

Children & Youth Behavioral Health Workgroup (CYBHWG)

Wednesday, June 16th
2:00pm – 5:00pm

Attendees					
<input checked="" type="checkbox"/>	Representative Lisa Callan, Co-Chair	<input checked="" type="checkbox"/>	Dr. Robert Hilt	<input type="checkbox"/>	Michele Roberts
<input checked="" type="checkbox"/>	MaryAnne Lindeblad, Co-Chair	<input checked="" type="checkbox"/>	Kristin Houser	<input type="checkbox"/>	Joel Ryan
<input type="checkbox"/>	Dr. Avanti Bergquist	<input checked="" type="checkbox"/>	Avreayl Jacobson	<input type="checkbox"/>	Noah Seidel
<input checked="" type="checkbox"/>	Tony Bowie	<input checked="" type="checkbox"/>	Kim Justice	<input checked="" type="checkbox"/>	Mary Stone-Smith
<input checked="" type="checkbox"/>	Representative Michelle Caldier	<input checked="" type="checkbox"/>	Nichole Jensen (non-voting)	<input checked="" type="checkbox"/>	Representative My-Linh Thai
<input checked="" type="checkbox"/>	Senator Jeannie Darneille	<input type="checkbox"/>	Andrew Joseph, Jr.	<input type="checkbox"/>	Jim Theofelis
<input type="checkbox"/>	Jamie Elzea	<input checked="" type="checkbox"/>	Michelle Karnath	<input type="checkbox"/>	Dr. Eric Trupin
<input checked="" type="checkbox"/>	Representative Carolyn Eslick	<input checked="" type="checkbox"/>	Judy King	<input type="checkbox"/>	Senator Judy Warnick
<input checked="" type="checkbox"/>	Dr. Thatcher Felt	<input checked="" type="checkbox"/>	Sarah Kwiatkowski	<input type="checkbox"/>	Mandy Weeks-Green
<input checked="" type="checkbox"/>	Tory Gildred	<input checked="" type="checkbox"/>	Amber Leaders	<input checked="" type="checkbox"/>	Lillian Williamson
<input checked="" type="checkbox"/>	Camille Goldy	<input checked="" type="checkbox"/>	Laurie Lippold	<input type="checkbox"/>	Dr. Larry Wissow
<input type="checkbox"/>	Dorothy Gordor	<input type="checkbox"/>	Lauren Magee	<input type="checkbox"/>	Jackie Yee
<input checked="" type="checkbox"/>	Summer Hammons	<input checked="" type="checkbox"/>	Cindy Myers	<input type="checkbox"/>	

Staff: Rachel Burke, Kimberly Harris, and Lucas Springstead

Agenda Items	Notes
<p>Updates</p> <p>Rate Increases</p>	<p><i>Retirement celebration for MaryAnne Lindeblad - see page 3 and TVW video (00:06:50).</i></p> <p>MaryAnne Lindeblad See page 4 and TVW video (29:11).</p>
<p>PAL/Children and Teens Referral Assist</p>	<p>Bob Hilt, Seattle Childrens’ See TVW video (43:20).</p> <ul style="list-style-type: none"> • Access very difficult recently; average 4-8 week waits to see a clinician. • A few BHAs are closed to new clients. • Therapy for kids under 12 is hard to get across the state. • Receiving increased requests for BIPOC providers. • In contrast to other years, there’s been no drop in BH needs during summer.
<p>Senate Bill 5476 – State v. Blake legislation</p>	<p>Tony Walton, HCA-Division of Behavioral Health & Recovery See fact sheet (page 6), slide deck (page 8), and TVW video (51:57)</p> <ul style="list-style-type: none"> • Allows law enforcement officers to refer individuals to services instead of arrest and jail. • Recommends prosecuting attorneys divert cases that fall under the new drug statutes. • Expanded to include substance use disorder, youth services, and geriatric services.
<p>House Bill 1477 – 988 legislation</p>	<p>Allison Wedin, HCA – HCA-Division of Behavioral Health & Recovery See page 14 and TVW video (1:08:25).</p> <ul style="list-style-type: none"> • Expands services for youth. • Adds a minimum of 6 additional youth mobile crisis teams, to be in place by FY 2022. • Would allow law enforcement to refer individuals to services instead of jail and arrest. • Includes CYBHWG on Crisis Response Improvement Strategy (CRIS) committee. ¹

Subgroup reports Workforce & rates	Hugh Ewart & Laurie Lippold <i>See TVW video (1:35:35).</i>
Prenatal to 5 relational health	Bridget Lecheile <i>See TVW video (1:44:15).</i>
School-based behavioral health & suicide prevention	Camille Goldy & Mark McKechnie <i>See TVW video (1:50:00).</i>
Youth & young adult continuum of care	Representative Lauren Davis & Representative Carolyn Eslick <i>See TVW video (1:52:52).</i> <ul style="list-style-type: none"> • Rep. Eslick will co-chair the YYACC. Looking at adding parent and youth leads as well. • Meetings will be scheduled after leadership is in place.
Behavioral health integration	Kristin Houser & Sarah Rafton <i>See TVW video (1:57:00).</i>
Public Comment	<i>No public comments received.</i>
Focus for the 2021 interim	Representative Lisa Callan <i>See TVW video (2:05:10).</i> <i>See page 17 for Chat log.</i>

Children and Youth Behavioral Health Work Group

➤ *Thank you, MaryAnne!*



*Leader, partner, transformational
change-maker....*

Thank you for your leadership in creating success through commitment, vision, head and heart...

...championing the needs of Washington's children and youth, and their families...

...and making generational change in their ability to thrive.

Best wishes on the road ahead!

Apple Health (Medicaid) provider rate increases

Mon, 06/07/2021

In [her end-of-session message](#), HCA Director Sue Birch shared that the 2021-23 state operating budget includes significant investments in Apple Health (Medicaid) provider rates to support the goal of a whole-person, equitable health care delivery system.

Governor Jay Inslee [signed the budget on May 18](#).

In addition to our state budget, the American Rescue Plan Act (ARPA) passed by Congress in late March has significant financial implications for Apple Health.

We are working on both rate and ARPA impacts now with our federal partners.

Change effective beginning October for Apple Health (Medicaid) managed care

Because HCA must wait for federal approvals and because many of the rate changes included in the budget are effective beginning October 2021, HCA plans to apply an October managed care rate update.

This means that added funding will likely flow beginning October, and providers should expect retrospective rate increases (some sort of settlement) afterward for those rate increases that the Legislature made effective prior to October.

The specific rate increase that an individual provider will receive will depend on multiple factors, such as federal approvals and the type of contract providers have with Medicaid managed care plans. As HCA learns more details, our team will provide more details and work closely with providers and the Medicaid managed care plans between now and October.

Primary care

- \$123M for the 21-23 fiscal years to increase access to care for adults, children, and babies (like the previous Affordable Care Act primary care rate enhancement) (effective October)

Behavioral health

- \$17M (for the 2021-23 fiscal years) to increase specific low-level codes (effective October)
- \$55M (for the 2021-23 fiscal years) for 2 percent increase for all managed care services. (retro to April 2021; HCA must work with our federal partners to determine method for funds flow, but we hope to have that ready prior to October)
- \$31M (one-time grant funding) for COVID-19 provider relief funding (non-managed care; effective July, but the grant program may take longer to implement and distribute funds)
- [View details on other key behavioral health investments](#) in the 2021-23 budget, including provider increases.

Dental

- \$76M (for the 2021-23 fiscal years, and ongoing) to increase access to care (non-managed care; effective July)

Family planning

- \$16M (for the 2021-23 fiscal years, and ongoing) increases rates to Title X clinics (effective October)

Tribal health

- SUD (\$15.7M, up to cost based rate), Health homes (\$1.6M), and PCCM (\$258K) (all for the 2021-23 fiscal years, and ongoing)

Additional investments

- Non-emergency medical transportation, sole community hospital, mobile crisis, home health

Engrossed Senate Bill 5476

Responding to the *State v. Blake* decision by addressing justice system responses and expansion of behavioral health services

Substance use recovery services plan

The Health Care Authority (HCA) will establish a committee which is tasked with developing measures to assist persons with Substance Use Disorder (SUD) in accessing outreach, treatment and recovery support services that are low barrier, person centered, informed by people with lived experience, and culturally and linguistically appropriate.

Advisory committee

HCA will establish a substance use recovery services advisory committee (Committee). HCA must appoint members to the committee who have relevant background related to the needs of persons with substance use disorders and be reflective of the community of individuals living with substance use disorders. The Committee shall include legislative representation and several local and national experts.

Substance use recovery services plan

The Committee will inform the development of the substance use recovery services plan (Plan). The Plan will include measures to assist persons with SUD in accessing outreach, treatment and recovery support services that are low barrier, person centered, informed by people with lived experience, and culturally and linguistically appropriate. The Plan will establish a fundamental framework for regional capacity for community-based care access points, address barriers in access to existing systems, and design a mechanism for referring individuals into supportive services.

Timeline

Preliminary report	12/1/2021
Final plan	12/1/2022
Adopt rules/contract	12/1/2023

Recovery navigator program

Each Behavioral Health Administrative Services Organization (BHASO) shall establish a recovery navigator program to deliver community-based outreach, intake, assessment, and connection to services for individuals with an SUD who encounter law enforcement and other first responders.

Uniform program standards

HCA will develop uniform program standards modeled upon Law Enforcement Assisted Diversion (LEAD). The Standards will consider the nature of referral into the recovery navigator program, followed by long term intensive case management. In developing response time requirements within the statewide program standards, HCA shall require, subject to the availability of amounts appropriated for this specific purpose, that responses to referrals from law enforcement occur immediately for in-custody referrals and shall strive for rapid response times to other appropriate settings such as emergency departments.

Recovery navigator program strategic plan

Before receiving funding for implementation and ongoing administration, each BHASO must submit a program plan that demonstrates the ability to fully comply with statewide program standards. Each recovery navigator strategic plan must address requirements to maintain enough trained personnel to provide intake and referral services, conduct assessments, deliver intensive case management, and make warm handoffs to treatment and recovery support services along the continuum of care.

Funding

- \$25 million General Fund-State SFY22
- \$20 million General Fund-State SFY23

Expanded recovery support services

HCA will establish the expanded recovery support services program to increase access to recovery services for individuals in recovery from substance use disorder (SUD). In establishing the program, HCA shall consult with Behavioral Health Administrative Services Organizations, regional behavioral health providers, and regional community organizations that support individuals in recovery from SUD to adopt regional expanded recovery plans. The regional expanded recovery plans will include input from the substance use recovery services advisory committee, and are consistent with the substance use recovery services plan, both established in section one of ESB 5476.

Regional expanded recovery plan

The regional expanded recovery plans will consider sufficient access for youth and adults to meet each region's needs for the following:

- Recovery housing;
- Employment pathways, support, training, and job placement;
- Education pathways, including recovery high schools and collegiate recovery programs;
- Recovery coaching and SUD peer support;
- Social connectedness initiatives;
- Family support services;
- Technology-based recovery support services;
- Transportation assistance; and,
- Legal support services.

Timeline

Establish regional recovery plan	1/1/2023
Distribute grant funds, if allocated	3/1/2023

Funding

Clubhouse Services Expansion

\$1.6 million General Fund-State	SFY22
\$3.1 million General Fund-State	SFY23
\$3.8 million Federal	Biennium

Short Term Housing Vouchers

\$0.5 million General Fund-State	SFY22
\$0.5 million General Fund-State	SFY23

SUD Family Navigator Services Grant Program

\$0.5 million General Fund-State	SFY22
\$0.5 million General Fund-State	SFY23

Homeless Outreach Stabilization Transition (HOST) expansion

HCA will expand homeless outreach stabilization transition (HOST) programs with the goal of expanding access to modified Assertive Community Treatment delivered by multi-disciplinary teams. The teams will perform outreach and engagement to individuals who are living with SUD and are experiencing lack of, or transitioning from, housing.

HCA will consult with outreach organization who have experience delivering this services model to establish guidelines regarding team staffing, service intensity, quality fidelity standards, and metrics to verify programs are targeting the priority population.

Timeline

Expand HOST Programs	1/1/2024
Distribute Grant Funds	3/1/2024

Funding

\$5 million General Fund-State	SFY22
\$7.5 million General Fund-State	SFY23

Other Supportive Programs

Medications for Opioid Use Disorder (MOUD) in jail

HCA will expand efforts to provide opioid use disorder medication in city, county, regional, and tribal jails.

Funding- MOUD in jail

\$2.5 million General Fund-State	SFY22
\$2.5 million General Fund-State	SFY23

Opioid treatment network enhancement

HCA will increase contingency management resources for opioid treatment networks that are serving people with stimulant use disorder.

Funding- Opioid treatment network

\$0.5 million General Fund-State	SFY22
\$0.5 million General Fund-State	SFY23

Questions?

Tony Walton- Senior SUD Project Manager

tony.walton@hca.wa.gov

360.764.9125



ESB 5476- Addressing *State v. Blake*

CYBHWG
06.16.21

Washington State
Health Care Authority

State v. Blake

On Feb. 25, 2021, the Washington Supreme Court issued a decision declaring the state's main drug possession statute RCW 69.50.4013(1) unconstitutional and "void."

The ruling occurred in a case known as State v. Blake. In 2016, Shannon Blake was arrested in Spokane and convicted of simple drug possession.

The law criminalized "unknowing" drug possession and people could be arrested and convicted even if they did not realize they were in possession of drugs.

Law enforcement

Basic Law Enforcement Academy Training

- Interaction with persons with substance use disorders including persons with co-occurring substance use and mental health conditions.
- Training on referring individuals to treatment and recovery services, and the unique referral process for youth.
- Developed and implemented by 07.01.22.

Amendments to Chapter 10.31 (Warrants and arrests)

- Directs police officers to refer individuals with substance use disorders to community-based programs, include youth, adult, or mobile crisis response services.

Prosecutors

- Encouraged to divert cases for assessment, treatment, or other services

Substance Use Recovery services plan

Committee

- HCA will Establish advisory committee
- Appoint members
- At least one youth in recovery who has been in the criminal legal system

The Plan

- The Committee will create the Plan
- Address barriers to accessing treatment
- Plan and subsequent Rules/Contracts must give due consideration to youth experience

Framework & design

- Requirements for diversion to community-based services.
- Design referral mechanism for community-based engagement with treatment and recovery support services

Continuum of Integrated Services

Recovery Support Services- Expansion

- Homeless outreach stabilization transition (HOST) program
- SUD Family Navigator Grant Programs
- Expansion of Clubhouse- Community-Based Services

Recovery Navigator Program

- Provide community-based outreach, intake, assessment, referral, and long-term intensive case management services to youth and adults with substance use disorders who are referred to the program

Addressing Opioid Use Disorder

- Contingency Management for Opioid Treatment Networks
- Medications for Opioid Use Disorder in City, County, Tribal Jails



Questions?

Tony Walton, Senior Substance
Use Disorder Project Manager
tony.walton@hca.wa.gov
360-764-9125

E2SHB 1477: Implementation of the national 988 system to enhance and expand behavioral health crisis response and suicide prevention services.

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- ▶ **BACKGROUND:** The National Suicide Hotline Designation Act passed in 2020 establishes a national suicide prevention and behavioral health crisis hotline. **The go live date for the 3 digit “988” crisis number is July 2022**
 - ▶ E2SHB 1477 expands on the implementation of 988. It guides the implementation of call center hubs receiving the 988 calls, the technology platforms to operate and support them, and system of behavioral health crisis response services to support the needs of callers.
 - ▶ E2SHB 1477 implementation is called for in a phased approach to develop technology and designate call centers, establish a committee to assess the current crisis system and resources then advise the expansion of services, and by July 2024, to operate a system where crisis services will be available for linking and triage directly from the 988 platform to the caller.

E2SHB 1477

Roles

- Establishing crisis call center hubs and crisis response system response will require collaborative work between DOH and HCA.
- **DOH** shall have primary responsibility for establishing and designating the **crisis call center hubs**.
- **HCA** shall have primary responsibility for developing and implementing the **crisis system and services** to support the work of the crisis call center hubs.
- Investments to enhance the crisis response system include:
 - expansion mobile rapid response crisis teams
 - deployment of a wide array of crisis stabilization services such as 23- hr. crisis stabilization units, crisis stabilization centers, short-term respite facilities, peer run respite centers, same day walk in behavioral health services

Crisis Response Improvement Strategy Committee (CRIS)

- Established for the purpose of providing advice in developing an integrated behavioral health crisis response and suicide prevention system. The work of the **committee** shall be received and reviewed by a **steering committee**, which shall in turn form **subcommittees** to provide the technical analysis and input needed to formulate system change recommendations.
- HCA to appoint members
- Each subcommittee shall have at least one member representing the interests of stakeholders in a rural community, at least one member representing the interests of stakeholders in an urban community, **and at least one member representing the interests of youth stakeholders.**

Steering committee work with youth focus

- A recommended vision for an integrated crisis network in Washington that includes but is not limited to: An integrated 988 crisis hotline and crisis call center hubs; mobile rapid response crisis teams; mobile crisis response units for **youth**, adult, and geriatric population; a range of crisis stabilization services; an integrated involuntary treatment system; peer-run services including peer-run respite centers, adequate crisis respites services; and data resources.
- A work plan with timelines to enhance and expand the availability of community-based mobile rapid response crisis teams based in each region, **including specialized teams as appropriate to respond to the unique needs of youth, including American Indian and Alaska Native youth and LGBTQ youth**, and geriatric populations, including older adults of color and older adults with comorbid dementia.

June 16, 2021 CYBHWG Chat Log

Updates – Rate Increases

- Link to information: <https://www.hca.wa.gov/apple-health-medicaid-provider-rate-increases>
- It is our understanding that those low level BH codes were intended to apply in all practice settings where Medicaid providers use those codes, be that in private practice, primary care or community behavioral health. That was the intention of the recommendation from the CYBHWG.

Updates – Child Referral Assist/PALs

- Our most recent data shows 30% vacancy rates in clinical positions in community behavioral health agencies.
- Everything we see endorses that we need more therapists, and need better reimbursement for therapists to keep them in the workforce.

Updates – HCA – SB 5476 and HB 1477 implementation

- Just wanted to chime in to say hats off to the entire HCA team for ALL they're taking on. Blake and 988 alone are both HUGE, transformational change efforts and both landed in HCA's lap the same year. On top of that, HCA has 74 behavioral health funding provisos to implement (many are new programs), which I think is the most BH provisos ever (several of them from this workgroup!)
- Sharing some best practices from the model that HCA has been exploring for children and youth crisis response- Mobile Response and Stabilization Services (MRSS)

Subgroup updates

- If you are interested in receiving invites for any of the subgroups' meetings, send a request to cybhwg@hca.wa.gov

Workforce & Rates

Q: Is it a higher priority to focus on recruitment or retention?

Answers:

- *Both*
- *If you retain, that would help recruit at the same time/*
- *I would focus on retention and recruitment. We are losing employees to hirer paying jobs with less stress. Any work we can do to improve work conditions, increase pay, and help retain and recruit will help the youth of WA.*
- *Increasing pay rates for youth and family partners needs to be a priority. These positions have very low hourly wages and a huge, difficult work load.*