn Camera avoid verbal **Unmute** feedback with **Breakout** ON when collisions to Speak Rooms Reactions speaking Stop Video **Participants Share Screen** Reactions **Unmute** Chat Record Submit feedback **Expand Unmute** options: Call-In info for in **Chat** at end of optimal audio* each session

^{*}Call-in feature works best with cell phones (not compatible with soft phones)

Housekeeping Items

- > Please list your name and affiliation in the chat
- > Share one "win" for you, your team, or community in the chat
- If you are new, please add your email address in the chat so we can make sure you are added to our list
- > This meeting will be recorded





CHILDREN AND YOUTH WITH SPECIAL HEALTH CARE NEEDS

Communication Network Meeting October 6th, 2022

We honor native land, people, and experience

- The Washington state Department of Health Children and Youth with Special Healthcare Needs (CYSHCN) program recognizes and honor the original occupants and stewards of the land where we all individually and collectively gather. Many of us are occupying space from lands that are of the traditional home of the Coast Salish people, the traditional home of all tribes and bands within the Duwamish, Suquamish, Tulalip, and Muckleshoot nations.
- The CYSHCN program honors the survival, the adaptations, the forced assimilation, and the resilience and creativity of Native peoples past, present, and future. We encourage CYSHCN partners to consider their responsibilities to the people and land, both here and elsewhere, and to stand in solidarity with Native, Indigenous, and First Nations People, and their sovereignty, cultural heritage, and lives.
- We also pause to recognize and acknowledge the labor upon which our country, state, and institutions are built.
- We remember that our country is built on the labor of enslaved people who were kidnapped and brought to the U.S. from the African continent and recognize the continued contribution of their survivors. We also acknowledge all immigrant labor, including voluntary, involuntary, trafficked, forced, and undocumented peoples who contributed to the building of the country and continue to serve within our labor force. We acknowledge all unpaid care-giving labor.
- To the people who contributed this immeasurable work and their descendants, we acknowledge our/their indelible mark on the space in which we gather today. It is our collective responsibility to critically interrogate these histories, to repair harm, and to honor, protect, and sustain this land.
- *This land acknowledgement is adapted from Seattle Colleges
- Please share the people you honor of the land you are occupying in the chatbox Native-Land.ca | Our home on native land (native-land.ca)



Monica Burke, PhD CYSHCN Program Director



CYSHCN Family Engagement Specialist

CYSHCN Team



Burdette CYSHCN **Process** Improvement Specialist



Renee Tinder, **MPH** CYSHCN Behavioral and Adolescent Health



Bonnie Burlingham, **MPH** CYSHCN **Epidemiologist**



Khimberly Schoenacker, RDN, CSP, CD CYSHCN Nutrition Consultant



Linda Ramirez CYSHCN Communications and Early Childhood Consultant

Consultant

Time	Topic	Presenter		
9:00-9:10	Welcome, Agenda, Program Updates	Renee Tinder		
9:10-9:50	Mental Health Assessment for Young Children	Christine Cole & Kiki Fabian, HCA		
9:50-10:10	Fostering Well Being Program	Jesenia Stark, DSHS		
10:10-10:30	PAL Program & MH Referral Line	Bob Hilt, Seattle Children's Hospital		
10:30-10:40	Break			
10:40-11:15	Parent Voice & C.O.P.E. Program	Jasmine Martinez, ACV/C.O.P.E.		
11:15-11:50	Current State of Child/Youth Behavioral Health @ Seattle Children's	Kashi Arora, Seattle Children's Hospital		
11:50-12:00	Final Questions & Closing Activities	Renee Tinder		
12:00– 12:10	Break			
12:10-1:00	Networking	ALL		

Updates

Family Engagement

WSLI newsletter is up and running again & Nikki is working on a family town/hall listening session that is planned for November

Behavioral and Adolescent Health

Working on a plan for Pediatric Mental Health Care Access Grant Expansion Funds and contributing to a health topic report on Adolescent Behavioral Health

Nutrition-Training Module called "new Educator Course to best Support Development of Cooking Skills for Adolescent with Disabilities" is in development

Type 1 Diabetes workgroup holding monthly meetings with a survey coming soon, listening session & Parent to Parent T1D training in the spring

WIC Office hours continue to be available for CYSHCN Nutrition support

Process Improvement

Care Coordination Toolkit Webinar: October 27th from 9:00am-12:00pm

CHIF Reporting-by October 15th via SFT or secure email option, SFT links coming next week.

Sarah Burdette taking medical leave beginning October 17th, emails can be directed to CYSHCN Inbox or Linda Ramirez.

General Updates

Linda Ramirez hired as the new CYSHCN Communication and Early Childhood Consultant Please add links in the chat for updates or items of interest to share with the group

Washington State Department of Health | 9



Mental Health Assessment for Young Children

Implementing SSHB 1325 Sec (2)(11)

CYSHCN Community Network October 6, 2022



Introductions

Christine Cole, LCSW, IMH-E®

Infant & Early Childhood Mental Health Program Manager Clinical Quality Care Transformation Christine.Cole@hca.wa.gov

Kimberly "Kiki" Fabian, M.Ed.

Infant-Early Childhood Mental Health Analyst Division of Behavioral Health and Recovery Kiki.Fabian@hca.wa.gov



Background



What is infant-early childhood mental health?

Relationships

Forming close & secure relationships with caregivers, community & peers

Emotions

Experiencing, regulating & expressing emotions

What is IECMH?

All in the context of family, community, and cultural expectations for young children

Learning

Exploring the environment to develop new skills & abilities

Source: The Center on the Social Emotional Foundations for Early Learning. Infant Mental Health and Early Care and Education Providers. Vanderbilt University, retrieve from: http://csefel.vanderbilt.edu/documents/rs infant mental health.pdf



IECMH Continuum



Promotion

- •Encourage & support social emotional wellness
- Universal; they reach out to all parents of very young children



Prevention

- Prevent the development of early childhood mental health difficulties
- Provide needed support & information



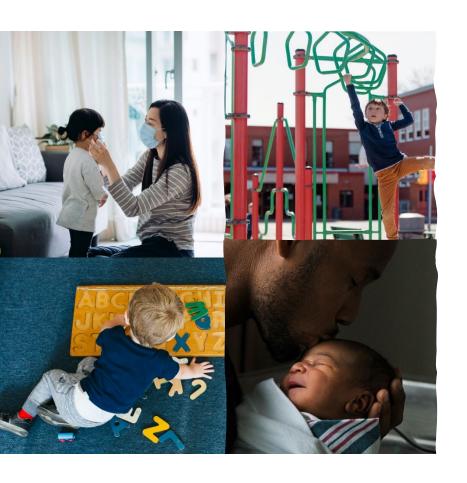
Developmentally
Appropriate
Assessment



Treatment

- Alleviate the distress & suffering of an infant or young child's mental health problem
- Support the return to healthy development & behavior





Developmentally appropriate mental health assessment

- Work on developmentally appropriate assessment & diagnosis for infants and young children has been ongoing for several years.
- Existing classification systems, such as the DSM, do not pay adequate attention to the unique developmental & relational experiences of infants and very young children.



Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC:0-5™)

Starts with understanding multiple aspects of a child's life *from the family's perspective* **BEFORE** diagnosing

Then, look at emotional/behavioral symptoms, with a developmental lens

	Λ
	Axis 5:
	Development
	Axis 4:
	Life Circumstances
	Axis 3:
Cultural &	Medical Conditions
Community	Axis 2:
	Relationships
	Axis 1:
	Mental Health Disorders

Developmentally specific criteria for mental health disorders

 i.e. depression for a 3-year-old looks different than a 30-yearold

Additional mental health disorders that are specific for in infancy and early childhood

 e.g. Overactivity Disorder of Toddlerhood



Mental Health Assessment for Young Children (MHAYC) (HB1325, 2021)

Visit our <u>webpage</u> for more information!

For the purposes of **mental health assessment for children birth through 5** years of age, Apple Health will:



*See RCW 74.09.520: Medical assistance—Care and services included—Funding limitations.





Who do these policies apply to?

Independently licensed mental health providers

 These providers may provide outpatient mental health services as described in HCA's Apple Health (Medicaid) <u>Mental</u> <u>Health Billing Guide</u> (Part I), within the scope of their practice

Includes: Psychologist, LMHC, LASW, LICSW, LMFT, Psychiatrist, P-ARNP

Per WAC 182-531-1400

Mental health providers working for a licensed Behavioral Health Agency

These providers may provide outpatient mental health services as described in HCA's Apple Health (Medicaid) Mental Health Billing Guide (Part II) and Service Encounter Reporting Instructions (SERI)

Includes: Psychologist, LMHC, LASW, LICSW, LMFT, Psychiatrist, P-ARNP, LMHC-A, LASW-A, LMFT-A, P-RN, PA w/ psych supervision, AAC w/ MHP attestation

Per WAC 246-341-0515



Health Care Authority activities to support implementation



Multi-Session Assessments



Up to 5 assessment sessions:

Effective January 1, 2022, mental health providers can submit claims/encounters for up to 5 intake assessment sessions

- ► HCA <u>provider billing guides</u>* & encounter guidance has been revised to reflect updates for assessments for children birth through age 5
 - Mental Health Billing Guide Part I
 - ► Mental Health Billing Guide Part II
 - Service Encounter Reporting Instructions (SERI)



Provider Travel

Visit the Mental Health Assessment for Young Children webpage for access to forms and additional information about the provider travel reimbursement process.



Provider Travel Reimbursement:

Effective January 1, 2022, mental health providers can submit A19 invoices for mileage reimbursement for intake assessment sessions

- Providers will submit an A19 invoice for travel reimbursement using <u>OFM mileage rates</u>
- **Submission Process**
 - ► Fee-For-Service: Provider submits A-19 directly to HCA
 - ► Managed Care: Provider follows the policies of their MCO to provide required information, MCO submits A-19 to HCA



When are Apple Health mental health professionals required to use the DC:0-5™?

- CHCA interprets that the intent of this legislation is to support the field in moving to the standard use of the DC:0-5™ for children birth through age 5.
 - Current efforts are aimed at building up workforce capacity to support this new legislation through DC:0-5™ training and the Apple Health DC:0-5™ Crosswalk.
 - ➤ We anticipate there will be requests for clearer implementation dates and timelines in the future.



Resources to support DC:0-5™

Sign up for training at the IECMH WC website

Mental Health Assessment for Young Children

Implemented by Health Care Authority

Supporting sustainability & infrastructure needs for Apple Health IECMH services

Medicaid billing, contracting & other resources to support IECMH providers

Apple Health DC:0-5™ Crosswalk

IECMH Workforce Collaborative

Coordinated by Washington Association for Infant Mental Health

> DC:0-5™ Clinical Training for mental health professionals (12 hrs)

DC:0-5™ Overview Training for allied professionals (3 hrs)

Additional workforce supports to adopt DC:0-5™ & application in practice



How to use the DC:0-5™ Crosswalk

Anxiety Disorders



C	omplete			
mental				
health				
assessment				
		_	l	dentify
		D	С	.0-5 Axis
			I Clinical	
			D	isorder

DC:0 – 5™ Axis I Clinical Disorder		DSM Diagnosis		ICD Classification	
Separation Anxiety Disorder	30.1	Separation Anxiety Disorder	309.21	Separation Anxiety Disorder of Childhood	F93.0
Social Anxiety Disorder (Social Phobia)	30.2 Social Anxiety Disorder	Social Anxiety Disorder	300.23	Social Phobia, Unspecified	F40.10
		300.23	Social Phobia, Generalized	F40.11	

Look up appropriate code(s)

Visit the Mental Health Assessment for Young Children webpage to access the current crosswalk



Development of the Community-Informed Apple Health DC:0-5 Crosswalk

January 2022

Published interim Apple Health DC0-5™ Crosswalk

- Based on national crosswalk from Zero To Three
- Changes to align with current coding standards to ensure reimbursable

February – September 2022

IECMH providers, advocates, and experts
Received consultation from other professional disciplines

 Best clinical fit and billable ICD-10 diagnoses under the Apple Health mental health system

Annually

HCA will publish updated crosswalk to ensure remains aligned and current

- Review input from Crosswalk Feedback Form
- Review current coding standards



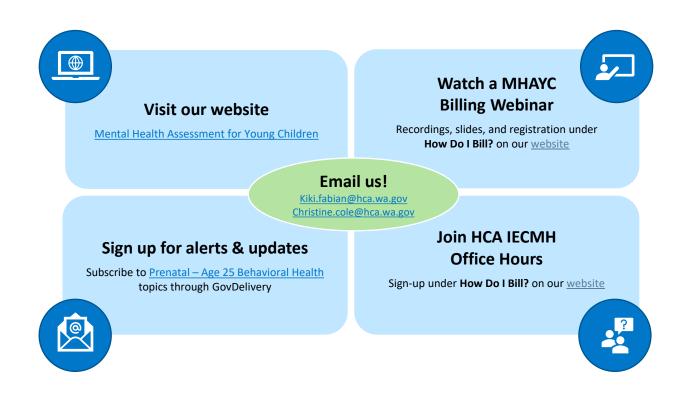
Future Opportunities to Stay Involved



- Infant-Early Childhood Mental Health Office Hours
 - ► Hour-long virtual gatherings starting in July 2022 join from the new IECMH webpage
- **Subscribe** to the Prenatal − 25 GovDelivery listserv
 - ► Receive project updates & communications
- **○** Share your feedback with our IECMH team MHAYC Implementation Survey



Want to learn more from HCA?





MHAYC Links

- MHAYC Providers, Billers, and Partners webpage: https://www.hca.wa.gov/billers-providers-partners/program-information-providers/mental-health-assessment-young-children
- Prenatal Age 25 Behavioral Health email list: https://public.govdelivery.com/accounts/WAHCA/subscriber/new?topic id=WAHCA 404
- Children & Youth Behavioral Health workgrouphttps://www.hca.wa.gov/about-hca/programs-and-initiatives/behavioral-health-and-recovery/children-and-youth-behavioral-health-work-group-cybhwg
- HB 1325 Sec (2)(11): https://lawfilesext.leg.wa.gov/biennium/2021-22/Pdf/Bills/Session%20Laws/House/1325-S2.SL.pdf?q=20220810110541
- RCW 74.09.520: https://app.leg.wa.gov/rcw/default.aspx?cite=74.09.520
- WAC 182-531-1400: https://app.leg.wa.gov/WAC/default.aspx?cite=182-531-1400
- **WAC 246-341-0515**: https://app.leg.wa.gov/wac/default.aspx?cite=246-341-0515
- Apple Health Provider Billing Guides: https://www.hca.wa.gov/billers-providers-partners/prior-authorization-claims-and-billing/provider-billing-guides-and-fee-schedules
- **Prior authorization**: https://www.hca.wa.gov/billers-providers-partners/prior-authorization-claims-and-billing/step-step-guide-prior-authorization
- OFM mileage rates: https://ofm.wa.gov/accounting/administrative-accounting-resources/travel
- ▶ IECMH Workforce Collaborative webpage : https://www.wa-aimh.org/about-training
- HCA IECMH Provider webpage: https://www.hca.wa.gov/billers-providers-partners/program-information-providers/infant-early-childhood-mental-health-services



IECMH Materials

- Infant and Early Childhood Mental Health: Promotion, Prevention, and Treatment: zerotothree.org/resources/series/infant-and-early-childhood-mental-health-promotion-prevention-and-treatment
- The Basics of Infant & Early Childhood Mental Health: zerotothree.org/resources/1951-the-basics-of-infant-and-early-childhood-mental-health-a-briefing-paper
- The Handbook of Infant Mental Health (Zeanah, 2009): researchgate.net/profile/Charles-Zeanah/publication/303365349 The Scope of Infant Mental Health/links/573e284708ae9f741b300986/The-Scope-of-Infant-Mental-Health.pdf
- Washington Alliance of Infant Mental Health: wa-aimh.org/
- The Barnard Center for Infant Mental Health & Development: barnardcenter.nursing.uw.edu/
- PRISM Project: nccp.org/prism-project/
- Diversity Informed Tenets: <u>Divediversityinformedtenets.org/</u>
- Center for the Developing Child: <u>developingchild.harvard.edu/</u>



DC 0-5™ Materials

- DC:0-5™ Manual & Training: <u>zerotothree.org/resources/2221-dc-0-5-manual-and-training</u>
- A Briefing Paper on the DC:0-5™: zerotothree.org/resources/1953dc-0-5-a-briefing-paper-on-diagnostic-classification-of-mentalhealth-and-developmental-disorders-of-infancy-and-earlychildhood
- A Briefing Paper on DC:0-5[™] Crosswalks: zerotothree.org/resources/1954-dc-0-5-crosswalk-a-briefing-paper
- The Integration of DC:0-5™ into State Policy & Systems:

 zerotothree.org/resources/2343-advancing-infant-and-earlychildhood-mental-health-the-integration-of-dc-0-5-into-statepolicy-and-systems



Transforming Lives

Fostering Well-Being (FWB)



Where are we Located

The Fostering Well-Being program is located at the Aging and Long-Term Support Administration (ALTSA) Head Quarters building known as Blake West in Lacey, Washington.

We acknowledge that our Head Quarters resides on the ancestral lands of the Coast Salish Peoples, specifically the Nisqually and Squaxin Island Peoples; who have lived on and cared for this land and these waterways since time immemorial. We serve children and youth from all of Washington, and we make this acknowledgement to open a space of recognition, inclusion and respect for all Indigenous Peoples and their lands throughout our beautiful State.

How FWB came to be:

In 2010 under the Executive Order 10-02, Governor Chris Gregoire authorized the partnership between DCYF (Dept of children, youth, and families), DSHS (Dept social health services), HCA (Health Care Authority) with the main goal to delivery health care services for children in out-of-home placement to ensure that these children's medical, mental health and chemical dependency needs are identified and met through a person-centered health home model.







Since the creation of our team at DSHS, The Fostering Well-Being program has been the Department's organizational framework for delivering person-centered health care services for all vulnerable children and youth in out of home placement to ensure that these children's medical, mental and behavioral health and substance use disorder needs are identified and met through wrap around, comprehensive care coordination services.



Fostering Well Being Team



Our core team:

- Chani Hayes, Unit Manager
- Autumn Wade, MSN, RN, Lead Clinical Nurse Advisor
- Amanda McCleskey, BSN, RN, Clinical Nurse Advisor
- Jesenia Stark, Program Specialist
- Kyser Corcoran, Program Specialist

Regional Medical Consultants:

Dr. Lily Koblenz

Dr. Megan Mendoza

Dr. Michelle Terry

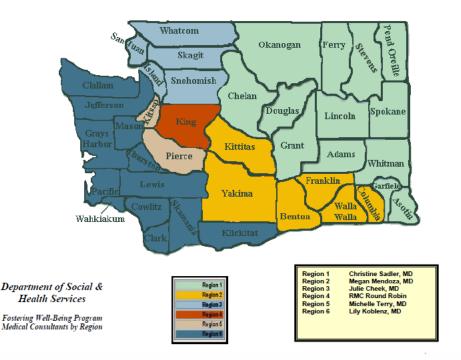
Dr. Julie Cheek

Dr. Christina Sadler

Regional Medical Consultant's (RMC) RMC's are part of the FWB team as part time Pediatricians located through the state covering all regions

What do they do:

- Chart reviews
- Answer questions about children in CPS intake or dependency status
- Create educational documents/handouts
- Write "at risk letters" for Adoption social workers



What our small but mighty team does:

- ✓ Review every Child Health and Education Tracking Screening (CHET) Report and Expedited Referrals
- ✓ Provide Medically Fragile Group Home (MFGH) Consultants and recommendations
- ✓ Participate in Health Care Authority Clinical Utilization Review
- ✓ Review and Resolve Health Care Authority service/durable, nondurable pending denials
- ✓ Create Comprehensive Health Overviews for infants, children and youth
- ✓ Health Education Materials
- ✓ Review HCA's report
- ✓ Attend various local and statewide meetings, Tribal meetings and trainings, along with being committee members



What our small but mighty team does: Continued

That was a hefty list of things our team does but our team really does want to support our community so if you are curious about a scenario, resource, Medicaid coverage, needing Medical provider, please email us! We are more than happy to assist or guide you to the right agency/ person!



Who qualifies for FWB Care Coordination

FWB is available for care coordination for the Apple Health (fee-for-service Medicaid) population.

- The children and youth include the following populations:
 - Tribal-affiliated or in tribal custody and have not opted to enroll in managed care organization (MCO) due to being American Indian/Alaska Native, or
 - Non-Citizen status, or
 - Existing enrolled clients (prior to April 1, 2016) in the Health Care Authority (HCA), Medically Intensive Children's Program (MICP)

Contact Us:

- FWB Phone #:
 - 1-800-422-3263 ext. 52626
 - or 360-725-2626
- *Our Email: (best option)
 - FWB@dshs.wa.gov
- Our Fax #:
 - 360-725-2284
- Our Website:
 - https://www.dshs.wa.gov/altsa/stakehold ers/fostering-well-being







Any Questions?



What is "PAL"?

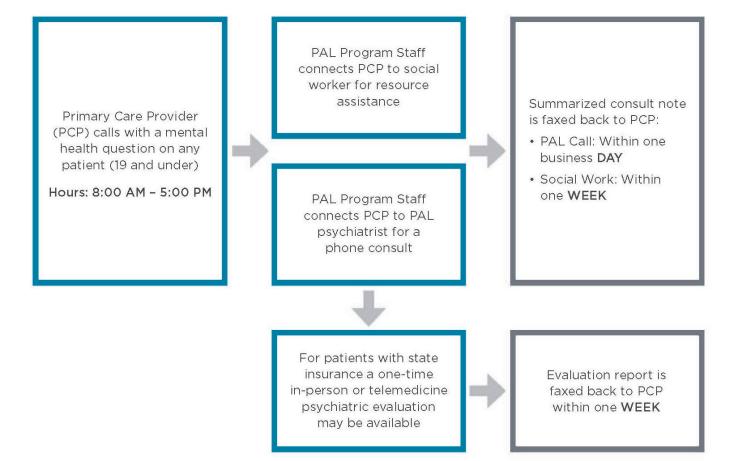
- State sponsored program
- All primary care providers can access child psychiatrists for a phone consult on any child
- In operation since 2008







Partnership Access Line (PAL) Process





Partnership Access Line (PAL) Tele-Psych Consulting

Sald Visco Stric Consultation Program for Primary Healthcare Providers

PAL History

2007



PAL service pilot funded by WA State legislation

2008

PAL initiated WA Second Opinion Network (SON) to review psychotropic medication in youth

2011

PAL adds Wyoming: telepsychiatry visits and medication review

2014

PAL adds Alaska medication reviews



2016



PAL Plus brief therapy pilot funded by WA State legislation

2019

PAL adds Alaska PAL, Referral Service pilot* and CareConnect (University of WA)

*family centered program

Our Reach





Our Mission

We provide hope, care and cures to help every child live the most healthy and fulfilling life possible

Our Funding

State contracts

Our Service

Our service supports primary care providers with questions about mental health care such as diagnostic clarification, medication adjustment or treatment planning

Pediatric Teleconsultations for WA, WY and AK

Fiscal Year 2019-2020

3,218

Telephone elective and mandatory consultation calls from community prescribers caring for any pediatric patient regardless of insurance type

Patients by age

328 0-5 years 1,339 1,5

6-12 years



Insurance

67%

Medicaid

33

Non-Medicai

Mental Health Education

Fiscal Year 2019-2020

269

Conference Attendees



Free child mental health educational events for community providers. 8 regional conferences held yearly.



4,588 Downloads

Primary Care Principles for Child Mental Health Care Guide, focused practical points for the primary care physician

Unique Aspects of PAL

- PAL hosts free psychiatric care education conferences
- Free, expert reviewed care guide for providers at seattlechildrens.org/pal
- Social worker can inform primary care practices about local mental health care resources
- PAL also operates WA Mental Health Referral Service for parents to call themselves to request referral help at 833-303-5437



Mental Health Referral Service for Washington's Children and Teens

How do we help families?



In fiscal year 2019-2020 (July 2019 – June 30, 2020)

...we connected with

1,864 families who called for our help to find mental and behavioral health resources in their communities.

...we helped families from

28

Washington counties.



...we added over

2,000 Child Mental and Behavioral Health Care Providers



What Resources does the Referral Service Help Find? The most common requests: Individual Therapy Medication Management/ Psychiatric Referral Diagnostic Evaluation







10 MINUTE BREAK

Return by 10:40



Who We Are



What We Do

- Hold the Hope. . . Parent to Parent & Family Advocate to Family Advocate
- Strategize means of accessing the behavioral health system
- Support in collaborating with team members (clinicians, system partners, school / school district, etc. . .)
- Re-evaluating Natural Supports
- Re-prioritize parental personal wellness in the midst of advocating
- Support in Accessing & Navigating the WA Behavioral Health System
 - 1:1 Virtual and Phone Support
 - Meeting Support (DDA, WISe, CLIP, IEP, etc. . .)
 - Support Groups & Trainings





Lead Parent Support Specialists

- Highly trained parent leaders who have extensive experience in navigating the WA Behavioral Health System
- Consultants and trainers representing parent voice for various state initiatives
- Certified Parent Advocates with lived experience



Direct Parent Support

- No cost to parents / caregivers regardless of insurance status
- Youth do not have to be enrolled in Mental Health Services
- Connect families to relevant resources, supports, services
- Support during transitions / graduation out of WISe, CLIP,
 Residential Schooling, etc. . .

Support for Family Peers Employed in the Behavioral Health System



- Support and mentoring for Family Peers in Mental Health, WISe, CLIP, and other agencies
- Solution focused monthly regional support groups and collaboration driven 1:1 consultation
- Enhancing and strengthening Family Peer role across Washington
- Opportunity for family peers to network and learn from one other

What we are not...

- We are not a crisis-line! All LPSSs will refer all crises to mental health providers, WISe teams, and / or 911
- Regardless of expertise, experience, or credentials our support is not designed or intended to replace the need or services of mental health providers
- LPSS support differs from WISe or CLIP parent partner roles and it's not intended for long-term 1:1 support
- A Common Voice | COPE Project does not follow a "dofor" model, but rather a "do-with" model. LPSS support is always meant to empower parents / caregivers; to advocate WITH rather than advocate FOR



A Common Voice I C.O.P.E. Project & WISe

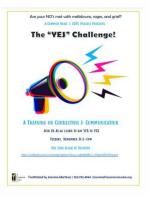


- Collectively our team has 20+ years professional experience with WISe as parent advocates, care coordinators, and state trainers
- Combined our team has 10+ years lived experience with WISe
- Our role & aim is to collaborate and truly partner with WISe Teams as we empower, strengthen, and support families
- Parents / Caregivers as well as WISe clinicians, care coordinators, and parent advocates can all request support and consultation

What We've Been Up To





























A Common Voice | C.O.P.E. Project Presents

Parent First Aid

- A Zoom Event -



Parent's & Caregiver's Wellness Matters (Too)
Unpacking the Essentials of Your First Aid Kit
Presented by Jasmine Martinez



Wednesday, November 16th | 10:00am-12:00pm

Please Use Zoom Link Below to Register and Join Us! https://us02web.zoom.us/meeting/register/tZUodeCgqT4vGtM4pocio1cwW9YOxt3eKSrg



Please contact Jasmine for questions & feedback!

Common Jasmine Martinez | Program Manager | Jasmine@acommonvoice.org
Voice Sherry Lyons | Executive Director | Sherry@acommonvoice.org

Our Team



- Sherry Lyons | Executive Director
- Jasmine Martinez | Program Manager
- Nicole Murphy | Lead Parent Support Specialist
- Lauren Woodbeck | Lead Parent Support Specialist
- Tony Reda | Lead Parent Support Specialist

Connect With Us or Learn More: Jasmine@acommonvoice.org



Current State – Child & Youth Mental and Behavioral Health at SCH

Kashi Arora

10.6.2022





Seattle Children's Mental Health Services (1)

Community-Based Services

- Partnership Access Line (PAL)
- Washington's Mental Health Referral Service for Children and Teens
- Integrated Behavioral Health in primary care in partnership with the Seattle Children's Care Network (SCCN)

Outpatient Services

- Outpatient specialty clinics including crisis care (Main campus, Everett, Federal Way, tele-mental health)
- Autism Center and Alyssa Burnett Center
- Mental health at Odessa Brown Children's Clinic (OBCC)
- Intensive Outpatient and Partial Hospitalization Programs



Seattle Children's Mental Health Services (2)

Inpatient and Embedded Services

- Inpatient Psychiatry and Behavioral Medicine Unit (PBMU)
- Emergency Department Mental Health Team (Main campus ED and "extension" services)
- Psychiatry Consult and Liaison Service (main hospital)
- Embedded Psychology and Psychiatry in Specialty Medical Clinics



Current State (1)

Community-Based Services

- Dr. Hilt just presented on the volumes and trends for PAL and the MH Referral Service.
- There are hundreds of IBH visits through SCCN each month.

Outpatient Services

- For the last 3-4 years, Outpatient Psych has been in the top 5 outpatient clinics at SCH by volume (#1 in 2020).
- Increased referrals for outpatient care in 2021 and 2022.
- In the past 12-18 months, we average about 200 referrals to Outpatient Psych services each week & about 100 referrals to the Autism Center each week.



Current State (2)

Inpatient and Embedded Services

- PBMU beds are almost always full either to 41 or to what we can staff safely given patient acuity.
 - Length of stay increased from approx. 7 days in FY18 to 13 days in FY22 a 6 day increase.
 - Typically around 1,000 admissions each fiscal year.
- Psych Consult and Liaison has seen increased numbers of patients presenting with eating disorders.



Current State (3)

Inpatient and Embedded Services

- Typically see mix of presentations: suicidality, externalizing behaviors, eating disorders and medical complexity
- Seasonality to EDMH census (peaks in Spring and Fall) but increasing year over year.
- The ED Mental Health (EDMH) team has seen increased need and worsening access to care in the community.
 - March 2022 highest EDMH census on record (411 patients in one month).
 - Jul/Aug 2022 highest EDMH length of stay on record (26-27 hours).
 - In 2022, between 60-90 patients board in our ED each month awaiting appropriate care.



Current Issues/Trends

- Limited community resources contributing to longer lengths of stay on the PBMU and in the ED.
- Extremely limited community supports for youth with ASD/IDD.
- Increasing concerns about frequency of patients abandoned and stuck in the hospital setting.
- Workforce challenges across the continuum of care.
- WA's other children's hospitals have shared similar concerns re: ED boarding, patients abandoned in hospitals, and workforce.





Hope. Care. Cure."

Closing and Next Steps

- Meeting Minutes and Recording will be available in the coming weeks
 - Please send any program updates you would like included in the minutes to Linda or Renee
 - Renee.Tinder@doh.wa.gov
 - Linda.Ramirez@doh.wa.gov
- 10-minute break
- **Networking Meeting (Optional)**





10 MINUTE BREAK

Return by 12:10