Children and Youth Behavioral Health Work Group – Youth & Young Adult Continuum of Care Subgroup (YYACC)

August 10, 2023

Glossary of Terms

AAC: Agency Affiliated Counselor (license)

DOH: Department of Health

DSHS: Department of Social & Human Services

HCA: Washington State Health Care Authority

HOST: Homeless Outreach Stabilization and Transition

NAMI: National Alliance of Mental Illness

PACT: Program for Assertive Community Treatment

SUD: Substance-Use Disorder

U of W: University of Washington

Meeting Topics

- Clarification and review of July 2023 emerging ideas and introduction of new ideas utilizing a collaboration tool for individual and group participation.
- Introduction to the prioritization process.

Ideas surfaced in the meeting:

Ideas Surfaced	**Description**
Support for PACT	Increase funding, staff pay and oversight, and program accountability and reporting
Wraparound PACT and Housing Services	Coordinate with HOST and other supportive services to provide supportive community spaces for people with severe mental illness
Peer Support Services	Explore viable implementation methods of Senate Bill2 5555

Discussion Summary

See page 5 for slides and additional materials

1. PACT – *presentation by PACT Family Advocacy member, Jerri Clark.*
    a. Provisions of PACT Programs:
        i. Team-based services designed for people with severe mental illness.
        ii. Assistance with activities of daily living, with "side-by-side assistance and support".
        iii. Peer support.
        iv. On-call 24/7 crisis services.
        v. Person-centered treatment plan.
        vi. Medication management following evidence-based practice standards
        vii. Team leader who "ensures that immediate changes are made as the consumer's needs change".
    b. DSHS, Disability Rights of Washington, & UW PACT Impact Report
        i. Identified problems: Short on staff, teams, training, leadership, oversight and accountability, and resources to support optimal function.
        ii. Findings and recommendations supported by NAMI Washington
    c. Need
        i. A 2020 study shows the prevalence of severe mental illness in Washington is greater than 3% of the adult population.
        ii. Service provision is in the community, which is a person's least restrictive setting.
        iii. Services are ongoing as opposed to inpatient short-term crisis stabilization.
        iv. PACT serves young adults who age out of WISe at age 20, comprising the majority population with severe mental illnesses.
        v. A viable avenue to help people discharge from state hospitals and stay out of the carceral system.
    d. *PACT Family Advocacy* proposed recommendations
        i. Funding: Increase overall PACT funding with a priority to enhance existing teams.
        ii. Staff Pay: Increase pay and require oversight to ensure funds are properly spent on critical staff and peers.
        iii. Training: Funding of a State position to oversee PACT staff development and training.
        iv. Accountability: Give oversight authority to HCA to ensure accountability.
        v. Outcomes: The state should track how well the PACT program is working and what the results are, so that they can use the data to make improvements.
2. HOST Program
    a. The legislature allocated 12.5 per biennium to HOST.

b. Collaborating with PACT on wraparound services to create supportive housing outreach, stabilization, and transition for people with severe mental illness would be mutually beneficial.
c. HOST is billed as a modified PACT team, and it provides a similar service delivery and array, the difference being an individual has to be experiencing homelessness to qualify. There is a need to look at both programs together, holistically.

3. Peer Support Services presentation by Theresa Adkison, MNLM, SUDP, CPC, Peer Support Services Supervisor, *HCA*

See page 30 for slides

a. Certified Peer Specialist licensure
b. WA state is among the first 11 states to offer certified peer counseling services and use Medicaid funding, having been implemented since 2005.
c. (2018) Introduced SUD peers and mental health peers as an allowable Medicaid benefit.
d. To date, Washington State has certified over 7000 peers with free training.
e. Second Senate Bill 5555 (*2SSB 5555):* Beginning July 1, 2025, certified peer specialists and trainees are established as new health professions that may engage in the practice of peer support services.
    i. It is a voluntary decision for a person practicing peer support services to become a certified peer specialist, or they can continue working as an AAC, unless that person or the person's employer bills a health carrier or medical assistance for those services.
    ii. HCA is currently working with DOH to figure out the convention for creating the new independent professional licensure and to implement it effectively while minimizing the impact on those already serving in the field.
    iii. The bill changes precedent, allowing people who are commercially insured, including 50% of the state's children, to access a youth or adult or family peer service of any kind, which previously didn't exist in Title XVIII of The Big Book of Health Professions.
    iv. Creating peers as its own profession allows the billing of peer services to all types of insurance in primary health care settings, previously restricted to individuals with Medicaid (agencies could not bill Medicaid for peer services).
    v. There is no Advisory Committee for peer services in the State, unlike with other health professions, but the HCA has started a separate peer advisory group.
f. By July 1, 2024, HCA must contract for a program to link eligible persons in recovery from behavioral health challenges who are seeking employment as peers with potential employers.
    i. The contractor must create and maintain a statewide database that is accessible to eligible persons and employers.

4. The Behavioral Health Catalyst shared the proposed 2023 subgroup recommendations prioritization process.

Next Meeting: August 24

- Determine leverage criteria and which emerging ideas are poised for the greatest impact.
- Narrow potential ideas.
- Preliminary prioritization discussion.

PACT Family Advocacy

OUR LOVED ONES WITH SEVERE MENTAL ILLNESS HAVE BEEN FAILED BY WASHINGTON STATE'S PROGRAM OF ASSERTIVE COMMUNITY TREATMENT

We never stopped trying to help

Our loved ones needed **what PACT promises:**

- Team-based services designed for people with severe mental illness
- Assistance with activities of daily living, with “side-by-side assistance and support”
- Peer support
- On call crisis services, 24/7
- Person-centered treatment plan
- Medication management following evidence-based practice standards
- Team leader who “ensures that immediate changes are made as the consumer’s needs change”

Those promises are listed in the State Program Standards

HCA.WA.GOV

Washington State Program of Assertive Community Treatment (PACT)
Program Standards

Adapted from the National Program Standards for ACT Teams (2003)
Revised 7/20/12

I. Introduction

The Program for Assertive Community Treatment (PACT) is a person-centered recovery-oriented mental health service delivery model that has received substantial empirical support for reducing psychiatric hospitalizations, facilitating community living, and enhancing recovery for persons with serious mental illnesses. PACT is designed specifically for persons who have the most severe and persistent mental illnesses, who have severe symptoms and impairments, and who have not benefited from traditional outpatient programs.

That isn't what PACT looked like for our loved ones. They got…

- Sometimes blamed for symptoms of their severe illness conditions
- Unnoticed when they needed help with daily living and "side-by-side assistance and support"
- Infrequent contact with peers
- Unhelpful, inadequate crisis response
- Limited mental health treatment
- Poor follow-through with medication management
- Limited, delayed response from the team when symptoms worsened or upon return from a hospitalization

For our loved ones, the failures of PACT led to:

- Death from suicide
- Imprisonment
- Homelessness

We want to help! We want PACT to work !

We've been talking with Health Care Authority staff, who guide and coordinate but don't regulate.

We show up at PACT stakeholder meetings. Staff tell us they do not have the resources to meet standards.

We've reviewed the program standards and discussed them with University of Washington staff who provide guidance on fidelity.

We've collected informal data from other families similarly frustrated about PACT.

We've reviewed a 2022-23 study by Disability Rights Washington, DSHS, and UW that shows PACT needs improvements. NAMI WA agrees with us too!

Everyone we talk to agrees that PACT isn't working like it should!

Not enough staff

Not enough teams

Not enough training

Not enough leadership

Not enough oversight or accountability

Not enough resources!

PACT is the state's most critical program for adults with SMI

- Services are provided in the community—a person's least restrictive setting.
- Services are ongoing, unlike hospitals that provide short-term crisis stabilization only.
- PACT serves young adults too old for WISe (age out at 20).

Estimated Prevalence of Severe Mental Illness in Washington (2020)

- Total adult population: 6,024,689
- Individuals with schizophrenia: 66,272
- Individuals with severe bipolar disorder: 138,568

(SOURCE: NIMH and US BUREAU OF THE CENSUS, 2020)

PACT provides a viable way to help people discharge from state hospitals and stay out of jails and prisons.

Federal judge fines WA agency $100 million for mental health failures

July 7, 2023 at 5:17 pm | *Updated July 7, 2023 at 7:22 pm*

Washington state officials have struggled to get people in jail moved to state psychiatric facilities like Western State Hospital in Lakewood, due to shortages of inpatient beds. (Ellen M. Banner / The Seattle Times)

By Esmy Jimenez

Seattle Times staff reporter

Despite its importance, PACT is funded at half the rate of WISe…

…and there aren't enough people talking about why this critical program is failing to meet the needs of the population it's designed to serve!

Photo of Jerri and Matt Clark in their son's Seattle apartment after his 2019 death from suicide, while in the care of a PACT team.

We ask YYACC and CYBHWG to recommend:

Funding	Staff pay	Training	Accountability	Outcomes
Increase overall PACT funding, with a priority to enhance existing teams	Increase pay and require oversight to ensure money is properly spent for critical staff, including peers	Fund a state position to oversee PACT staff development and training	Give oversight authority to HCA to ensure accountability	Require the state to track PACT fidelity and outcomes and use data for improvements

Thank you

Our PACT Family Advocacy group welcomes your questions and correspondence.

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Assessing Need for PACT Services in Washington State

MAY 31, 2023

This report, produced by a collaboration of researchers with the University of Washington Department of Psychiatry and Behavioral Sciences and the DSHS Research and Data Analysis Division, has been completed as part of a contract with Disability Rights Washington to evaluate the need for expansion of PACT and other PACT-like services in Washington State for patients discharging from a state psychiatric hospital setting.

Overview

The Program of Assertive Community Treatment (PACT), also known as ACT, is an evidence-based psychosocial program designed to provide intensive, comprehensive services in the community to adults with serious mental illness (SMI). This multidisciplinary service team incorporates other evidence-based practices such as supported employment and cognitive behavioral therapy for psychosis to meet the broad needs of people served. Program inclusion criteria include: (1) a diagnosis of a schizophrenia-spectrum or other psychotic disorders, or bipolar disorder; (2) continuous high service needs (e.g., multiple acute hospitalizations, long-term hospitalization, high use of crisis services, or significant justice system involvement); and (3) significant challenges with role functioning (e.g., challenges with maintaining employment, housing, basic self-care, or social connections). Typically, one of the most intensive community-based programs offered in any continuum of care, PACT is a critical feature of a balanced system of care focused on promoting community integration and inclusion for persons with serious mental illness.

PACT is the most extensively studied community-based psychosocial program for people with SMI, with over 25 randomized controlled trials[1,2] and multiple systematic reviews and review papers.[3,4,5,6] Across studies, PACT participants experience greater lengths of stay in the community, especially for those with the highest rates of psychiatric hospitalization.[7] Participants in PACT also demonstrate improvements in housing outcomes, such as decreased homelessness, increased residential stability, and independence in living arrangements.[8] Studies also find that PACT participants experienced more sustained engagement

[1] Bond, G. R., Drake, R.E., Mueser, K.T., & Latimer, E. (2001). Assertive community treatment for people with severe mental illness. *Disease Management and Health Outcomes, 9(3*), 141-159.
[2] Dixon LB, Dickerson F, Bellack AS, et al. (2010). The 2009 schizophrenia PORT psychosocial treatment recommendations and summary statements. *Schizophrenia Bulletin, 36,* 48–70.
[3] Burns, T., Catty, J., Dash, M., Roberts, C., Lockwood, A., & Marshall, M. (2007). Use of intensive case management to reduce time in hospital in people with severe mental illness: systematic review and meta-regression. *British Medical Journal, 335*, 336-340.
[4] Coldwell, C. M., & Bender, W. S. (2007). The effectiveness of assertive community treatment for homeless populations with severe mental illness: A meta-analysis. *American Journal of Psychiatry, 164*, 393-399.
[5] McDonagh, M., Dana, T., Kopelovich, S., Monroe-DeVita, M., Grusing, S., Blazina, I., Bougatsos, C., & Selph, S. (2022). Psychosocial interventions for adults with schizophrenia: An overview and update of systematic reviews. *Psychiatric Services, 73*, 299-312. doi: 10.1176/appi.ps.202000649.
[6] Nelson, G., Aubry, T., & Lafrance, A. (2007). Review of the literature on the effectiveness of housing and support, assertive community treatment, and intensive case management interventions for persons with mental illness who have been homeless. *American Journal of Orthopsychiatry, 77*, 350-361.
[7] Cuddeback G.S., Morrissey J.P., Domino M.E., Monroe-DeVita M., Teague G.B., & Moser L.L. (2013). Fidelity to Recovery-Oriented ACT Practices and Consumer Outcomes. *Psychiatric Services, 64(4),* 318-323.
[8] Coldwell, C. M., & Bender, W. S. (2007). The effectiveness of assertive community treatment for homeless populations with severe mental illness: A meta-analysis. *American Journal of Psychiatry, 164*, 393-399.

in treatment[9] and expressed higher satisfaction with services.[10] PACT has also been found to be cost-effective compared to standard case management, especially when targeting services for those who meet admission criteria with higher numbers of bed days in the previous year.[11] [12]

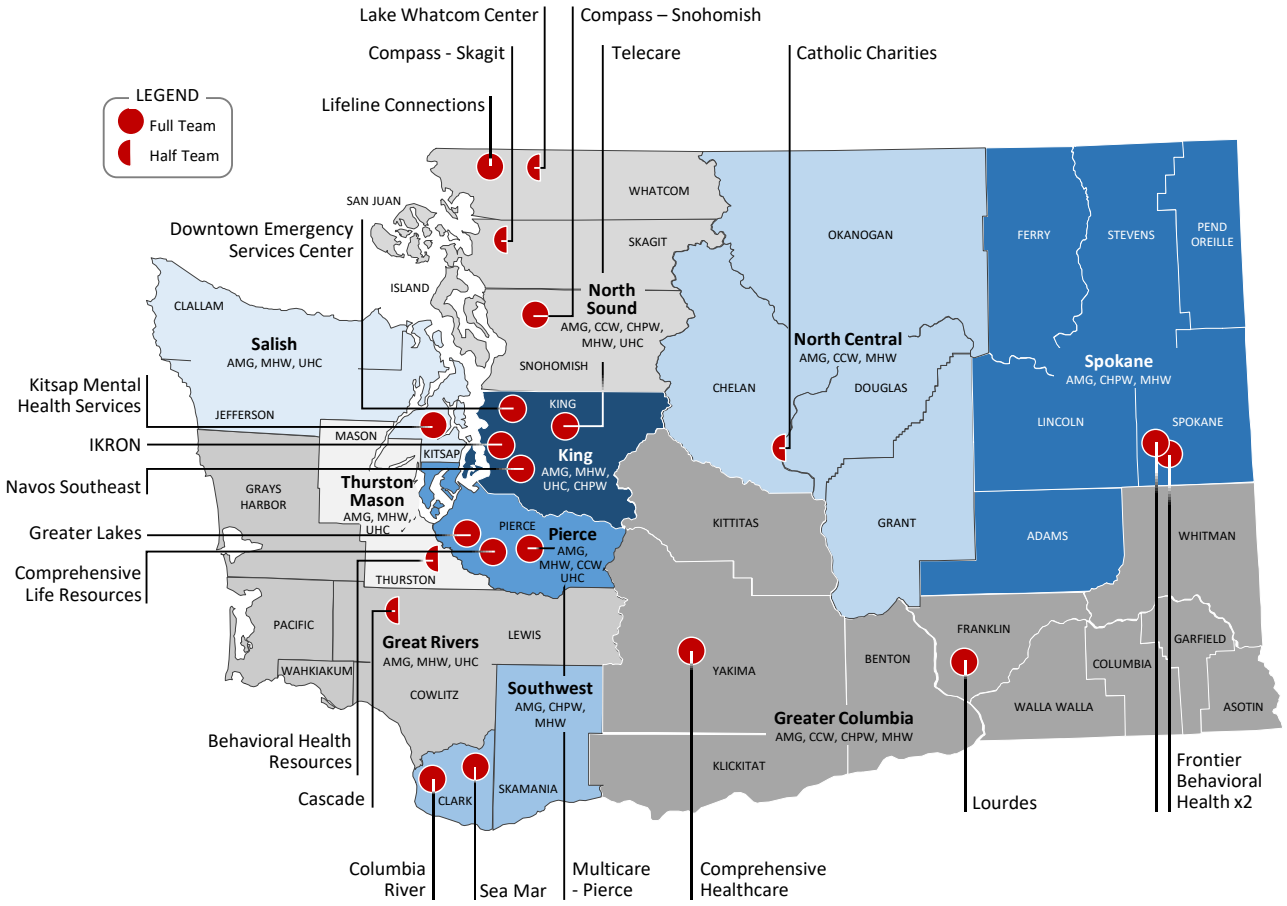
This report, produced by a collaboration of researchers with the University of Washington Department of Psychiatry and Behavioral Sciences and the DSHS Research and Data Analysis Division, has been completed as part of a contract with Disability Rights Washington (DRW) to evaluate the need for expansion of PACT in Washington State and other PACT-like services for patients discharging from a state hospital setting.[13] The term "PACT-like services" is used to denote community-based behavioral health services of similar intensity provided to persons with SMI. For example, Intensive Residential Treatment (IRT) teams, which deliver community-based services in adult family homes or assisted living facilities, support persons needing wraparound support after discharge or to divert from state hospitals or long-term hospitalizations. Similarly, the Telecare Community Alternatives Teams (T-CAT) offer transitional support for individuals discharging from higher levels of care, and diversion services and crisis support to minimize emergency department and inpatient admission for the broader population of Medicaid-eligible adults. For youth aged 18 to 20, a portion of the estimated need for PACT services may be met by the Wraparound with Intensive Services (WISe) program. Other intensive community-based behavioral health services delivered outside the context of the PACT program likely also address a significant portion of estimated need for PACT or PACT-like services.

Washington State PACT

Washington State PACT teams were implemented in 2006 as a response to decrease wait lists for state hospital admissions and to provide community alternatives to inpatient care.[14] Funding from the Washington State Legislature included $2.2 million for development and training, and $10.4 million per

[9] Bond, G. R., McGrew, J. H., & Fekete, D. M. (1995). Assertive outreach for frequent users of psychiatric hospitals: A meta-analysis. *Journal of Mental Health Administration, 22*, 4-16.
[10] Mueser, K. T., Bond, G. R., Drake, R. E., & Resnick, S. G. (1998). Models of community care for severe mental illness: A review of research on case management. *Schizophrenia Bulletin, 24*, 37-74.
[11] Latimer, E. (1999). Economic impacts of assertive community treatment: A review of the literature. *Canadian Journal of Psychiatry, 44*, 443-454.
[12] Wolff, N., et al., (1997). Cost-effectiveness evaluation of three approaches to case management for homeless mentally ill clients. *American Journal of Psychiatry, 154(3)*, 341-8.
[13] WA Civil Discharge Settlement Agreement. https://www.disabilityrightswa.org/cases/civil-discharge-settlement/.
[14] Bjorklund, R., Monroe-DeVita, M., Reed, D., Toulon, A., & Morse, G. (2009). Washington state's initiative to disseminate and implement high-fidelity ACT teams. *Psychiatric Services, 60(1)*, 24-27. doi:10.1176/ps.2009.60.1.24.

year to implement 10 new PACT teams statewide. Of the 10 teams, 6 were designated as "full" teams (serving 80-100) and 4 "half" teams (serving 42-50). Since that time, the number of teams has expanded to 21, including 16 full teams and 5 half teams (see map below). The average cost per engaged PACT client per month is estimated to be approximately $1,800 in SF 2023, with direct service funding projected to increase by 15 percent in the 2023-25 Biennium.



Estimates of Need for PACT and PACT-Like Services in Washington State

Estimates of need for PACT and PACT-like services are forecast through SFY 2025 and derived from concepts developed by Cuddeback et al. (2006).[15] The original Cuddeback method for estimating the proportion of the adult population in need of PACT services is based on the number of persons (a) meeting serious mental illness diagnosis criteria, (b) qualifying for federal disability programs such as SSI or SSDI, and (c) experiencing three or more psychiatric hospitalizations in a 12-month period. The

[15] Cuddeback, et al. How Many Assertive Community Treatment Teams Do We Need? Psychiatric Services, December 2006 Vol. 57 No. 12, pp 1803-1806.

method, when applied to administrative data for a large urban county in North Carolina, produced an ACT (PACT) population prevalence estimate of 0.06 percent.

We develop a range of need estimates leveraging criteria developed by Cuddeback et al. The first method simply applies the prevalence estimate of 0.06 percent to the Washington State population of adults aged 18 to 75. The age range is based on the observed age distribution among persons receiving PACT services in Washington State in calendar year (CY) 2019. We note that applying the 0.06 percent prevalence to the wider 18 to 75 age range results in a higher need estimate than if we were to use the 18 to 64 age range applied by Cuddeback et al.

The second method identifies the number of persons meeting one or more of the following service utilization criteria in CY 2019:

- Received PACT services in CY 2019, or
- Experienced three or more psychiatric hospitalizations in CY 2019, or
- Was served in a state psychiatric hospital civil setting in CY 2019.

Estimates were developed from CY 2019 data to mitigate the dampening effect on service utilization observed during the COVID pandemic. Tabulations based on CY 2019 experience are projected forward through 2025 based on state population forecasts from the Governor's Office of Financial Management (OFM) for persons aged 18 to 75. This approach is somewhat more liberal than a strict interpretation of the Cuddeback method:

- Disability program participation is not required.
- Mental illness diagnosis exclusions are not applied, whereas Cuddeback, et al restricted the PACT eligible population to persons with schizophrenia; affective disorders, with the exception of major depression, single episode; delusional disorders; and psychotic disorders, not otherwise specified.
- PACT program participants who do not meet the inpatient hospitalization condition are included.

It is important to recognize that this method is not intended to imply that all persons meeting the hospitalization criteria require PACT or PACT-like services in a given year. In other words, this method is not designed to identify specific individuals requiring PACT or PACT-like services, but rather to identify the size of a risk pool reasonably construed to need such services for program sizing purposes.

The Cuddeback method does not indicate whether the resulting estimate should be interpreted as a "monthly caseload" target or the "annual unduplicated" number of persons expected to be served over a 12-month period. Based on an examination of current caseloads in a group of comparison states with mature PACT programs, we assume that estimates generated by these methods reflect monthly caseload targets, rather than annual unduplicated client targets. We note that the annual unduplicated number served will be substantially greater than the average monthly caseload, due to the movement of participants through the program and the fact that not all persons receiving PACT in a 12-month period will be engaged in PACT services for the entire period.

Table 1 provides PACT and PACT-like service need estimates based on Cuddeback's 0.06 percent prevalence estimate applied to the State population of persons aged 18 to 75, as projected for April 1st of the corresponding State Fiscal Year (SFY) in OFM population forecasts.[16] Based on this method, we project the need for PACT and PACT-like services at a monthly caseload of 3,432 persons in SFY 2023. Near-term population growth in this age range is projected to be modest, increasing estimated need for PACT and PACT-like services to an average monthly caseload of 3,486 persons in SFY 2025.

Table 1. Estimate of PACT and PACT-Like Service Need Based on Cuddeback Prevalence Estimate

STATEJ FISCAL YEAR	OFM POPULATION ESTIMATE AGE 18-75	POPULATION GROWTH RELATIVE TO PRIOR YEAR	MONTHLY NEED @ 0.06% OF POPULATION
2020	5,587,661	N/A	3,315
2021	5,628,367	0.73%	3,365
2022	5,692,904	1.15%	3,396
2023	5,746,882	0.95%	3,432
2024	5,789,531	0.74%	3,461
2025	5,832,054	0.73%	3,486

Table 2 provides PACT and PACT-like service need estimates derived from the second method based on inpatient psychiatric service utilization and PACT program participation in Washington State in CY 2019, trended forward to SFY 2025 based on projected growth in the population of persons aged 18 to 75. The

[16] Forecasts of the State Population by Age and Sex by the Washington State Office of Financial Management Forecasting and Research Division, November 2022. Available at https://ofm.wa.gov/washington-data-research/population-demographics/population-forecasts-and-projections/state-population-forecast

two approaches produce similar estimates of the need for PACT and PACT-like services. The estimates based on actual PACT enrollment and psychiatric inpatient experience in Washington State reflect our preferred model because they are based on relatively current utilization data for Washington State, rather than significantly older utilization data from a different state. Our preferred model produces somewhat higher forecasts, with estimated need for PACT and PACT-like services increasing from 3,710 average monthly participants in SFY 2023 to 3,765 in SFY 2025.

We examined the reasonableness of these monthly caseload targets in relation to states identified as having relatively mature ACT (PACT) programs. Comparison states included Minnesota, New York, North Carolina, and Pennsylvania. Based on data on these states received from Assertive Community Treatment researcher Lorna Moser developed as part of a National ACT Study funded by Arnold Ventures, we estimate that Washington State's current monthly PACT caseload would be approximately 3,100 clients if the state had the same level of utilization as the comparison states, adjusted for population size.

Table 2. Estimate of PACT and PACT-Like Service Need Based on Washington State Utilization Data

YEAR	POPULATION GROWTH RELATIVE TO PRIOR PERIOD	MONTHLY NEED FOR PACT OR PACT-LIKE SERVICES
CY 2019	N/A	3,567
SFY 2020	1.13%	3,607
SFY 2021	0.73%	3,634
SFY 2022	1.15%	3,675
SFY 2023	0.95%	3,710
SFY 2024	0.74%	3,738
SFY 2025	0.73%	3,765

Discussion

Table 2 above provides our preferred forecast of need for PACT and PACT-like services based on CY 2019 PACT enrollment and psychiatric inpatient experience in Washington State, projected forward to SFY 2025 based on forecast population growth. The term "PACT-like services" is used to denote community-

based behavioral health services of similar intensity, such as provided through Intensive Residential Treatment (IRT) teams supporting persons needing wraparound support who are discharging or diverting from state hospitals or long-term hospitalizations. IRT teams deliver services in community settings such as adult family homes or assisted living facilities. We note that on an average monthly basis in SFY 2022, there were 384 persons receiving IRT services. For transition-aged youth aged 18 to 20, a portion of estimated need for PACT services may be met by the Wraparound with Intensive Services (WISe) program. We note that 263 youth aged 18 to 20 received WISe services in SFY 2022. Operating in Thurston, Mason, and Pierce counties, in SFY 2022 the Telecare Community Alternatives Teams (T-CAT) program served an average monthly caseload of 349 transition patients, with an overage length of stay of approximately 4 months.

Other intensive outpatient community behavioral health services may also be sufficient to address a portion of estimated need. While the average monthly PACT caseload in SFY 2022 based on available encounter data was 840 clients, over the same period an average monthly caseload of 3,804 PACT and non-PACT clients with schizophrenia or related psychotic disorders or mania/bipolar disorders received 10 or more days per month of community-based behavioral health services. This indicates that a substantial number of persons meeting PACT program eligibility criteria were receiving intensive community behavioral health services outside the context of the PACT program.

The existing 21 PACT teams appear to be operating below their full capacity. An average effective full capacity of 90 for full teams and 45 for partial teams would project to an average monthly PACT caseload of 1,665 clients. Based on available encounter data, the average monthly PACT caseload in SFY 2022 was 840 clients, a gap of 825 clients. We note that supporting current PACT teams to reach their full potential would provide ample capacity to address the needs of persons discharged from a state hospital civil setting. In SFY 2022, there were approximately 40 state hospital civil discharges per month, including civil conversion patients. Based on PACT program encounter data for the CY 2019 to CY 2021 time period, average length of stay in the PACT program was about 15 months. If there were 10 additional persons per month discharging from a state hospital civil setting to the PACT program, the resulting long-term increase in the PACT program monthly caseload would be about 150 persons. Increasing the ability of current PACT teams to support utilization levels approaching full capacity would likely be sufficient to meet the needs of all persons discharged from a state hospital civil setting who might benefit from the program.

A plan to stabilize existing PACT teams should address identified barriers to fidelity and sustainability of the program. The COVID-19 pandemic exacerbated many of the challenges that already existed prior to the pandemic, especially the behavioral health workforce shortage and lack of affordable, quality housing. A 2021 needs assessment among WA PACT teams found the following challenges rated most highly (in order, starting with the highest) among team leaders: (1) low pay or poor benefits for staff; (2) inadequate funding for start-up, recruitment, non-billable hours, or staff training; (3) low staff retention; (4) lack of behavioral health agency leadership support (outside the team); (5) lack of support to advance team leadership, supervision, or management of team dynamics; and (6) extensive regulatory requirements (Choy-Brown, 2021). Further, the fact that teams had to pivot to using telehealth and phone contacts during the height of COVID restrictions also disrupted high fidelity approaches such as high frequency and intensity in-person service contacts with individuals and natural supports; many teams cite that it has been difficult to pivot back to previous ways of delivering services in a high-fidelity manner. Additional challenges discussed among PACT team members at a statewide symposium facilitated by the UW PACT Training Team included more complex psychiatric and substance use disorder issues (e.g., fentanyl overdoses), as well as assaultive behavior among those referred to and served by PACT teams. Low staff morale and burnout were also widely cited as major challenges for existing PACT teams.

Solutions to address these challenges need to be at the delivery system, agency, and program/team levels. At the delivery system level, an increase in PACT program funding may be needed to support the ability of existing PACT teams to operate at full capacity. Low pay and inadequate funding were identified as the greatest program challenges in the 2021 needs assessment. As one point of comparison, PACT is funded at about half the level of the WISe program on a per-participant per-month basis. There is anecdotal evidence that some providers have “unbundled” their services from the PACT model because it is financially advantageous for them to do so. The data presented above showing that the vast majority of persons with schizophrenia or related psychotic disorders or mania/bipolar disorders who are receiving intensive community behavioral health services are served outside of the PACT program is consistent with this concern.

At the program level, the UW PACT Training Team will help to address challenges by re-engaging in fidelity reviews after a three-year hiatus due to the pandemic. They will use fidelity results as a blueprint to tailor training and consultation across teams based on common needs as well as individualized training and consultation to address individual team level needs. Two areas of expansion will include the

development of more team leader training and supervision resources, as well as working with individual agencies to help address their larger needs; this will include assessment of agency culture and climate and training on what it takes to support high-fidelity PACT.

Dear Youth and Young Adult Continuum of Care subcommittee of CYBHWG,

We are a grassroots family advocacy group seeking improvements to Washington State's Program of Assertive Community Treatment (PACT). Our loved ones with severe mental illness have been failed by PACT, a critically important option within the continuum of care that isn't working like it should.

Our advocacy group is seeking legislation to improve PACT funding and service delivery. Our hope is that our presentation will help YYACC prioritize PACT in its recommendations to the CYBHWG so that PACT has statewide support as a priority for the 2024 legislature.

What is PACT?
Program of Assertive Community Treatment (PACT) is an intensive, team-based behavioral health service package that offers individualized support in the community to people with the most severe and persistent mental illnesses who have not benefited from traditional outpatient services. PACT is evidence-based to reduce psychiatric hospitalizations, facilitate community living, and enhance recovery.

Reasons for Our Advocacy

Lived Experience
Expected PACT services were not provided to our loved ones, and gaps resulted in catastrophic outcomes. We've been told by providers that they don't have adequate resources to meet the state's PACT Program Standards, which include, for example: "support and assistance with Activities of Daily Living…side-by-side assistance and support." My son needed that level of care and instead experienced acute isolation which contributed to poor outcomes in his life including prison.

PACT is essential on the continuum of care
PACT serves people with severe mental illness in the adult system and can be a critical service for transition-age youth who age out of WISe at 20. PACT is funded at half the rate of WISe, creating a huge inequity in our adult-serving system. PACT is underappreciated in its importance for young adults.

PACT can help hospital and jail backlogs
Watching our state get fined $100 million in federal court for its lack of infrastructure to keep people from being warehoused in jail feels personal to our families. If it's working correctly, PACT can keep people out of the criminal justice system in the first place as well as help with the bottleneck of people under civil commitment by providing intensive community services for patients who are ready to leave the state hospital. This creates an additional incentive to focus on PACT improvements.

Data show PACT needs help
UW and DSHS partnered with Disability Rights WA to commission a study of PACT, with results shared May 31, 2023. Findings reveal a need to shore up PACT with improvements to staff pay and training, improved leadership, more supervision, and better management. We agree with the study's recommendation to "stabilize existing PACT teams" and address "barriers to fidelity and sustainability."

PACT Estimate Technical Report-FINAL-2023-05-31...

Next Steps
We are seeking help from the YYACC and CYBHWG to develop an ask for lawmakers. A picture of our slide with what we think is needed is included on the next page of this letter. We hope that our advocacy group, along with our allies from Disability Rights Washington and NAMI Washington, will move your committee to recommend PACT improvements as part its recommendations to the 2024 legislature.

Thank you for your consideration.

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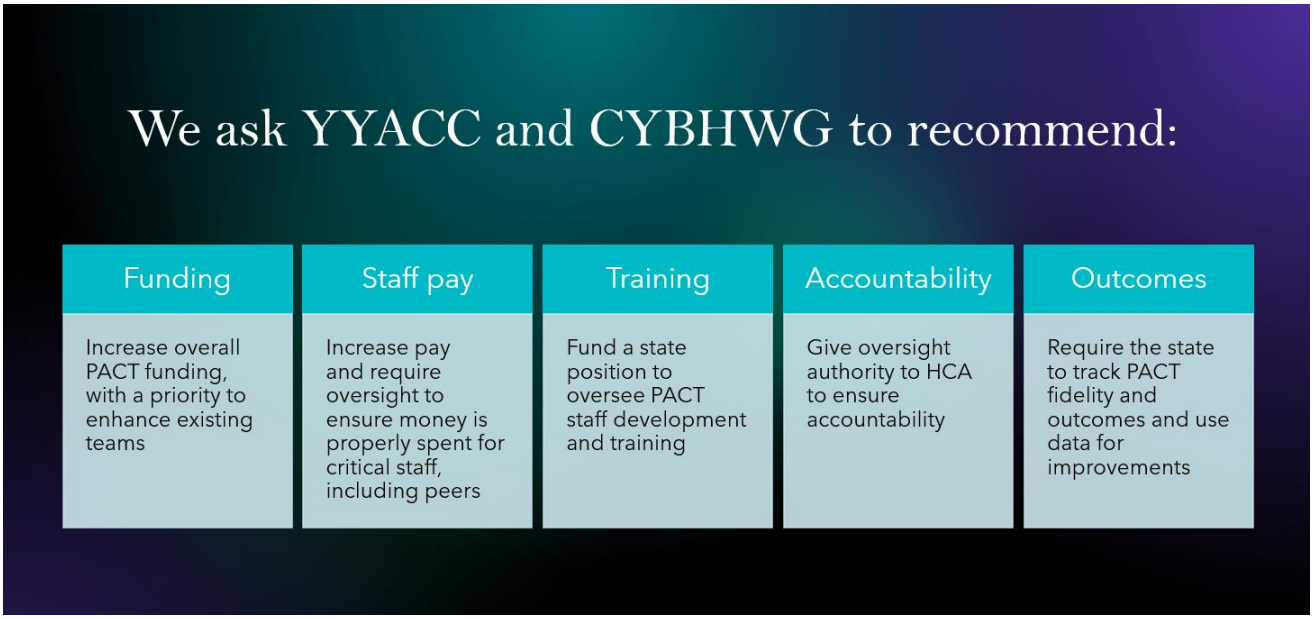

Peer Services in Washington State

Moving into the future with Certified Peer Specialist licensure

Washington State Health Care Authority

Medicaid Certified Peers in Washington State

Washington State started offering CPC (Certified peer counselor) trainings in 2005. We pride ourselves as being one of the first 11 states to deliver peer service, using Medicaid funding.

SUD peers in Washington state

The expansion of Substance Use Disorder (SUD) peer support services in 2019 allowed access to peer services for people in recovery from substance use disorders as a Medicaid benefit.

Licensed community behavioral health agencies who provide substance use treatment can now offer peer support services under the Medicaid State plan.

Certified Peer Counselors by numbers

As of July 31, 2023

7172 – certified

754- awaiting training assignment

Washington State Health Care Authority

2SSB 5555

- Beginning July 1, 2025, certified peer specialists and certified peer specialist trainees are established as new health professions that may engage in the practice of peer support services.

- The decision of a person practicing peer support services to become a certified peer specialist is voluntary, unless that person or the person's employer bills a health carrier or medical assistance for those services.

2SSB 5555

- A certificate is not required to practice peer support services but is required to use the title of certified peer specialist or certified peer specialist trainee.

- By July 1, 2024, HCA must contract for a program to link eligible persons in recovery from behavioral health challenges who are seeking employment as peers with potential employers. The contractor must create and maintain a statewide database that is accessible to eligible persons and employers.

Certified Peer Specialist Tracks

- A course of instruction to become a certified peer specialist. The course must be at least 80 hours long (adding 40 hours to the current course) and based upon the curriculum offered by HCA in its peer counseling training, as well as the instruction of principles of recovery coaching and suicide prevention.
- A training course for peer specialists providing supervision to peer specialist trainees.
- A 40-hour specialized training course in peer crisis response services (done)
- A course on the benefits of incorporating certified peer specialists and certified peer specialist trainees into clinical staff.

Helpful Resources

Peer Counseling HCA

- Peer support and counseling | Washington State Health Care Authority

Dept. of Health

- Proposed Rulemaking for new Peer Specialist credentials (govdelivery.com)

2SSB 5555

- 5555-S2.PL.pdf (wa.gov)

Questions?

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