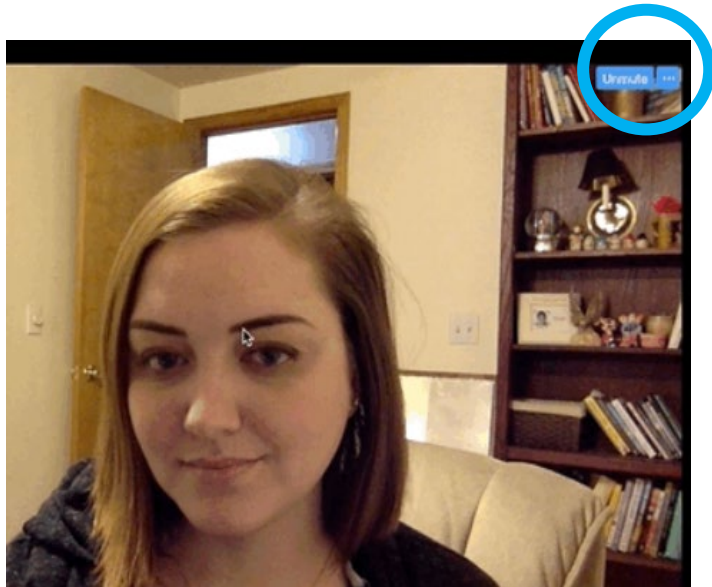
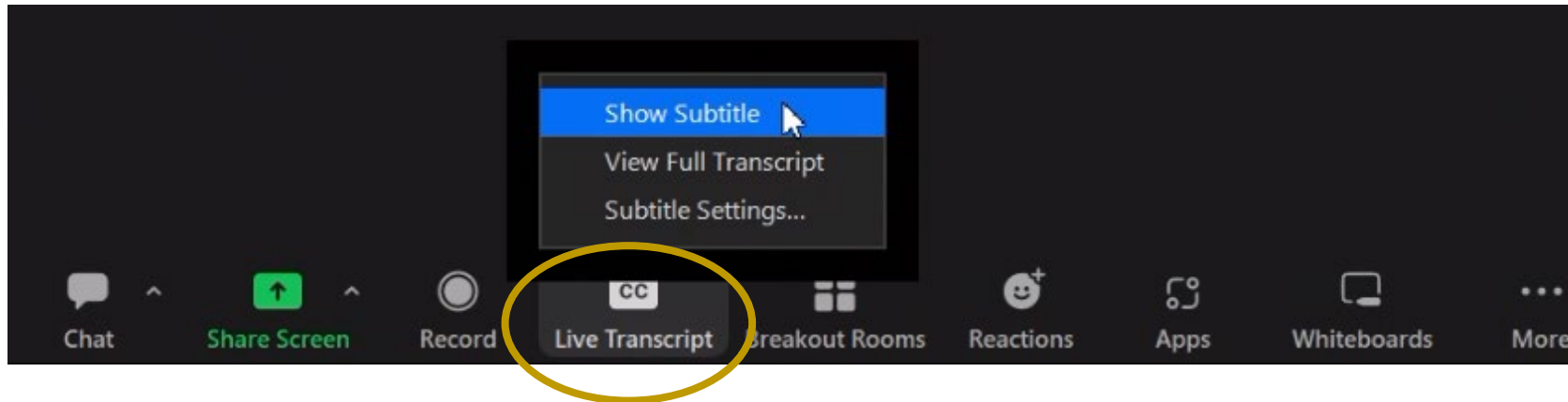


Welcome to the COMM NET Meeting




- ✓ 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

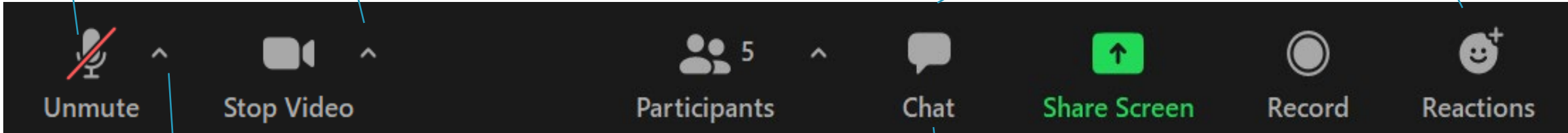



If you would like to access Transcription resources during the meeting, please select [Live Transcript](#) and click [Show Subtitle](#)

Zoom Toolbar



Adjust **View** of presentation and participants



Unmute to Speak

Turn **Camera ON** when speaking

Use **Chat** to share comments & questions

Raise hand or offer nonverbal feedback with **Reactions**

Expand **Unmute** options:
Call-In info for optimal audio*

Submit feedback in **Chat** at end of each session

Unmute

Stop Video

Participants 5

Chat

Share Screen

Record

Reactions



COMMUNICATION NETWORK MEETING

Children & Youth with Special Healthcare Needs - 01/11/24

Housekeeping Items:

- Please list your NAME, PRONOUNS and AFFILIATION in the chat
- Ice breaker: if you could travel anywhere in the world, where would it be?
- If you are new, please add your email address in the chat so we can make sure you are added to our future community network list
- This meeting will be recorded
- ASL interpreters

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.
- 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](https://www.native-land.ca) | [Our home on native land \(native-land.ca\)](https://www.native-land.ca)

Agenda:

Time	Topic	Presenter
9:00-9:20	Welcome, Agenda, Program Updates	Renee Tinder
9:20-10:00	SSI Applications for Children	Ruth Daugherty, NW Access Fund
10:00-10:25	Youth Behavioral Health Navigator Program	Edward Michael, HCA Gina Cabiddu, Kid's Mental Health Pierce County Meghan Hopkins, DDA
10:25-10:35	Break	
10:35-10:55	Autism & Suicide/ Lived Experience	Zack Siddeek, ARC King County
10:55-11:55	DOH Discovery Survey Facilitated Discussion	Mary Myhre, DOH
11:55-12:00	Final Questions & Closing	Renee Tinder

DOH-CYSHCN Team:



Monica Burke, PhD
*CYSHCN Program
Director*



Nikki Dyer, MA Ed
*Family Engagement
Specialist*



Renee Tinder, MPH
*CYSHCN Behavioral
& Adolescent
Consultant*



Linda Ramirez
*CYSHCN Communications
& Early Childhood
Consultant*



Kimberly Schoenacker, RDN, CD
*CYSHCN Nutrition
Consultant*



Amanda Simon, MPH, CTRS
*Process Improvement
Specialist*

Updates:

General Updates

[MCHBG Needs Assessment Discovery Survey](#) is out now – please share widely

The next Autism Center of Excellence (COE) training is Friday Feb 2, 2024- registration is through this page: <https://medicalhome.org/event-home/autism-center-of-excellence-certification-trainings/>

The DOH CYSHCN Team and family and community partners are currently working with the National Center for Services for CYSHCN on developing Blueprint Implementation Projects

CHIF

CHIF data will continue to be collected quarterly by spreadsheet as we've done since July 2022.

Please direct any questions about CHIF to the CHIF Inbox- DOH-CHIF@doh.wa.gov.

Planning for improved CHIF system is ongoing, and please be on the look for a Survey to assist us in our planning.

Communication & Early Childhood

2024 CYSHCN meetings have been sent out, please reach out to Linda if you would like to be added to the meeting invite list.

Washington STEM's [2023 State of the Children statewide report](#) is out now in English and Spanish.

The DOH Strong Start program is looking for healthcare providers that regularly do developmental screenings to partner with them to enhance interoperability of electronic health records with Strong Start. Up to \$30,000 is available per participating healthcare practice for this project. Total funding available is \$60,000. Interest forms are due to Marilyn Dold at marilyn.dold@doh.wa.gov by COB Thursday Jan 18, 2024.

Updates Continued:

Family Engagement

UW and DOH Child Health team recently released [Data Analysis: Family Voices in Washington State](#) report.

Supporting a Family Advisory Council on Care Coordination work July-present

Standing up Type 1 Diabetes family support through PAVE in partnership with Parent to Parent.

Behavioral and Adolescent Health

PMHCA-SAFES program services are up and running with SCH and Frontier Behavioral Health

PMHCA expansion funds projects continuing with SCH ED, UW Medical Home Partnership, and Reclaiming Futures focusing on consultation with emergency departments, school-based health centers and autism assessment training/tools.

DOH funding two grants of up to \$30,000 for "The Youth Mental Health Access Community Project" focused on reducing barriers to mental health for BIPOC patients between the ages of 6-17. Learn more at DOHs WA Portal: <https://bit.ly/46Faavo>

Nutrition

Understanding Eating Disorders in Adolescents: A Guide for Healthcare Providers is finalized. We would love help sharing this document to providers.

Module for how to teach cooking skills to youth with disabilities will be finalized by February 2024

Consider joining the Type 1 Diabetes (T1D) workgroup if this is a population of interest, we meet monthly, the 4th Wednesday at 8AM

T1D Statewide Coordinator in partnership with PAVE/P2P will be in full swing supporting newly diagnosed T1D families in 2024 and Teen Connect virtual group continues



Navigating SSI Applications

Ruth Daugherty, MAT, AFC, WIP-C
Youth Program Manager

Introduction

- ❑ Ruth Daugherty, Youth Program Manager
 - ❑ Accredited Financial Counselor through AFCPE
 - ❑ Certified Benefits Planner through Cornell University's YTI program

Agenda

- ❑ Overview of Northwest Access Fund
- ❑ SSI basics
- ❑ Definitions of disability (child & adult)
- ❑ Application process
- ❑ Next Steps

Application Process

Child Process	Adult Process
What you'll need to apply	What you'll need to apply
Child Disability Report	Initial application
Function Report	Adult Disability Report
Interview & Application	Function Report
Approval/Denial	Interview & Application
	Approval/Denial



Overview of Northwest Access Fund



About Northwest Access Fund

❑ **Mission:**

We offer people with disabilities customized loans, financial coaching, and other resources to promote access to assistive technology, independence, financial resilience, and life opportunities.

- ❑ Serve all of Washington and Oregon; expanding into Idaho
- ❑ All incomes, all ages, all disabilities
- ❑ 501(c)3 & Community Development Financial Institution (CDFI).



FINANCIAL
CAPABILITY
SERVICES



ASSISTIVE
TECHNOLOGY
LOANS

NWAF Programs

- ❑ **Assistive Technology:** Up to \$25,000, 5-year term; 5% interest
- ❑ **Modified Vehicles:** Up to \$65,000, 10-year term; 5%-9.25% interest
- ❑ **Home modifications:** Up to \$40,000, 10-year term; 5% interest
- ❑ **Opportunity Loan:** Up to \$10,000, 5-year term; 5% interest
- ❑ **One-on-One Financial Coaching**
 - ❑ Resource navigation
 - ❑ Credit building
 - ❑ Budgeting
- ❑ **One-on-One Disability Benefits Planning**
 - ❑ All coaches are certified benefits planners

No fees for loans, and financial coaching is free

Youth Program

The Youth Program provides free education and support on financial basics and disability benefits for youth with disabilities ages 14-25 and their families as they transition to adulthood.



How we can help

Northwest Access Fund provides help to apply for disability benefits by providing information about the process, answering questions, and providing support and resources along the way. We cannot guarantee that an application will be approved, and denials can happen even when the disability is obvious and well documented. 60-70% of initial applications are denied each year. If an application is denied, we can refer to an attorney. We are not attorneys and cannot provide legal advice, and cannot help with appeals.

SSI Basics

SSI - what is it?

- ❑ Supplemental Security Income (SSI) is a monthly payment for people with disabilities who have income and assets below specific limits and limited or no work history. The program is administered through the Social Security Administration.
- ❑ Please note: Today we are only talking about SSI and will not cover information related to Social Security Disability Insurance (SSDI)

SSI - who gets it?

Eligibility:

- Less than \$2,000 in resources
- Low income or no income
- Little or no work history
- Meet the Social Security Administration's definition of disability

IMPORTANT: Age 18 and the end of deeming!

SSI - how much is it?

- ❑ The benefit rate changes each year due to cost of living adjustments.
- ❑ In 2024, the maximum amount is \$943/month.
- ❑ The benefit amount can be impacted by:
 - All types of income, including gifts
 - Living arrangements
 - Family size, including marriage

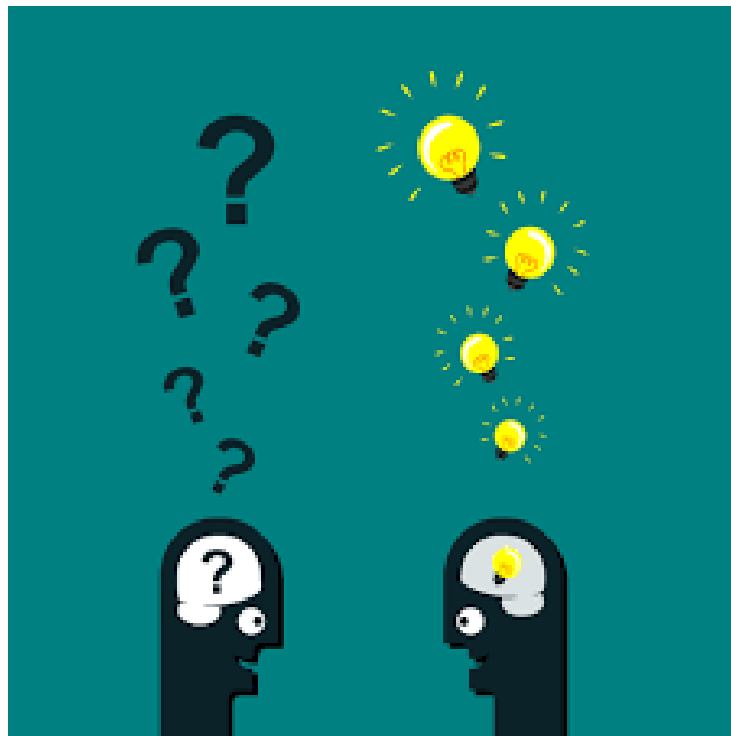
SSI - what comes with it?

- ❑ With SSI comes eligibility for these programs:
 - ❑ Medicaid (!!!)
 - ❑ Food assistance (SNAP)
 - ❑ Vocational Rehabilitation

SSI & Work

- ❑ It is possible to receive SSI and work!
- ❑ SSI has some work incentives, including a great one just for young adults
- ❑ The amount of SSI will decrease as earned income increases, but you will always end up with more money if you are able to work.

Questions?



Definitions of Disability and How to Meet Them

Definition of Disability - Child

- ❑ The child must have a physical or mental condition(s) that very seriously limits his or her activities; **and**
- ❑ The condition(s) must have lasted, or be expected to last, at least 1 year or result in death.

Meeting the definition of disability: Impact of disability

- ❑ SSA maintains a [Listing of Impairments - Childhood Listing](#) online, which lists every eligible diagnosis for childhood disability
- ❑ Review the eligibility criteria for the applicant's diagnosis
- ❑ Prepare a statement about how the child's disability impacts their daily functioning. The application must demonstrate a severe impairment.

Meeting the definition of disability: Impact of disability

- SSA will consider factors like:
 - Ability to stand, walk, lift, carry, see, hear, and speak
 - Understanding, remembering, carrying out simple instructions, judgement, responding to supervision, dealing with changes

Adult definition of disability

The Social Security Administration defines disability as:

- ❑ The inability to engage in *substantial gainful activity (SGA)*
- ❑ Because of *medically determinable* physical or mental *impairment(s)*
- ❑ That has lasted or is expected to last for a continuous period of *at least 12 months* OR is expected to *result in death*

Substantial Gainful Activity for 2023 means earning \$1470 or more each month.

Meeting the definition of disability: Impact of disability

- ❑ SSA maintains a [Listing of Impairments](#) online, which lists every eligible diagnosis for adult disability
- ❑ Review the eligibility criteria for the applicant's diagnosis and prepare a statement about the impact of the disability.
- ❑ Adult benefits are based on ability to work, so be prepared to address how the disability impacts the applicant's ability to work

Meeting the definition of disability: Impact of disability

SSA looks at 4 areas of functioning for adults.

1. Activities of daily living
2. Social functioning
3. Concentration, persistence, and pace
4. Ability to adapt or manage oneself

Keep these areas of functioning in mind as you prepare a statement on the impact of the disability.

Meeting the definition of disability: documentation

- ❑ Collect medical records from the onset of the disability
- ❑ If the applicant is in school and has an IEP or 504, request records from the school.
- ❑ Medical diagnoses are more important than educational eligibility

Tips – Impact of Disability

- ❑ SSA needs to know what the applicant cannot do and what is hard for them. Talk about challenges and struggles, and what support is needed.
- ❑ Compare the applicant to a typically developing peer
- ❑ Think about the most challenging day in the last 6 months. What support was needed on that day? What were the challenges? Write your narrative based on that day.

Example

112.10 Autism spectrum disorder (see [112.00B8](#)), for children age 3 to attainment of age 18), satisfied by A and B:

1. Medical documentation of both of the following:
 1. Qualitative deficits in verbal communication, nonverbal communication, and social interaction; and
 2. Significantly restricted, repetitive patterns of behavior, interests, or activities.

AND

2. Extreme limitation of one, or marked limitation of two, of the following areas of mental functioning (see [112.00F](#)):
 1. Understand, remember, or apply information (see [112.00E1](#)).
 2. Interact with others (see [112.00E2](#)).
 3. Concentrate, persist, or maintain pace (see [112.00E3](#)).
 4. Adapt or manage oneself (see [112.00E4](#)).

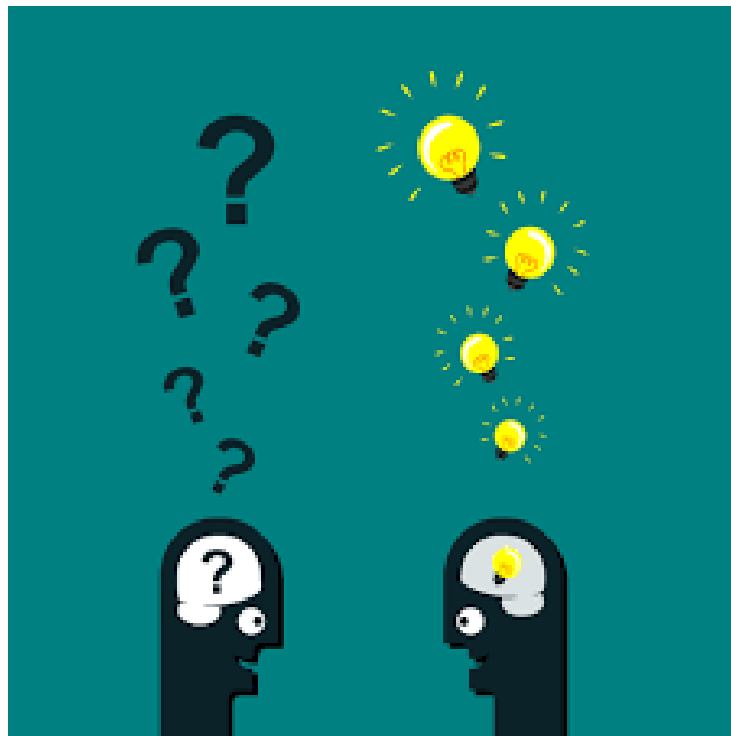
Example

Jane was diagnosed with ASD on 7/7/2013. She has deficits in communication. Her spoken vocabulary consists of about 50 words and she does not have another form of communication. She does not initiate social interactions and does not independently interact with peers. She has repetitive behaviors including flapping her hands and tapping her teeth.

Jane struggles to understand or remember spoken language and needs picture cues and frequent reminders or physical support to follow directions. She is easily distracted and cannot focus on or complete an unfamiliar task without help.

Jane cannot manage her own hygiene or dress herself without help. She cannot tell time or follow a schedule by herself and does not understand or use money. She is easily overstimulated and cannot tolerate loud noises or groups of more than 10 people.

Questions?



Application Process

What Is Needed

- ❑ Identifying documents
 - ❑ SS number
 - ❑ Birth Certificate
- ❑ Medical information
 - ❑ All doctors and specialists, past and present
 - ❑ Any assessments of functional level performed by a doctor or specialist
 - ❑ Dates and outcomes of major treatments
 - ❑ Dates of any co-occurring diagnoses

What Is Needed

- ❑ School records (still in school or recent graduate)
 - ❑ IEP or 504, past & present
 - ❑ Psychological evaluation, past & present
- ❑ Proof of income
 - ❑ Adult application – youth's proof of income
 - ❑ Child application – parents' proof of income
- ❑ Proof of resources
 - ❑ Adult application – youth's bank statements
 - ❑ Child application – parents' bank statements
- ❑ Proof of living arrangements
 - ❑ Lease
 - ❑ Information about household costs

Child Application Process

- ❑ Options:
 - ❑ Complete Child Disability Report online, then schedule the interview to complete the application
 - ❑ Request an appointment for an interview to complete the Child Disability Report & application
- ❑ *Tip: Use a PDF or printout of the Child Disability Report as a worksheet to gather all your information, then enter it into the online Child Disability Report form.*

The Child Disability Report

- 14 pages, 10 sections
 - Section 1: Information about the child
 - Section 2: Contact information
 - Section 3: Disability & impact on the child
 - Section 4: Medical records
 - Section 5: Medications & side effects
 - Section 6: Tests
 - Section 7: Additional information (other agencies/services)
 - Section 8: Education
 - Section 9: Work history (of the child)
 - Section 10: Date & remarks

Adult Application Process

- ❑ Options:
 - ❑ Start the [application online](#), then complete the interview
 - ❑ Request an appointment for an interview to complete the application
- ❑ Once an application is initiated, it must be completed within 60 days.

We recommend starting the application online.

Adult - The Online Application

1. Identification
 - a. Demographics
 - b. Basic disability questions
2. General
 - a. Marriage and dependent information
 - b. Employment information
 - c. Eligibility for other benefits
 - d. Bank account information

Adult -The Online Application

3. Other benefits

- a. Information about other benefits
- b. Ability to work
- c. Disability payments
- d. Employment wage information
- e. Authorization for disclosure of medical information

Adult - Online application

- ❑ If the applicant can't complete the application in one sitting, they will receive a re-entry number to access it again.
- ❑ Some applicants can complete the iSSI application online. They'll still need to answer additional questions in the interview.

Adult Disability Report

- ❑ After completing the online application, complete the Adult Disability Report online
- ❑ Medical and educational records will be needed to complete this form

Tip: We recommend using [the fillable PDF](#) or a printed version of this form as a worksheet to gather information before completing the form online

The Adult Disability Report

- Section 1: Information about the disabled person
- Section 2: Contact information
- Section 3: Medical conditions
- Section 4: Work Activity
- Section 5: Education & Training
- Section 6: Job History
- Section 7: Medications
- Section 8: Medical Treatment
- Section 9: Other Medical Information
- Section 10: Vocational Rehab, Employment, or Other Support Services
- Section 11: Remarks

Function Report

- ❑ Describes how the disability limits activities
- ❑ Child – Third party version
- ❑ Adult - First person & third party versions

Tips: Describe struggles and challenges on worst day. Be honest and realistic. Be as detailed as possible. Compare the applicant to a typically developing peer as you think about what they can and cannot do.

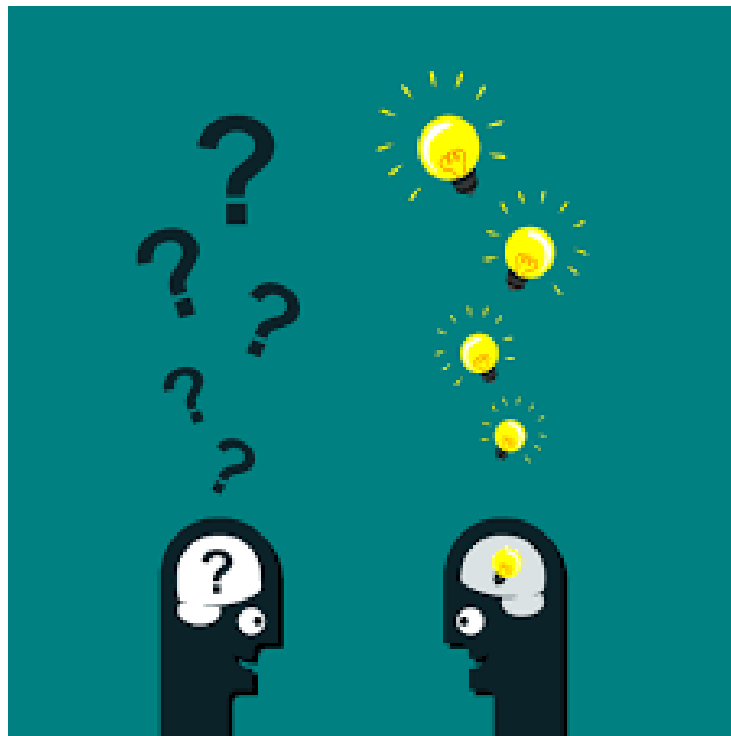
Tips

- ❑ Don't wait for SSA to gather records – applicant should begin requesting records ASAP
- ❑ Applicant should make a list of every medical provider they remember seeing and request records from each
- ❑ Applicant should contact their school and request every IEP they've had, along with any educational evaluations

Tips

- ❑ Medical records > educational records
- ❑ Organize records chronologically
- ❑ ***Keep copies of every document given to SSA. They will probably lose something, somewhere along the way***

Questions?



Child - Interview & Application

- ❑ Medical:
 - ❑ Medical records on hand to answer questions
 - ❑ Names, addresses, and phone number for all medical providers for at least the past year
 - ❑ Medications child is taking
- ❑ Educational:
 - ❑ Names, addresses, and phone numbers of schools attended for at least the past year
 - ❑ Names of teachers, speech/occupational/physical therapists, psychologists, school counselors
 - ❑ IEPs or 504s and evaluations

The interview

- ❑ Disability and its impact
 - ❑ When the disability began
 - ❑ When the disability was diagnosed
 - ❑ Impact of the disability on child's activities
- ❑ Names, addresses, and phone numbers of anyone who helps care for the child
- ❑ Income and resources
 - ❑ Sources and amounts of income
 - ❑ Monthly expenses
 - ❑ Resources including properties, cars, bank accounts, cash, etc

Child – Income & Resources

Number of ineligible children in household	All income is earned		All income is unearned	
	One parent in household	Two parents in household	One parent in household	Two parents in household
0	\$3,781	\$4,695	\$1,868	\$2,325
1	\$4,238	\$5,152	\$2,325	\$2,782
2	\$4,695	\$5,609	\$2,782	\$3,239
3	\$5,152	\$6,066	\$3,239	\$3,696
4	\$5,609	\$6,523	\$3,696	\$4,153
5	\$6,066	\$6,980	\$4,153	\$4,610
6	\$6,523	\$7,437	\$4,610	\$5,067

Adult – Interview & Application

- ❑ Medical Information & Impact of disability
- ❑ Income and resources
- ❑ Living arrangements
- ❑ Past and current employment

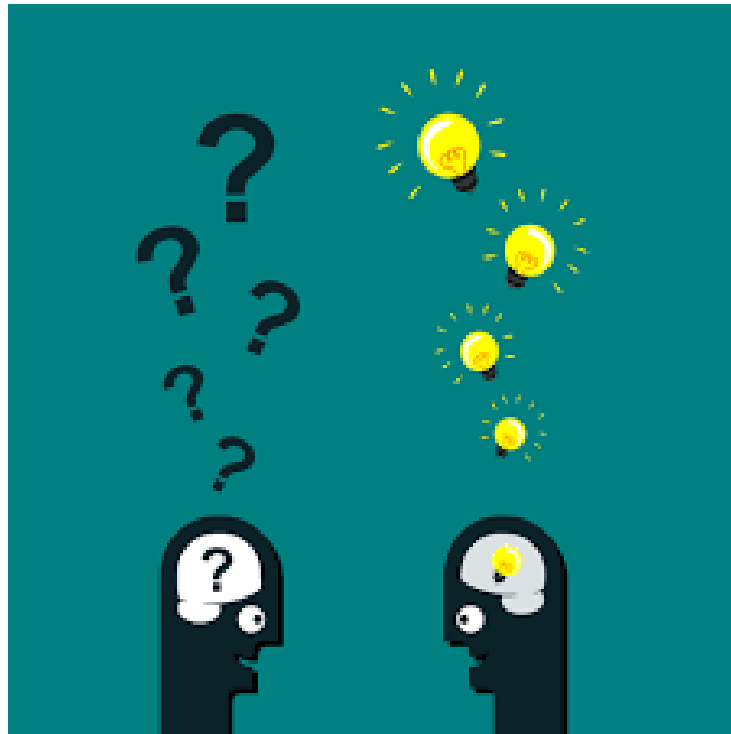
Income & Resources

- ❑ SSI has a resource limit of \$2,000. If the applicant has \$2,000 or more in a bank account, they will be found ineligible for benefits.
- ❑ Open an ABLÉ account to save without impacting eligibility for benefits!
- ❑ Applicant's countable earned income must be below \$943/month if they are paying for food and shelter, and below \$629/month if they are not paying for food and shelter

Living Arrangements

- ❑ Very important! Living arrangements can reduce the SSI check by one third.
- ❑ If the youth is living with family members and is not paying rent, we recommend setting up a rental agreement to avoid the one-third reduction.

Questions?



What to expect

- ❑ A looooooong wait
- ❑ SSA website states that application may take 3-5 months, but it may take much longer
- ❑ Between 60-70% of initial applications are denied each year
- ❑ Approval may require multiple appeals and legal representation

What to expect

- ❑ Disability Determination Services (DDS) will receive portions of the SSI application and will determine if the disability meets the medical standards.
- ❑ Applicant may hear from DDS by mail and/or by phone; make sure to respond quickly to all communication.

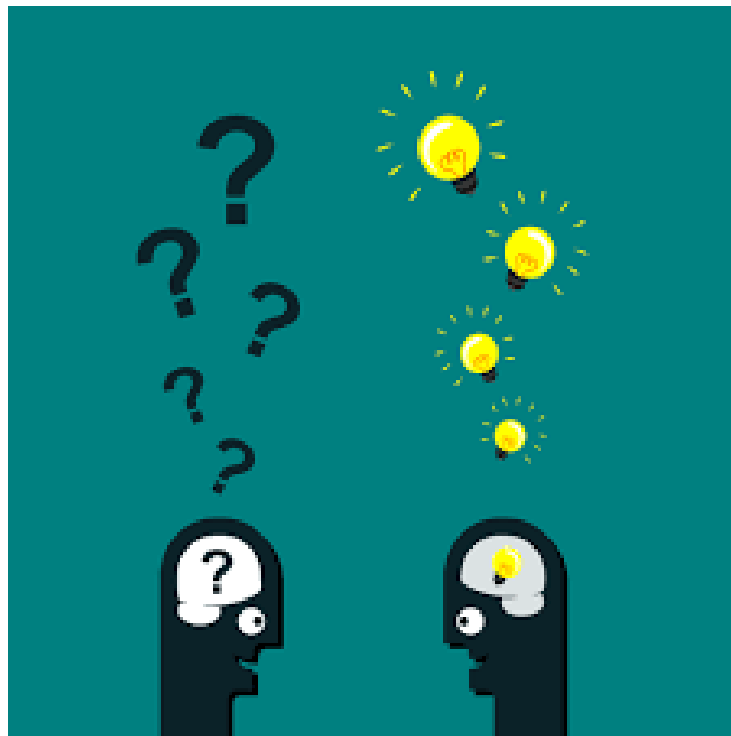
After approval

- ❑ May take up to 3 months to get first payment
- ❑ May get a lump sum of “back pay,” which must be spent or saved in an ABLE account, trust, PASS, or a another excluded resource within 9 months of receiving it.

After denial

- ❑ Applicants have a right to appeal
- ❑ Legal representation for an appeal is recommended
- ❑ Northwest Access Fund does not provide support with appeals (you want a lawyer for that!)

Questions?



Next Steps

Next Steps

Child

Adult

- ❑ Find condition in listing of impairments
- ❑ Gather medical records
- ❑ Give medical providers signed release to share records with SSA

Next Steps

Child

- ❑ Gather educational records
- ❑ Give schools signed release to share records with SSA
- ❑ Ask teacher to complete Teacher Questionnaire Form

Adult

Next Steps

Child

- ❑ Complete the Child Disability Report
- ❑ Complete the Function Report

Adult

- ❑ Complete the online application
- ❑ Complete the Adult Disability Report
- ❑ Complete the Function Report

Next Steps

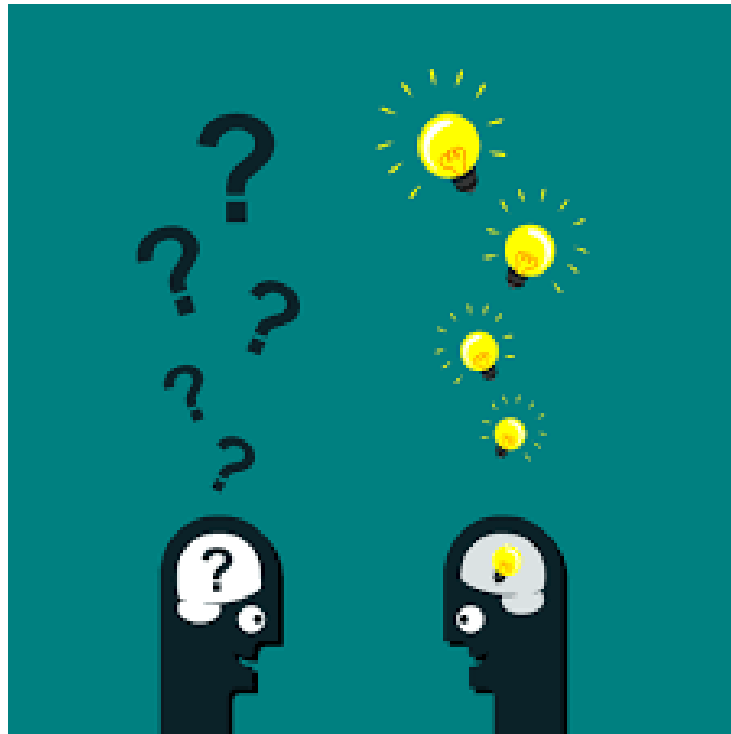
Child

- ❑ Make copies of all documents
- ❑ Schedule & complete interview
- ❑ Submit Function Report & medical/educational records

Adult

- ❑ Make copies of all documents
- ❑ Schedule & complete interview
- ❑ Submit Function Report, Adult Disability Report, Rental Agreement & medical/educational records

Questions?



Need More Support?

What We Offer

- ❑ Free, one-on-one coaching sessions on basic financial concepts and/or disability benefits via phone or zoom
- ❑ We can work with youth and/or with families
- ❑ Schedule from the website:
<https://www.nwaccessfund.org/youth/coaching/>

What We Offer

- ❑ Dolla\$ & Bill\$: A Financial Foundations Course for Youth with All Kinds of Disabilities
 - ❑ Small group
 - ❑ Online
 - ❑ Covers basics of money management and credit

<https://www.nwaccessfund.org/youth/course/>

What We Offer

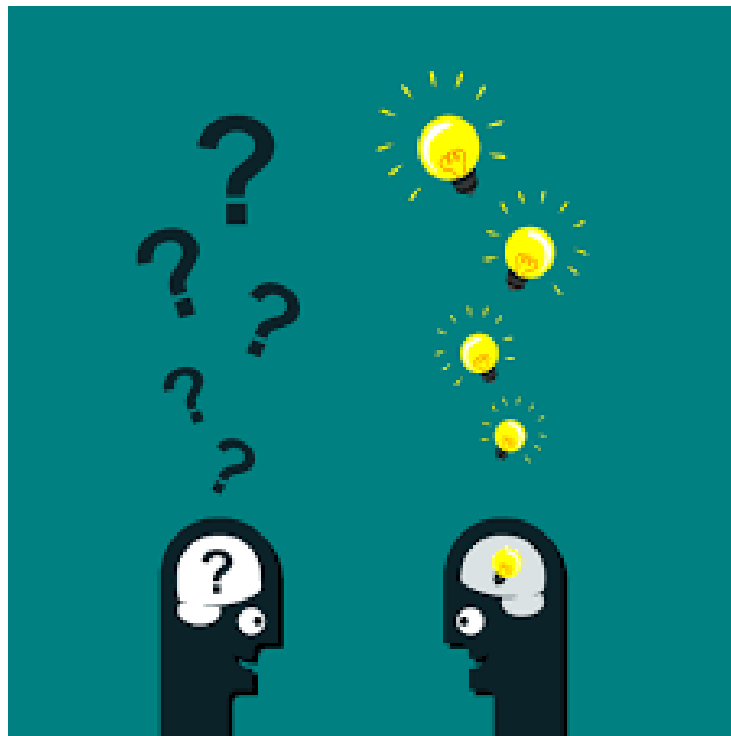
- ❑ Monthly classes on SSI applications for children under 18 and 18 or older
- ❑ Register on the website:
<https://www.nwaccessfund.org/youth/navigating-ssi/>

Accessing Services

Eligibility:

- ❑ Ages 14-25 and self-identify as having a disability; under age 18, parent or guardian should be involved in coaching with the youth.
- ❑ Documentation of disability is not needed
- ❑ Resident of Washington or Oregon

Questions?



Feedback

- We hope this was helpful, and we want to improve! Please fill out this form to share your feedback and suggestions for improvement:

[SSI Application Class Feedback Form](#)

Thank you!

Northwest
Access
Fund



www.nwaccessfund.org

(206) 328-5116

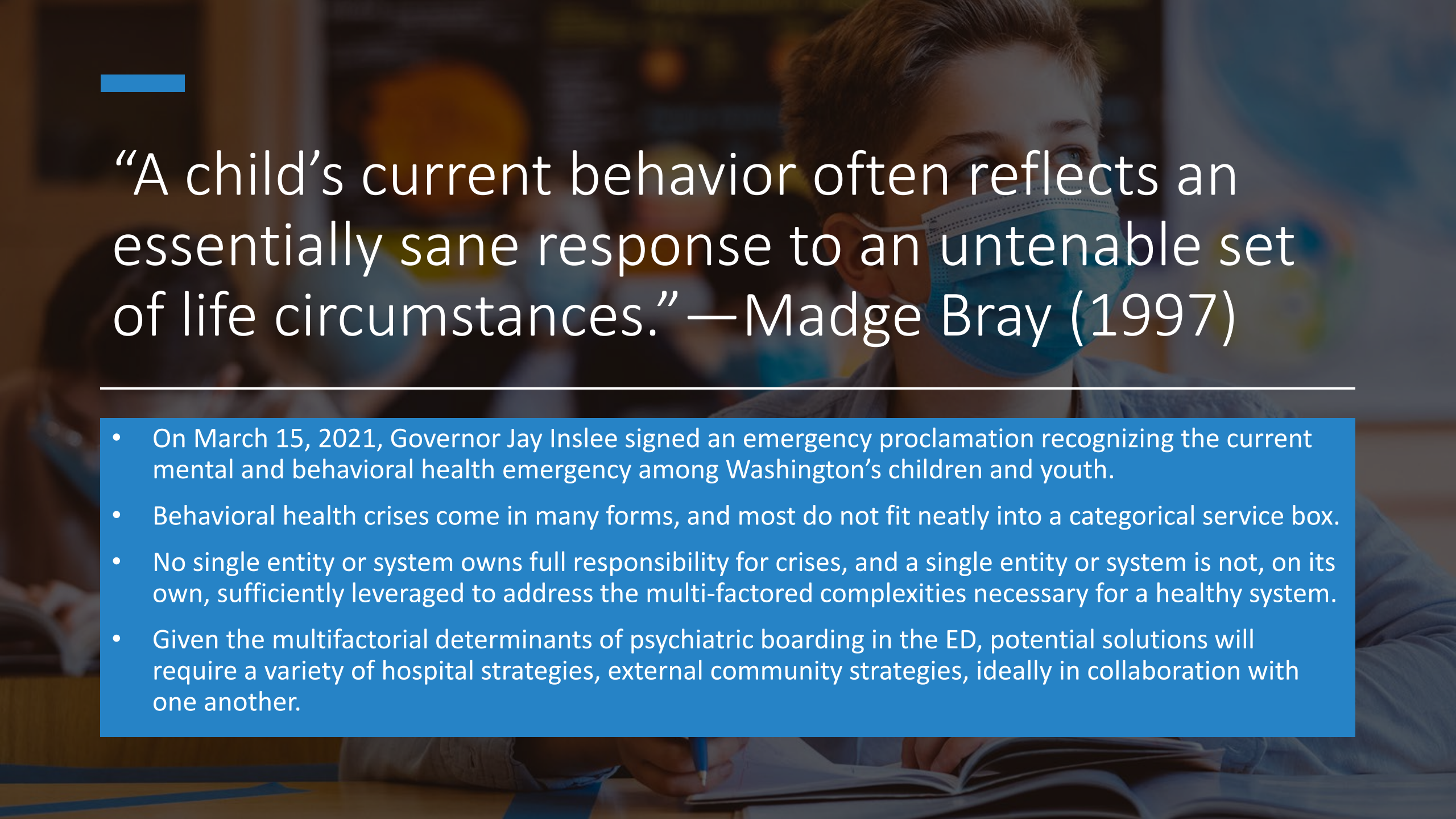
ruth@nwaccessfund.org





Kids Mental Health Washington

Youth Regional Behavioral Health Navigators



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

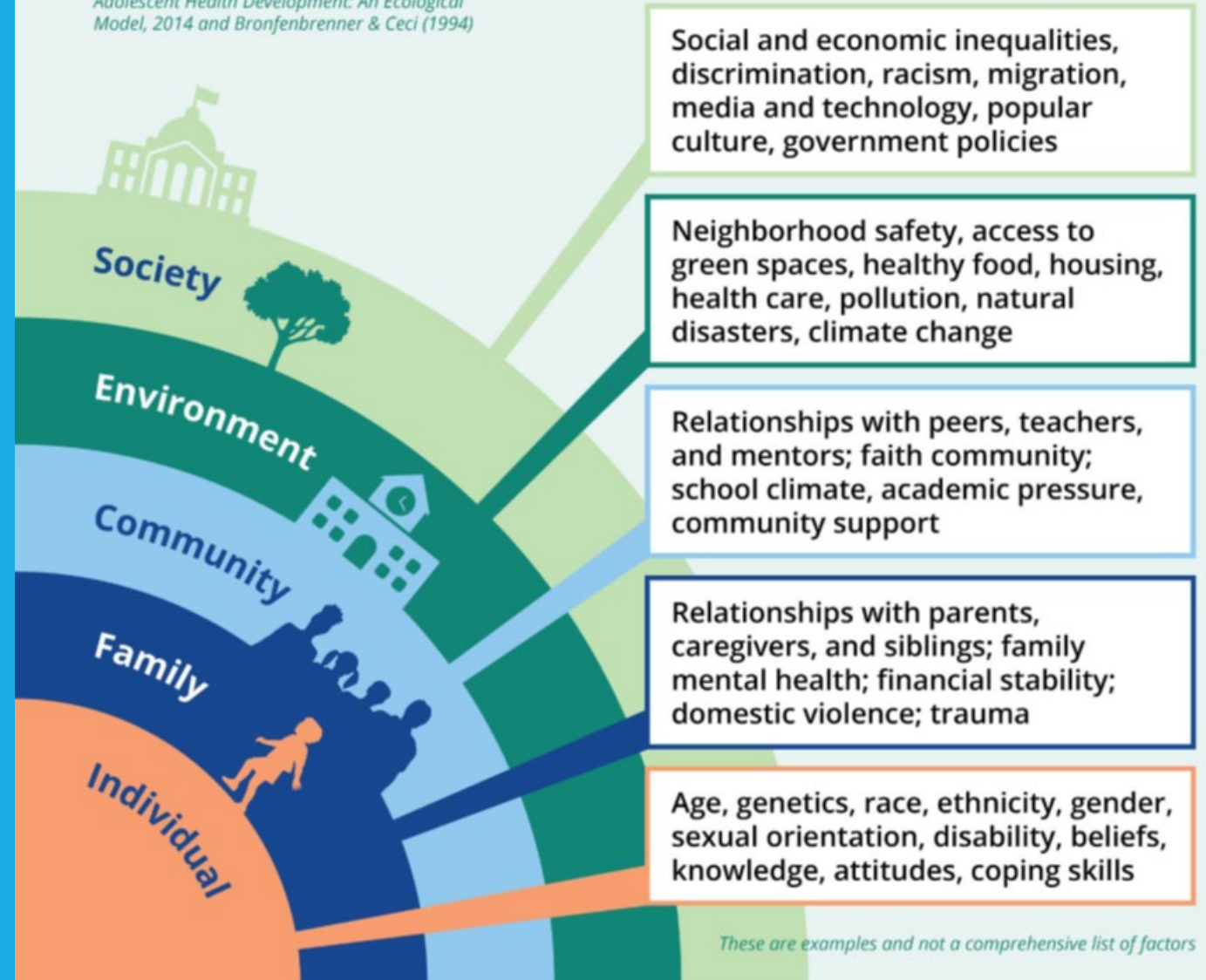
- On March 15, 2021, Governor Jay Inslee signed an emergency proclamation recognizing the current mental and behavioral health emergency among Washington’s children and youth.
- Behavioral health crises come in many forms, and most do not fit neatly into a categorical service box.
- No single entity 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.”

FACTORS THAT CAN SHAPE THE MENTAL HEALTH OF YOUNG PEOPLE



Source: Adapted from WHO's Determinants of Adolescent Health Development: An Ecological Model, 2014 and Bronfenbrenner & Ceci (1994)



These are examples and not a comprehensive list of factors



Youth Regional Behavioral Health Navigator 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.


Cross-System Collaboration



Autism and Disability Partners
Child Welfare
School Districts
Youth Services



Health Equity Partners
Health Care Systems
Primary Care

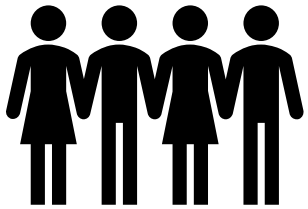


Community Mental Health
Crisis Services
Managed Care Organizations



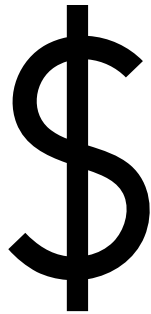
Law Enforcement
Juvenile Justice
EMS

Community Multi-Disciplinary Teams (MDT)



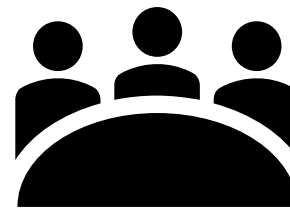
Natural Supports

Family
Peer/Parent Support
Mentors



Payor

Insurance Provider
BH-ASO
HealthCare Authority



System Partners

Juvenile Justice
Child Welfare
School
Developmental Disabilities
Administration (DDA)



Providers

Behavioral Health Providers
Specialist
Substance Use Providers
Consultants

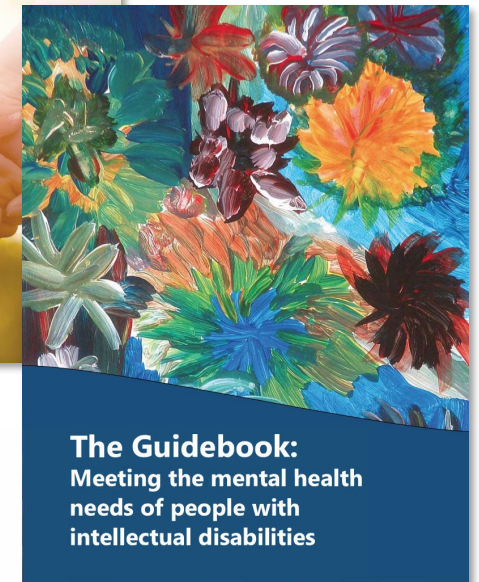
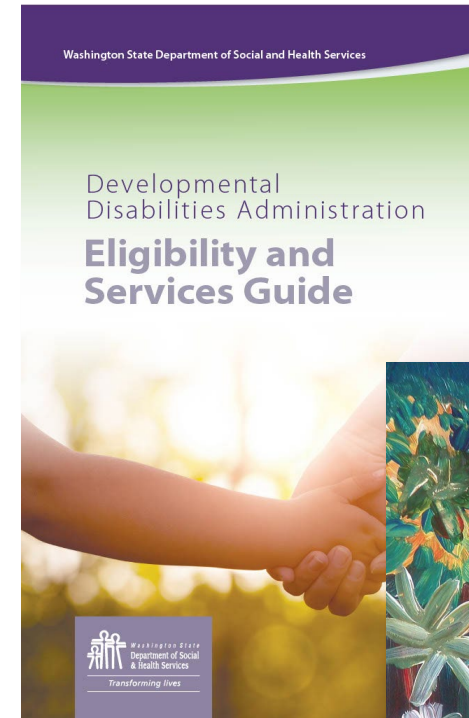
Developmental Disabilities Administration

DDA has several positions supporting the Youth Behavioral Health Navigator Program

- Respite and Short-Term Services Unit Manager (Shelley Bogart).
- Youth Behavioral Health Navigator Program Manager (Meghan Hopkins).
- Youth Regional Behavioral Health Navigators (in development).
 - One Navigator for each of the three DDA regions.

DDA's role includes

- Partnering to support youth with developmental disabilities and their families in navigating service systems.
 - [DDA Eligibility and Services Guide](#)
- Improving cross-systems communication for more efficient collaboration.
- Addressing barriers to services including developing and disseminating resources to increase provider confidence in serving youth with developmental disabilities.
 - [The Guidebook: Meeting the mental health needs of people with intellectual disabilities \(wa.gov\)](#)
 - [Mental Health and Developmental Disabilities National Training Center Resources](#)



Youth Behavioral Health Navigator Rollout



Year 1 SFY 2022

- [Pierce](#)
- [Salish](#)
- [Greater Columbia](#)
- [Southwest](#)



Year 2 SYF 2023

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



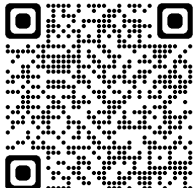
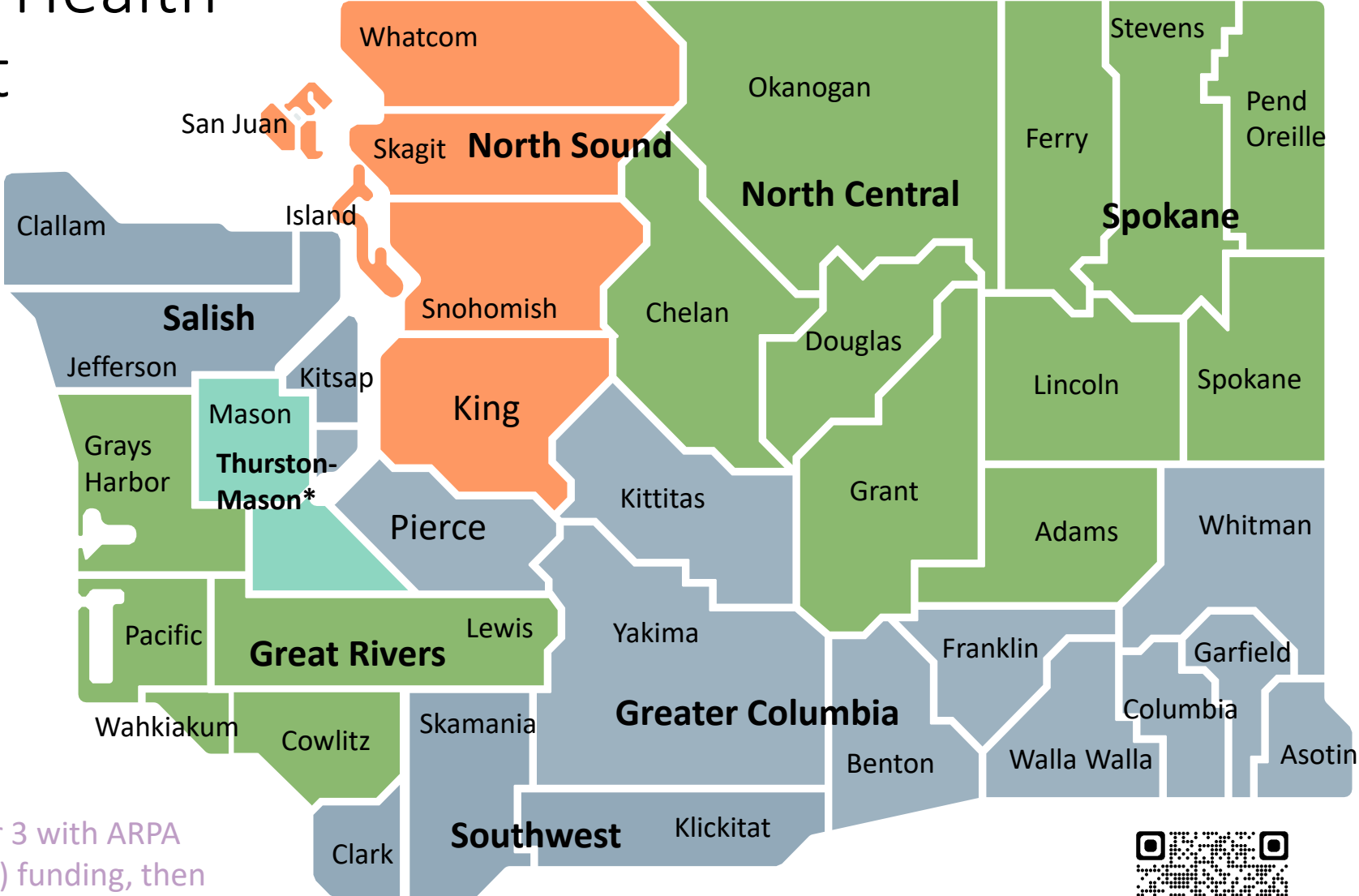
Year 3 SFY 2024

- North Sound
- King

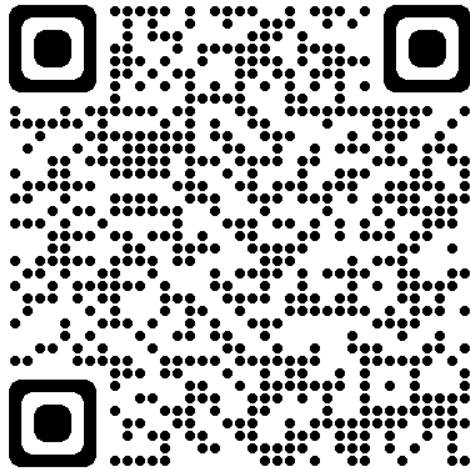


Thurston-Mason

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



Contacts



The Health Care Authority (HCA)	Technical Assistance and Support	Developmental Disabilities Administration (DSHS DDA)
<p>Diana Cockrell, MA, LMHCA, SUDP Section Manager, Prenatal to 25 Lifespan Behavioral Health & Substance Use Diana.Cockrell@hca.wa.gov</p> <p>Ruth Leonard, MA, SUDP Section Manager, Strategic Design & Program Oversight Ruth.Leonard@hca.wa.gov</p> <p>Edward Michael, MS Statewide Youth Behavioral Health Access Administrator Edward.Michael@hca.wa.gov</p>	<p>Ashley Mangum, MSW, LICSW Director, KMHPC Ashley.Mangum@multicare.org</p> <p>Vanessa Adams, MSW, LICSW Program Coordinator—KMHPC Vanessa.Adams@multicare.org</p> <p>Gina Cabiddu, MSW Program Coordinator Gina.Cabiddu@multicare.org</p> <p>www.kidsmentalhealthpiercecounty.org</p>	<p>Shelley Bogart Respite and Short-Term Services Unit Manager Shelley.Bogart@dshs.wa.gov</p> <p>Meghan Hopkins, MA, LMHC DDA Youth Behavioral Health Navigator Program Manager Meghan.Hopkins@dshs.wa.gov</p>

<https://kidsmentalhealthwa.org/>



10-MINUTE BREAK
Please return by 10:35

Autism and Suicide



Zack Siddeek, MSW



Who is Zack? (He/Him)

Grew up in Western Colorado.
Mix of Italian, Iraqi, and German.

Diagnosed with PDD-NOS at 11.

B.A. from Evergreen in everything 2013.

MSW from UW in 2018.

Disability Systems Navigation Coordinator,
Arc of King County

Organizer of the Square Pegs



Our Mission:

The Arc of King County advocates for the right of individuals with intellectual and developmental disabilities to live, learn, work and play in the community - improving the quality of life for all of us.



660 SW 39th Street

Suite 205

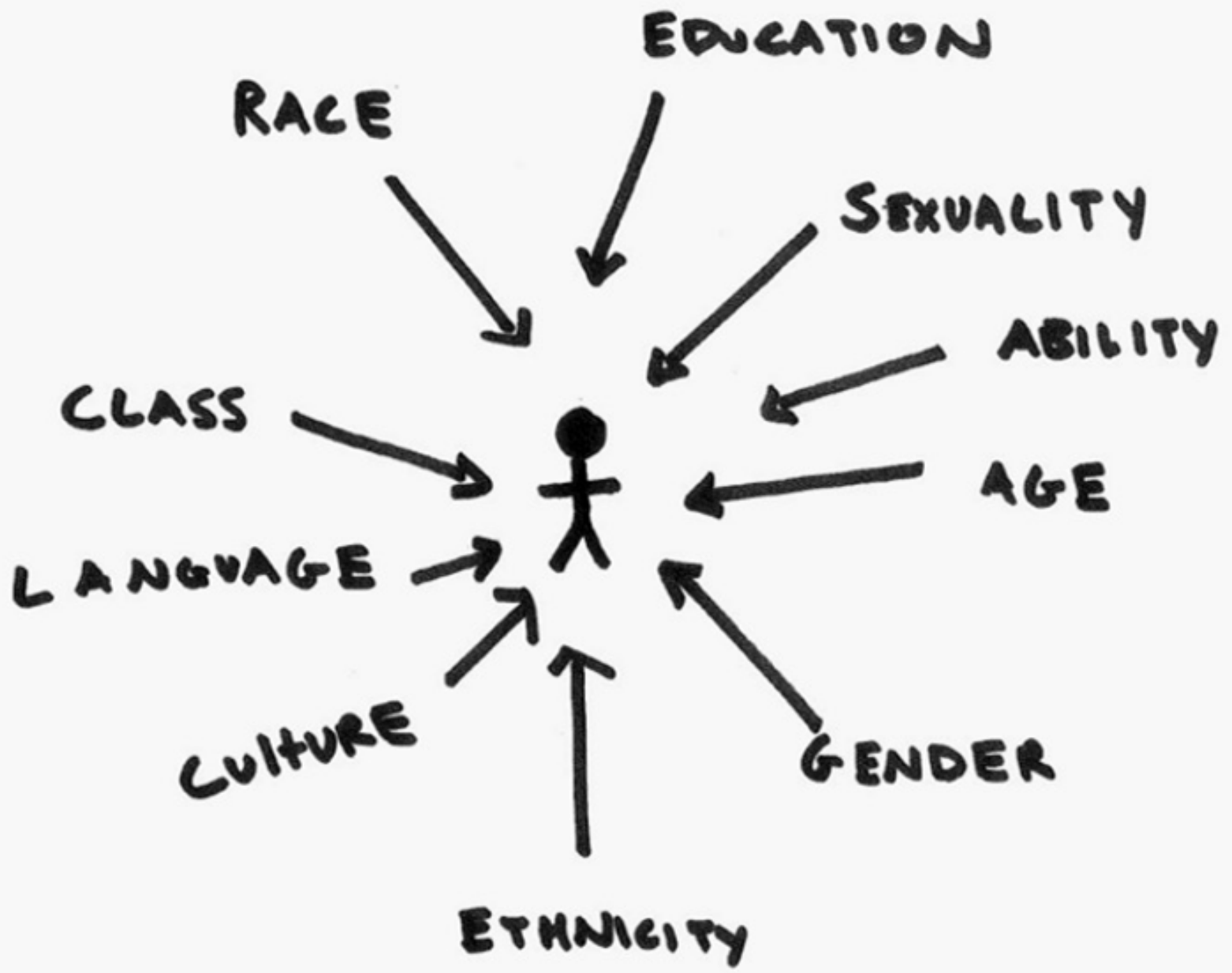
Renton, WA 98057

206-829-7053

ask@arcokingcounty.org

www.arcokingcounty.org





Autism and Queer Intersection

From my survey:

Heterosexual - 80 (58.39%)

Bi/Pansexual - 31 (22.63%)

Homosexual - 12 (8.76%)

Asexual - 5(5.11%)

Heteroflexible, ginosexual, demi-bi, queer,
variable/uncategorized, Grayasexual

Prefered not to answer - 1 in each of the above (.73%)



Autism and LGBTQIA+ (cont.)

One study found that 20% of people being treated for gender dysphoria displayed Autism-like signs. (Van Der Miesen, Hurley & De Veries, 2016)

Sexual and Gender minority groups experience poorer mental health outcomes. Many therapists who work with the queer community may not be Autism competent.

Studies show that Queer Autistic people have worse mental health outcomes than those are either Queer people or Autistic people. (George & Stokes, 2018)

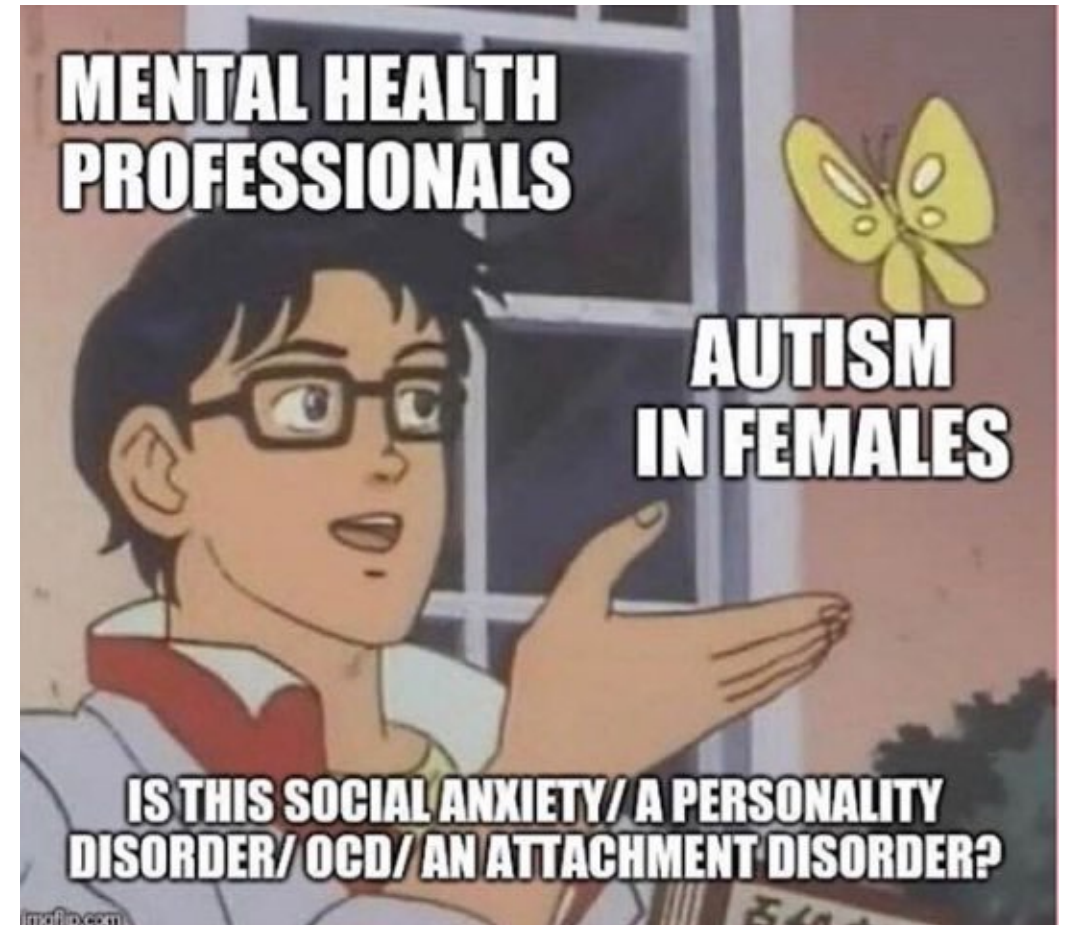


Autistic Women

In a survey I conducted of 144 Autistic adults in Washington State, I found that Autistic women were diagnosed 12 years later on average compared to Autistic men.

Most trainings will tell you that there are 4 Autistic men to every 1 Autistic woman. This is not correct. The ratio becomes much less when looking at Autistic people with high support needs.

Autistic women tend to be diagnosed with ADHD, Depression, Bi-Polar Disorder type ii, or Borderline Personality disorder - and may receive inappropriate medications.



Masking

Masking is camouflaging or hiding external signs of being Autistic for the comfort of the non Autistic people around.

Research literature shows that Autistic girls are far more likely to mask differences than Autistic boys. The process appears to start in pre-school. (Sutherland et al. 2017.) The masks typically start to crack in middle school.

Masking is linked to anxiety and depression in Autistic folks.

One study showed the masking was the biggest predictor for suicidal ideation in Autistic adults. (Cassidy et al. 2018)

Masking is also directly linked to Autistic burnout.

Autistic Burnout

Prolonged periods of intense masking and stress seem to be the biggest factors.

During burnout, Autistic people can lose the skills and abilities they could count on, like cleaning the house, driving a car, working a 40 hour job, or even speaking.

Autistic burnout is a state of prolonged mental, physical and emotional exhaustion.



All of this has an impact

The suicide rate for the Autistic Community is 9x the general population's rate.

31% of Autistic people report sexual assault/rape at least once in their lifetime.

Autistic people may be likely to engage in substance use as a coping mechanism.

Autistic people are more likely than the general population to have experienced homelessness.

Question

Please select all physical health diagnoses you feel apply to you:

Total responses (N): 98

Did not respond: 24

<i>Numeric value</i>	<i>Answer</i>	<i>Frequency</i>	<i>Percentage</i>
1	Seizure disorder or epilepsy	11	11.22%
2	Gastrointestinal problems (please specify in the write-in box)	36	36.73%
3	Sleep or circadian rhythm disorder	49	50.00%
4	Cerebral Palsy	1	1.02%
5	Ehlers-Danlos Syndrome or joint hypermobility syndrome	16	16.33%
6	Developmental Coordination Disorder or dyspraxia	18	18.37%
7	Autoimmune disorder (please specify in the write-in box)	19	19.39%
8	Other neurological condition (please specify in the write-in box)	27	27.55%
9	Trouble with my bowels (Irritable Bowel Syndrome, etc)	36	36.73%
10	Migraines	34	34.69%
11	Asthma	25	25.51%
12	Hormone imbalances	19	19.39%

Question

Please select any co-occurring diagnoses you have received, or you feel like apply to you:

Total responses (N): 137

Did not respond: 3

<i>Numeric value</i>	<i>Answer</i>	<i>Frequency</i>	<i>Percentage</i>
1	Intellectual disability	23	16.79%
2	ADHD/ADD	63	45.99%
3	OCD	32	23.36%
4	Learning disability	31	22.63%
5	Anxiety	113	82.48%
6	Depression	91	66.42%
7	Eating Disorder	24	17.52%
8	Oppositional Defiant Disorder	3	2.19%
9	Substance Use Disorder	9	6.57%
10	PTSD	53	38.69%
11	Difficulty expressing or regulating emotions	70	51.09%
12	Social Anxiety or difficulty with crowds	94	68.61%
13	Difficulty knowing what emotions I am feeling	54	39.42%
14	Difficulty with eye contact	84	61.31%
15	Difficulty communicating with words	59	43.07%
16	Sensory processing disorder	78	56.93%
17	Auditory processing disorder	49	35.77%
18	Speech disorder	14	10.22%
19	Dyslexia	16	11.68%
20	Dyscalculia	8	5.84%
21	Body dysmorphia	21	15.33%
22	Please list any other disorders you feel apply to you in this box:	17	12.41%

What is the impact in Washington State?

- In a survey of 147 Autistic people in Washington state I did in 2019, 47 reported suicidal ideation within the past 30 days.

Days	# Reported Suicidal Ideation
1	7
2	13
3	3
4	1
5	7
7	2
8	1
10	6
15	2
20	4
29	1

What does the research show?

- Cassidy et al. (2018) found 72% of the 164 Autistic people in the study scored above the psychiatric cut off risk for suicide, compared to 33% of the 169 non Autistic participants.
- A meta analysis by O'Halloran, Coey & Wilson (2022) on suicidality in Autistic youth found in the 47 papers analyzed, 25.2% of the Autistic youth had suicidal ideation, 8.3% had attempted suicide, and .2% had died from suicide.

What are the factors that leads to suicidal ideation?

- O'Halloran, Coey & Wilson (2022) found ACES were a predictive factor & that Trans Autistic youth were at greater risk.
- Co occurring ADHD without intellectual disability appears to be the most at risk group for suicidal behaviors. Autistic people with intellectual disability were also higher risk. Hirvikoski et al. (2019)
- Cassidy et al. (2018) found that the highest unique risk markers for suicidality were camouflaging (aka masking,) and unmet support needs. Non unique risk markers include Non-suicidal self-injury, employment, and mental health problems.

Recommendations

- Be proactive and talk to the Autistic youth and adults you are working with about suicidal ideation in addition to screening tools. The existing screening tools like the PHQ9 do not appear to accurately reflect risk. (Carter et al. 2017; Wang et al. 2016)
- Cassidy et al. (2021) adapted a screening tool called the suicidal behaviors questionnaire (SBQ) to use with Autistic people. The SBQ-ASC showed promise, but the authors cautioned more research needs to be done to determine its usefulness in clinical populations.
- Make the tools you use with Autistic people accessible. (I.e. Plain Language, checklists, visual format, concrete language, ect.)
- Autistic people without DDA services (and even many with) have few if any Autism affirming mental health services. This needs to change.

More Recommendations

- Consider how we can provide supportive services to Autistic non-speakers and those with intellectual disabilities.
- Consider using the Minority Stress Model as a way to conceptualize how the experiences of Autistic people and not Autism itself is the reason for the high suicide rates. (Botha & Frost, 2020) Consider the Social vs Medical model of disabilities.
- Stigma is the root reason why the suicide rate is so high for Autistic people. What can you do to end the stigma we encounter everyday?

Big thanks to

- Dr. Sara Woods at the UW Autism Center/Lacey Psychology who sent me much of the recent research on a very short turn around time. (<https://laceypsychology.com/>)

Our Names and Emails

- Zack Siddeek: Zsiddeek@ArcofKingCounty.org

Bibliography

- Development and validation of the suicidal behaviors questionnaire - autism spectrum conditions in a community sample of autistic, possibly autistic and non-autistic adults. Cassidy et al. (2021)
- Extending the Minority Stress Model to Understand Mental Health Problems Experienced by the Autistic Population. Botha & Frost, 2020
- Individual risk and familial liability for suicide attempt and suicide in autism: a population-based study. Hirvikoski et al. 2022.
- Suicidality in autistic youth: A systematic review and meta-analysis. O'Halloran, Coey & Wilson, 2022

MCHBG Needs Assessment

FACILITATED DISCUSSION

What the Needs Assessment Is:

Every five years, the Washington State Department of Health completes a comprehensive assessment of the health of children, parents and caregivers, and families in the state. The assessment is a requirement of the Title V Maternal and Child Health Block Grant. It includes analyzing existing reports and data, as well as conducting interviews with health care, public health, and community leaders to gain their perspectives on the health needs of families.

Why We Are Here Today:

We are conducting facilitated discussions to get a statewide view from partners of emerging needs for children and families and other things that may impact their health. We also would like to hear about unmet needs you may know of among populations experiencing gaps in achieving health. This information will be included in the needs assessment for the block grant and analyzed qualitatively.

What We Need From You:

As you respond to the primary needs assessment questions today, we ask that you think about the questions through the lens of health equity and justice, social determinants of health, prevention and life course, and the role of partnerships. We strongly encourage you to use your full breadth of experience and perspective, and to not think about the questions based solely on your role as an employee of an organization or as a member of a workgroup.

The Questions:

1. What are the emerging and on-going health **needs** of women, children, and families in Washington State?
2. Statewide, what are our **strengths** in responding to these needs?
3. Statewide, what are the **gaps** or improvements needed?

Closing and Next Steps:

- Meeting Minutes and Recording will be available in the coming weeks
 - Please fill out [evaluation](#)
 - Please fill out [form](#) with any program updates
 - Send questions or additional info to Linda:
Linda.Ramirez@doh.wa.gov
- Dan Thompson Memorial Fund Video Project: Relationships
 - Zoom Link:
<https://us06web.zoom.us/j/81388847423?pwd=zb5hJALytcWiuebHjpkQstjMkuPOK9.1>
 - Meeting ID: 813 8884 7423 Passcode: 371507



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