

CYBHWG Youth & Young Adult Continuum of Care (YYACC) subgroup notes

Date: September 8, 2022
Time: 4 to 6 p.m.

Leads: Representative Lauren Davis, Representative Carolyn Elick, Michelle Karnath, and Lillian Williamson

Parent peer panel

Patty King, *Health Care Authority (HCA) Parent Liaison*; Jasmine Martinez, *Center of Parent Excellence (COPE)*; Janice Schutz, *Washington State Community Connectors (WSCC)*; Nicole Korsakas, *WISe Parent Peer*; Kim Runge, *WISe Parent Peer*; Michelle Karnath, *Clark County Juvenile Justice*

Highlights

WSCC

- Washington State Community Connectors is a family-run nonprofit that supports families raising children with behavioral health needs and challenges.
- Currently, we do not bill Medicaid for parent peers.
- WSCC has grant funding to provide training and technical assistance through HCA-DBHR.
- WSCC holds monthly community connector meetings with 2 annual events; one, Children’s Behavioral Health Summit brings families and system partners together to strategize about topics of interest.
- WSCC also offers an annual parent and caregiver training weekend, which is being held this year on September 16, 2022.
- WSCC provides substance use disorder (SUD) family navigator training, which offers information to people in the community on the most up to date data around the brain changes that are involved in SUD, with skills and strategies for supporting somebody with SUD.
- There is a huge gap right now in lower levels of care; peers could fill that gap and prevent some families from going to the next level of intensive services.
- The Pearl Street Center CLIP program has a parent peer.
- While there are not currently parent peers at other CLIP facilities, there have been in the past. We continue to try to fill those roles in each facility.

COPE

- We have parent peers that are family support specialists located within public health agencies that are helping families navigate services by connecting them, and then hopefully referring them so they get the supports they need.
- Important to expand parent led support groups.

WISe

- Pay is the biggest challenge; currently parent peers don’t make enough to support a family.
- Burnout rate is high due to large caseloads and youth with high needs.
- Staff need more supports; this includes resources and time.
- There is a lack of actual parity between reimbursement for physical health and behavioral health. In internal medicine, for example, physicians receive a different reimbursement rate for complex conditions; in behavioral health, the rate of pay is the same regardless of the complexity of the individual's condition.

Discussion / Q & A

- Would be helpful for primary care providers to know how to access to parent peers/partners to support families.
- Need to raise awareness of parent peers and what they can provide.

What recommendations do you have to expand the parent peer services, or what are the barriers?

Need greater understanding of a peer and the value that peers bring to services. Peers bring a valued perspective.

- Can you please elaborate on why parent peers aren't being billed in CLIP facilities?
CLIP facilities are paid a daily per-patient rate for all services. They are responsible to provide EVERYTHING through the daily rate. Different than outpatient providers who use Medicaid billing codes to bill Medicaid directly.
- Are there peer supports for youth?
Yes, Pearl Residential creates a budget for peer support to ensure the role is filled.
- What are the current barriers to the expansion of parent peer services?
Staff wages, workforce shortages, more clinicians and care coordinators, and greater understanding around the peer role and what they provide.

How peers are reimbursed through Medicaid

Teresa Claycamp, HCA

See page 5 for slides

Highlights

- Peer supports fit in the Medicaid state plan with the key section being “rehabilitative services”, defined as services to help individuals restore their functioning.
- Utilizing rehabilitative services from the state plan gives leverage for the use of different kinds of peers.
- There are 2 pathways for funding:
 - The behavioral health agency can contract with the managed care organization for the Medicaid reimbursement or for there's also fee for service pathways.
 - The behavioral health agency can choose to have a contract directly with healthcare authority when serving individuals that are not defined since the agency can negotiate reimbursement rates and their fee for service.

Hospital Panel – Emergency Department (ED) Discharge

Kashi Arora, *Seattle Children's*; Tamara Sheehan, *Sacred Heart*; Tendai Masiriri, *Providence Community Hospitals*; Vanessa Adams, *Kids Mental Health Pierce County, on behalf of Mary Bridge*

Seattle Children's

- November 2021 had record breaking numbers of kids presenting in the ED which continued through 2022 with a record of 411 kids.
- Discharge planning happens in the ED for youth, as well as connecting them with services.
- Not enough services to meet the need and struggling to find everything we need for discharge planning.
- Seattle Children's does give crisis line information, but a practice change was implemented a few years ago where crisis teams no longer follow up on discharge plans due to staffing shortages.
- Hiring case managers in the ED for the first time.

Mary Bridge

- Mary Bridge is seeing a similar pattern to Seattle Children's with the numbers of youth and young adults seeking services in the ED increasing since the pandemic with significantly more complexity.
- Spending a long time in the ER, sometimes months, due to no place to discharge to.
- A large barrier is workforce challenges in both hospital and community settings.
- Receiving referrals daily for children and youth with complex needs; using the multidisciplinary team meetings with Pierce County Kids Mental Health to hold collaborative conversations around how to connect them to services and support them post-discharge.
- Providing behavioral health navigation to reduce emergency department readmissions.
- The Pierce County cabinet services youth mobile crisis team works very closely with the emergency department.

Sacred Heart

- In March, Sacred Heart had 28 adolescents with behavioral health needs at one time.
- Sacred Heart is providing youth mobile crisis services 2 nights a week during September and October to streamline connection to services due to high volumes.
- Very limited services in the region for children 12.
- There is a need for more psychiatrists and therapists.
- Seeing a drastic increase in autism in the outpatient program without services to meet the need.

Providence-St. Pete's (Thurston County)

- Providence is also seeing an increase in youth and young adults seeking services with higher acuity.
- Services are not available to meet the needs of youth and young adults presenting for services in the ED.

iKinnect app

Kelly Koerner, *Jaspr Health*

See page 18 for slides

Highlights

- iKinnect app is a health tablet-based application for 13 and up with evidence-based suicide care.
- The app offers a bot interview with the person, which is based off clinicians and people with lived experience.
- The app contains features that face toward the patient, to focus on stabilizing the crisis and really helping the person use the time where they would just be sitting in the emergency room to advance their care.
- Delivers an evidence-based risk assessment by self-report that the clinician can utilize in care and save in the patient's electronic health record.

Attendees:

Vanessa Adams, Kids Mental Health Pierce County
Kashi Arora Seattle Children's
Dan Barth, Inland NW Behavioral Hospital
Kelsey Beck, Kaiser Permanente
Rachel Burke, Health Care Authority (HCA)
Tina Burrell, HCA
Dr. Phyllis Cavens, Child and Adolescent Clinic
Jerri Clark, Partnership for Action Voices Empowerment (PAVE)
Teresa Claycamp, HCA
Diana Cockrell, HCA
Matt Davis, Office of Homeless Youth
Peggy Dolane, Advocate
Maranda Heckler, Columbia River Mental Health Services
Avreayl Jacobson, King County Behavioral Health and Recovery
Charlotte Janovyak, Legislative Staff
Val Jones, North Sound Behavioral Health
Barb Jones, Office of the Insurance Commissioner
Kim Justice, Department of Commerce
Patty King, HCA
Annette Klinefelter, A+K Ingenuity
Kelly Koerner, Jaspr Health
Chris Ladish, Mary Bridge Hospital

Nate Lewis, HCA
Laurie Lippold, Partners for Our Children
Jasmine Martinez, Center of Parent Excellence (COPE)
Tendai Masiriri, Providence Community Hospitals
Taku Mineshita, Department of Children Youth and Families (DCYF)
Karen Pillar, TeamChild
Jean Ross
Kris Royal, HCA
Kim Runge, WISE Parent Partner, King County
Janice Schutz, Washington State Community Connectors (WSCC)
Tamara Sheehan, Sacred Heart
Daniel Smith, Community Health Plan of Washington (CHPW)
Mary Sprute, DCYF
Abby Stevenson, Kitsap Mental Health
Thalia Cronin, CHPW
Jim Theofelis, North Star Advocates
Renee Tinder, Department of Health (DOH)
Nikki Trujillo, Catholic Community Services
Liz Venuto, HCA
Cindi Wiek, HCA



Peer Services and Medicaid

Youth & Young Adult
Continuum of Care
Subgroup
September 8, 2022

Presentation outline

- ▶ Overview – What is the Medicaid State Plan?
- ▶ The State Plan and peer supports
- ▶ Requirements for peer services to be reimbursed by Apple Health (Medicaid)
- ▶ Discussion Topics
- ▶ Resources

What is the Medicaid State Plan?

- ▶ As required under Section 1902 of the Social Security Act, a State Plan is the official description of the nature and scope of programs that use federal Medicaid funds.
- ▶ Without a State Plan, Washington would not be eligible for federal funding for providing services under those programs.

- Essentially, a State Plan is our state's agreement that it will conform to federal requirements and the official issuances of the United States Department of Health and Human Services (DHHS).
- ▶

Rehabilitative Services Section of the State Plan

Attachment 3, Section 13.d (2)

“Rehabilitative services” outlines how substance use disorder (SUD) and mental health (MH) services provided within a Behavioral Health Agency can be billed as Medicaid encounters.



Mental health services

- ▶ Intake evaluation
- ▶ Individual treatment services
- ▶ Medication management
- ▶ Medication monitoring
- ▶ Crisis services
- ▶ Group treatment services
- ▶ Peer support
- ▶ Brief intervention and treatment
- ▶ Family treatment
- ▶ High intensity treatment
- ▶ Therapeutic psychoeducation
- ▶ Day support
- ▶ Evaluation and treatment/community hospitalization
- ▶ Stabilization services
- ▶ Rehabilitation case management
- ▶ Residential services
- ▶ Evaluations for special populations
- ▶ Psychological assessment

Substance use disorder services

- ▶ Assessment
- ▶ Brief intervention and referral to treatment
- ▶ Withdrawal management (detoxification)
- ▶ Outpatient treatment
- ▶ Peer Support
- ▶ Intensive outpatient treatment
- ▶ Residential treatment
- ▶ Opiate substitution treatment services
- ▶ Case management



Peer Support

Certified peer counselors work with their peers (adults and youth) and the parents/caregiver of children receiving or who have received behavioral health services. They draw upon their experiences to help their peers to find hope and make progress toward recovery and wellness goals. Certified peer counselors model skills in recovery and self-management to help individuals meet their self-identified goals.

Reimbursement Pathways - Managed care versus fee-for-service

▶ Managed care

- ▶ Delivery system organized to manage cost, utilization, and quality.
- ▶ Contracted arrangements between HCA and managed care organizations (MCOs) that accept a set per member, per month (capitation) payment
- ▶ MCOs coordinate whole-person care by coordinating and paying for both physical and behavioral health services
- ▶ Service Encounter Reporting Instructions (SERI) guide

▶ Fee-for-service (coverage without a managed care plan)

- ▶ HCA pays providers directly for each service they provide
- ▶ HCA Mental Health Services Billing Guide, part 2 or the SUD Billing Guide

Medicaid Requirements for Peer Counselors

- ▶ Peer counselors must self-identify as having lived experienced
- ▶ Complete specialized training provided/contracted by the Division of Behavioral Health and Recovery (DBHR)
- ▶ Be DBHR certified as a Peer Counselor
- ▶ Pass the Washington State background requirements
- ▶ Hold an Agency Affiliated Counselor registration with the Department of Health

Medicaid Requirements for Peer Services

- ▶ An assessment and individual service plan must be completed by the Mental Health Professional (MHP) or Substance Use Disorder Professional (SUDP) to establish medical necessity (WAC 182-500-0070)
- ▶ Certified Peer Counselors provide peer counseling services, under the clinical supervision of a MHP or SUDP, and as outlined in the individual service plan
- ▶ The peer's and clinical supervisor's expertise should be aligned with the needs of the individuals served

Discussion Topics

1. There are different types of peers, including youth and parent peers.

- ▶ How does this work in Medicaid?
- ▶ How is it 'authorized' if the parent isn't the patient?

It's about the individual service plan.....

2. What about private insurers?

It's about covered or allowable provider types.....

3. How can we make parent peer services broader so it's available to everyone, not just WISE?

The State Plan is not what is stopping you.....so what is?

Resources

- ▶ Medicaid State Plan – general webpage

<https://www.hca.wa.gov/about-hca/apple-health-medicaid/what-state-plan>

- ▶ Rehabilitative Services – Attachment 3, section 13d

<https://www.hca.wa.gov/about-hca/apple-health-medicaid/medicaid-title-xix-state-plan>

- ▶ Billing Guides (including Service Encounter Reporting Instruction guide)

<https://www.hca.wa.gov/billers-providers-partners/prior-authorization-claims-and-billing/provider-billing-guides-and-fee-schedules>



Questions?

State Plan or Billing Questions:

HCAmcprograms@hca.wa.gov

Questions on peer services:

Maureen.bailey@hca.wa.gov

Presenter: Teresa Claycamp, LMHC

Program Manager, Integrated Managed Care

Teresa.claycamp@hca.wa.gov

Using Technology to Scale Access to Evidence-Based Care and Promote Equity



Science + Lived Experience for Health Equity

SUPPORTING EVIDENCE-BASED CARE AT SCALE



Increases access to evidence-based suicide crisis care

Digitizes national suicide prevention guidelines

Available to Healthcare systems now

www.jasprhealth.com



Improves outcomes for troubled and juvenile justice-involved Youth & Family

Digitizes family-based interventions for externalizing behaviors

iK v.1 Ready for Demonstration Projects

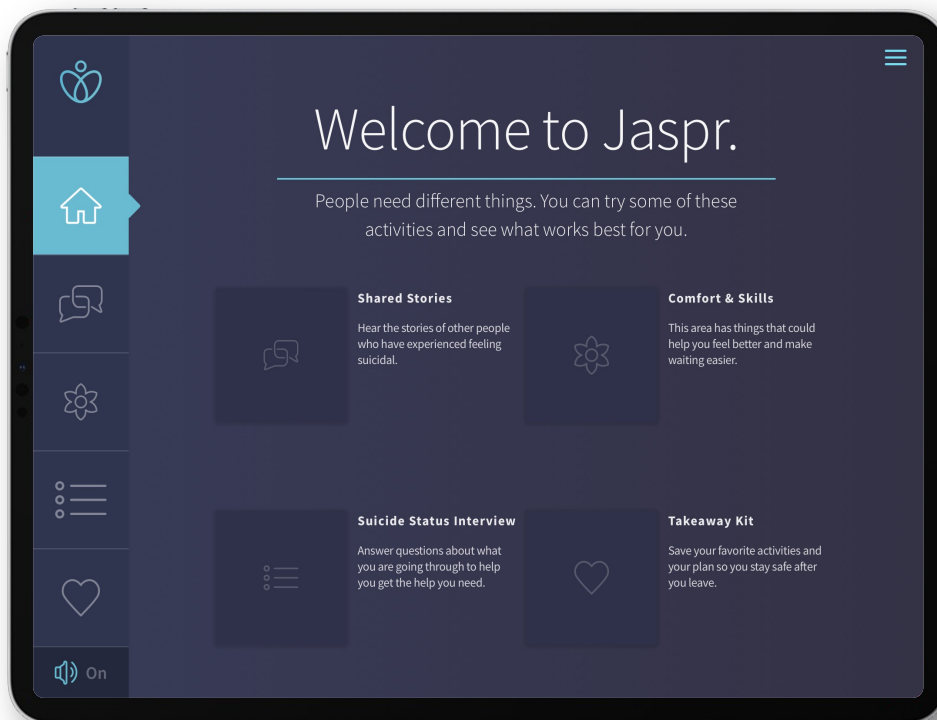
iK v.2 added youth-family suicide crisis in R&D

<https://ikinnectapp.com>

Jaspr Health

USUAL WAIT TIMES TRANSFORMED TO EMPOWER PATIENTS AND ADVANCE CARE

SCALABLE STANDARDIZED CARE TO IMPROVE COMPLIANCE, REDUCE COST AND LIABILITY



Patient - Stabilize Crisis

- Comfort & Coping Skills
- Shared Stories from People with Lived Experience
- Takeaway Kit & at home companion app

Clinician - Efficient Workflow

- Ease delivery of recommended evidence-based interventions
- Improve documentation compliance for TJC and continuity of care (e.g., safety planning)

<https://jasprhealth.com/zero-suicide-institute-partnership/>



People with
Lived Experience

Inform all aspects
of Jaspr Health's
product and research

In-app

- Messages of hope
- Teach coping skills

Peer Support Service



Patient-Clinician Workflow

SUPPORTING EVIDENCE-BASED CARE AT SCALE



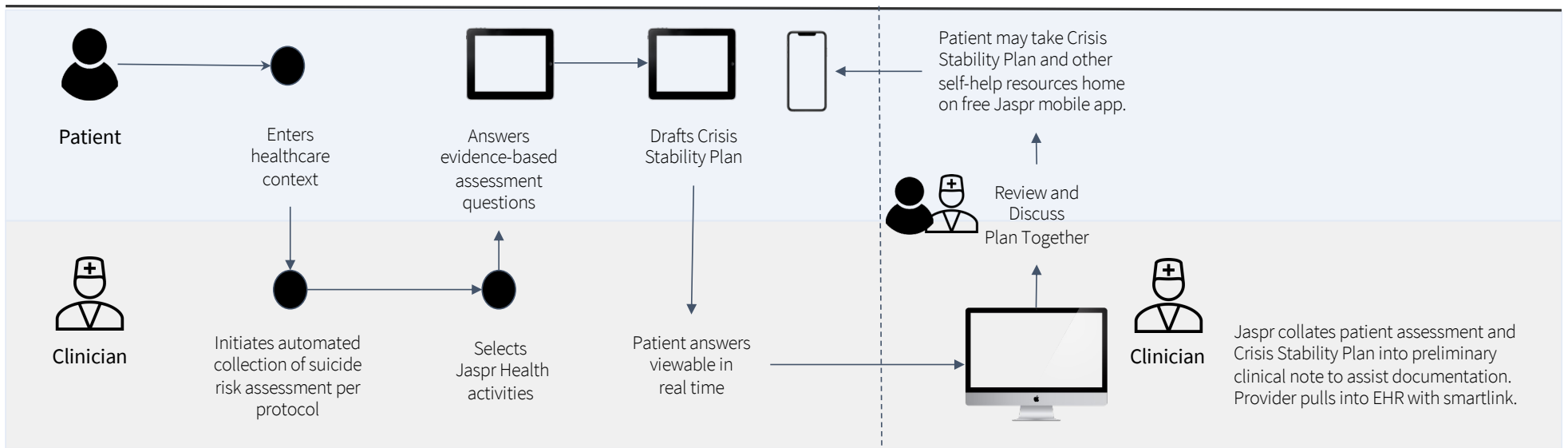
Regional Hospital



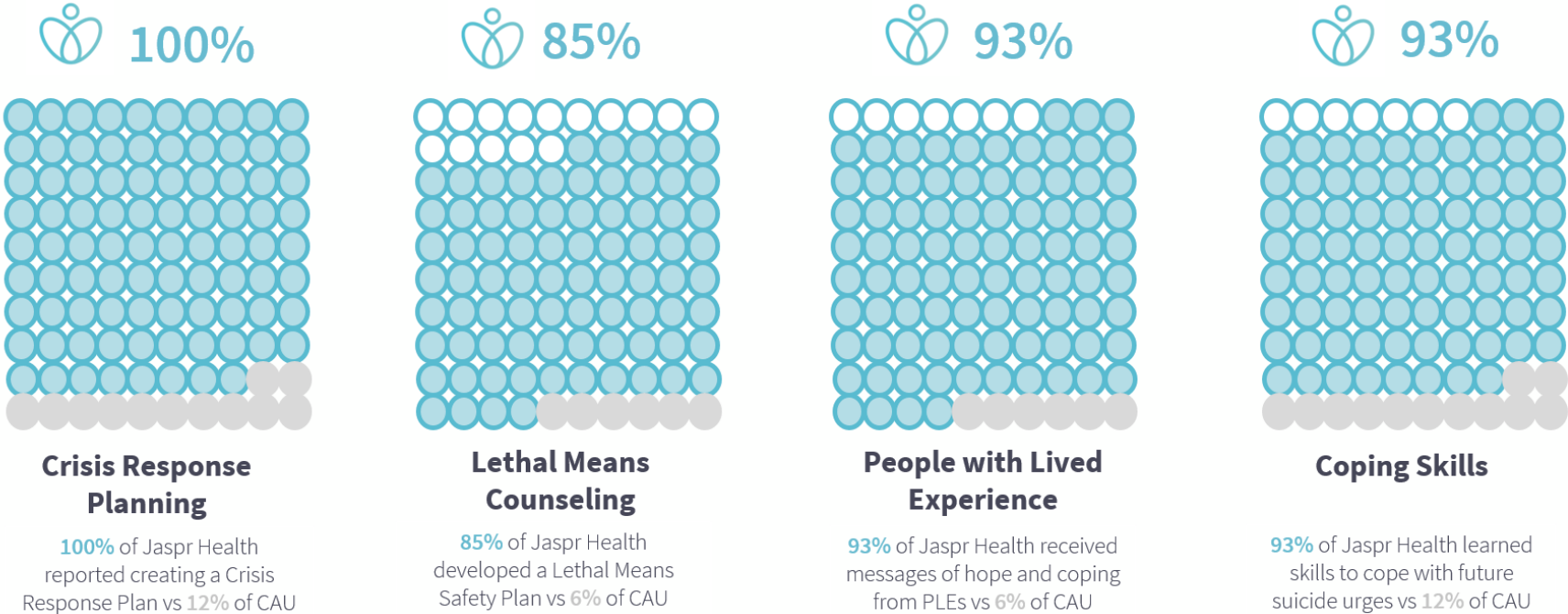
Integrated or Rapid Response Behavioral Health

Patient “waits well.”

Optimize BH specialist’s time, support compliance



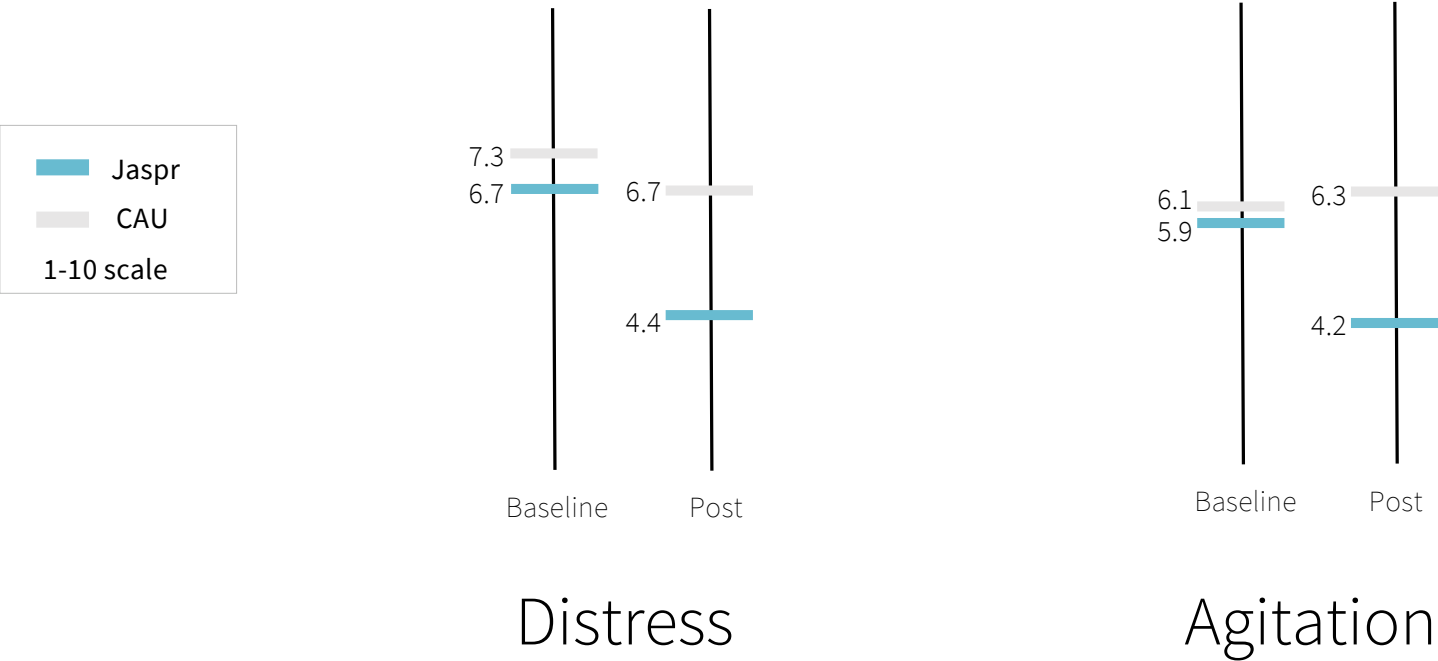
Jaspr Health Outperformed Care-as-Usual in Delivery of Recommended ED Suicide Prevention Interventions



Dimeff, et al (2021) Using a Tablet-based App to Deliver Evidence-Based Practices for Suicidal Patients in the Emergency-Department: A Pilot Randomized Control Trial, JMIR

Jaspr Use Decreased Distress and Agitation

RANDOMIZED CONTROL TRIAL COMPARING JASPR VS CARE AS USUAL (CAU)



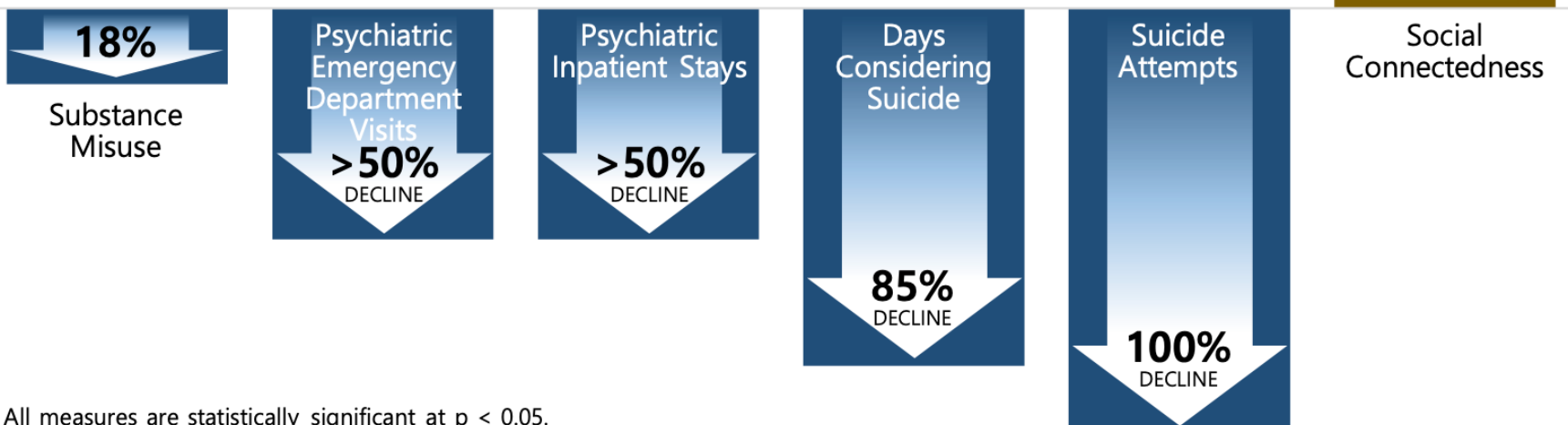
Dimeff, et al (2021) Using a Tablet-based App to Deliver Evidence-Based Practices for Suicidal Patients in the Emergency-Department: A Pilot Randomized Control Trial, JMIR

Peer Support + Jaspr Health

PROMISING FINDINGS FROM WA STATE ERSP SAMSHA STUDY

Pre-Post Improvements for Participants Enrolled through November 2021

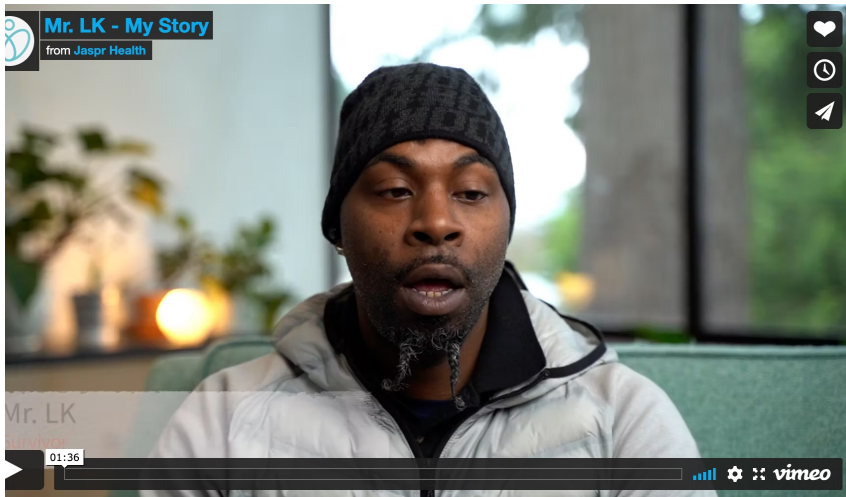
Self-reported change at follow-up compared to baseline ...



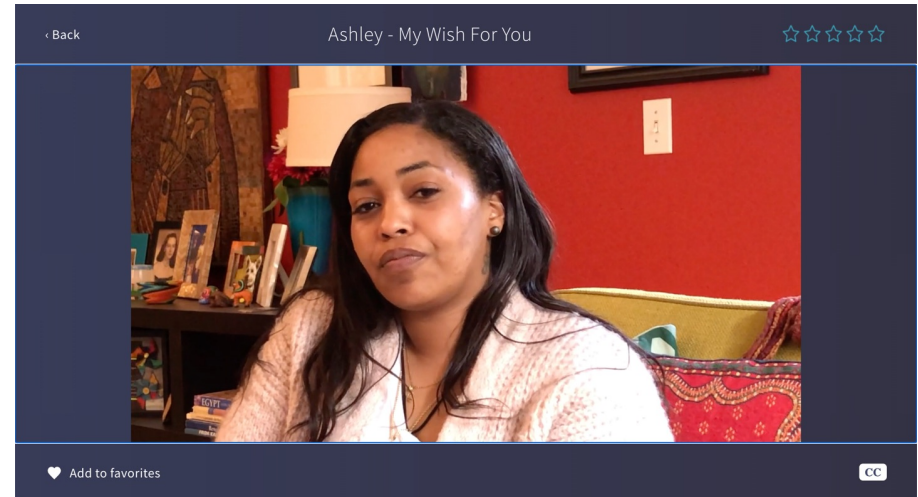
All measures are statistically significant at $p < 0.05$.

Kelly, Mayfield, Jerome, Felver, (May, 2022)

Message of Hope and Wisdom from People with Lived Experience



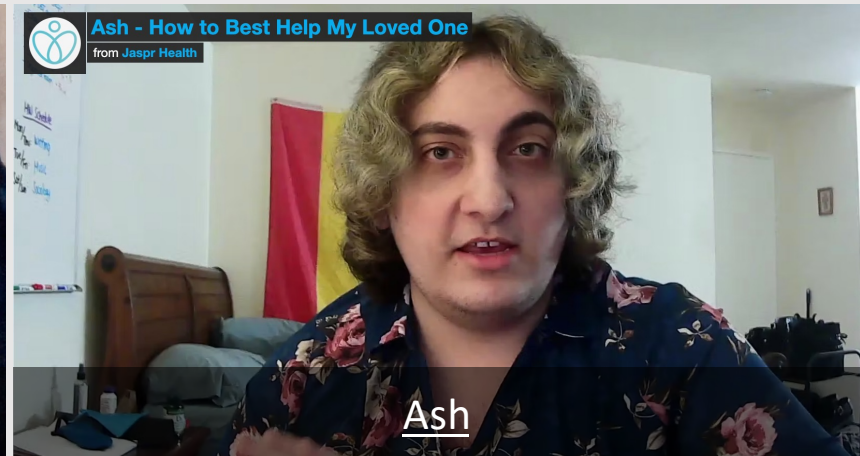
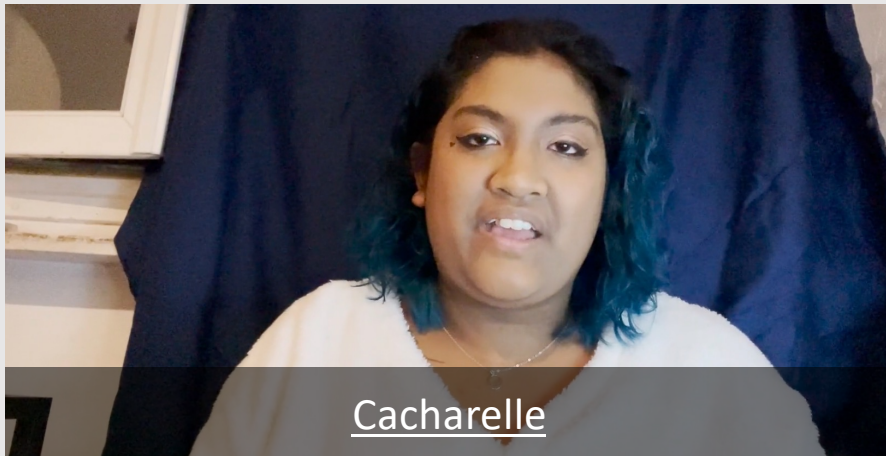
[My Story by Mr. LK](#)



[Ashley – My Wish for You](#)

Youth Ambassadors:

Messages to Parents, Caregivers, and Other Loved Ones



Messages of Hope and Wisdom

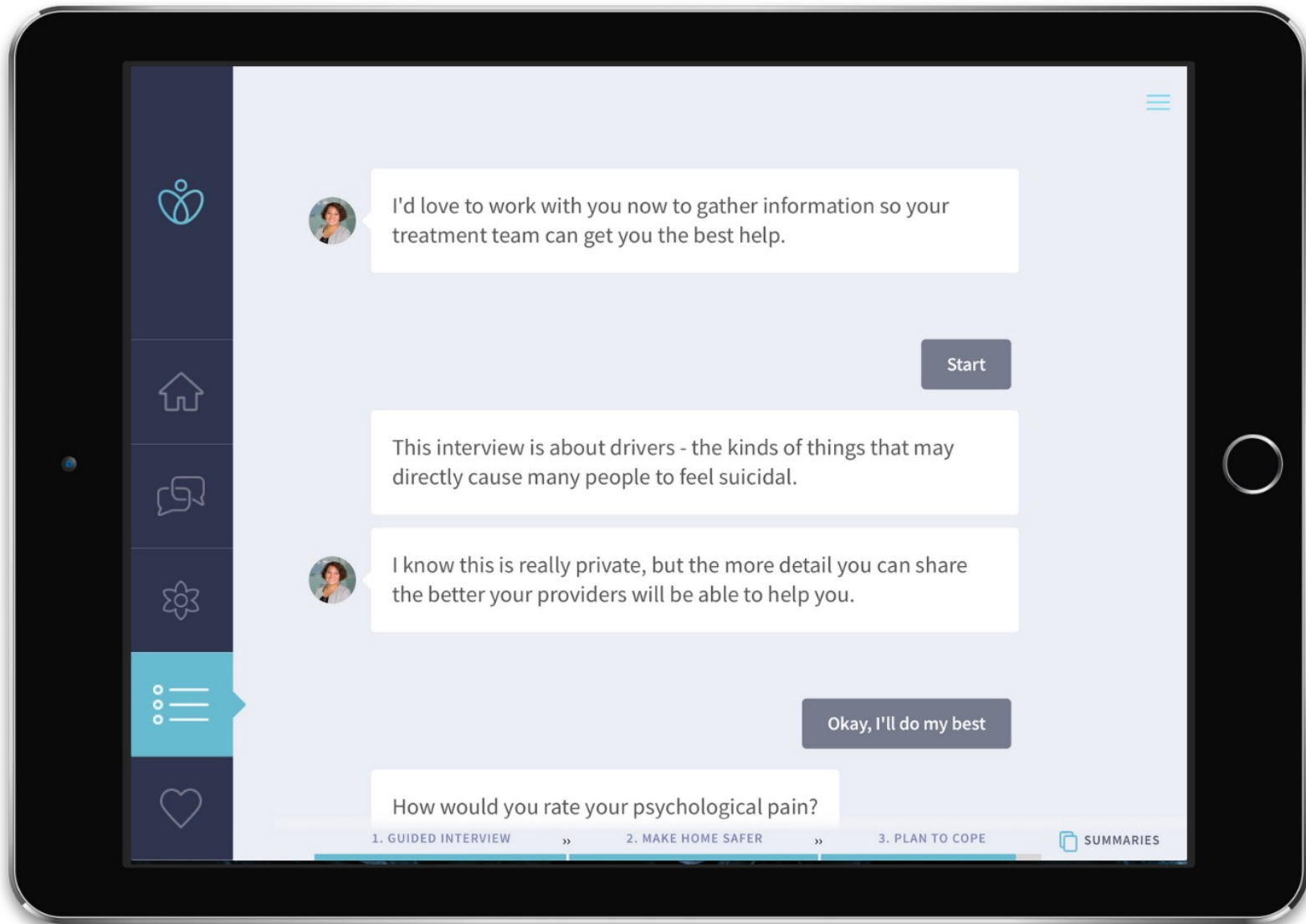
Messages to Indigenous People

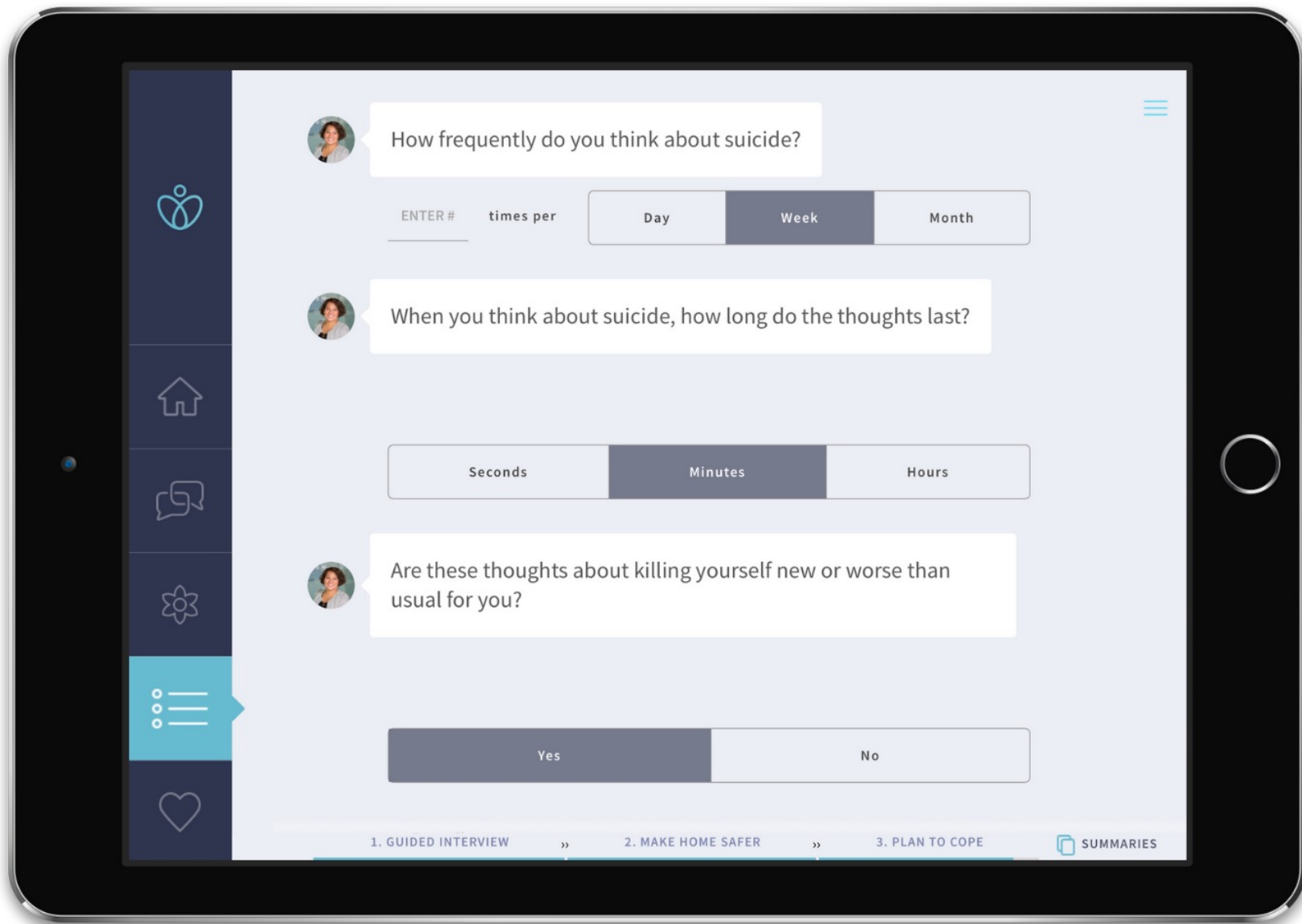


[Sadé- Special Message for Indigenous People](#)



[Sunny- ED Experience](#)





How frequently do you think about suicide?

ENTER # times per Day Week Month

When you think about suicide, how long do the thoughts last?

Seconds Minutes Hours

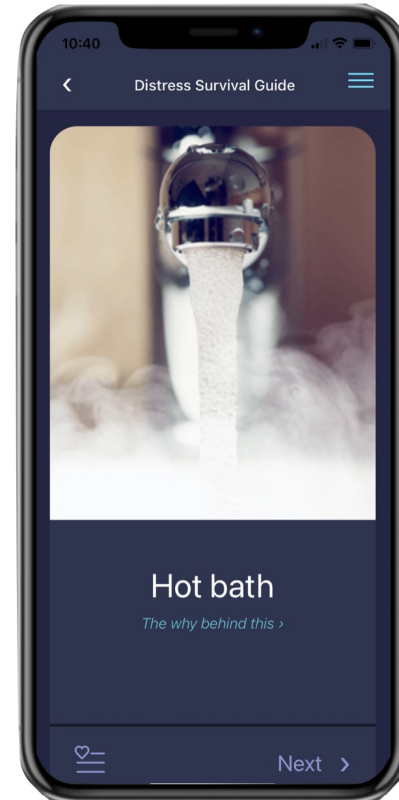
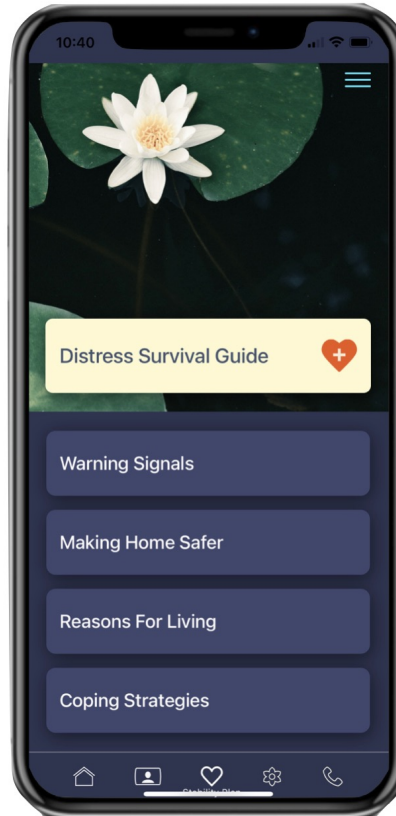
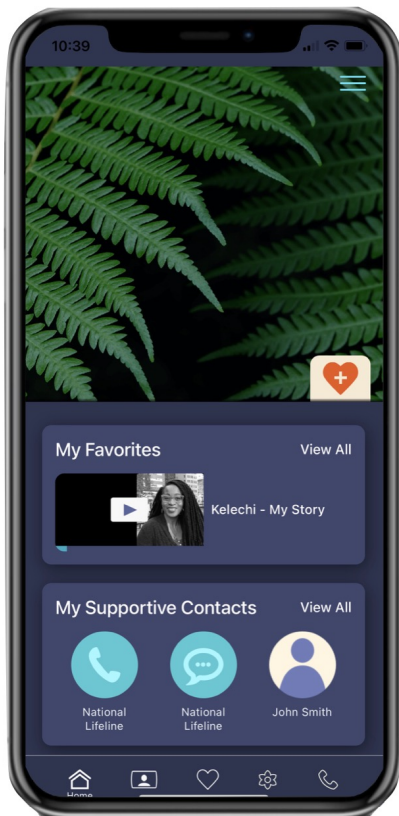
Are these thoughts about killing yourself new or worse than usual for you?

Yes No



Common Elements

- Warning Signs
- Making Home Safer
- Reasons for Living
- Coping Strategies



Crisis Response Plan available after acute care with step-by-step 'playlist' of coping strategies and PLE messages of hope.

ikinnect

Freedom. Limits. Peace of Mind.

A product of the

EBPI | EVIDENCE-BASED
PRACTICE INSTITUTE

R43/R44MH097349 (NIMH)
For more information, go to
<https://ikinnectapp.com>



<i>Randomized Clinical Trial Results Across 12 Weeks of App Use (Intent-to-Treat)</i>						
Youth-Reported Outcomes	Baseline	Overall change	p	iKinnect effect	p	d
Alcohol use	10.80	-1.18	.062	-0.43	.027	.54
Marijuana use	-0.93	1.02	.003	-0.36	.000	.78
School behavior problem	2.94	0.49	.033	-0.34	.002	.69
General delinquency	4.38	0.02	---	-0.30	.001	.84
Status offenses	4.28	0.38	---	-0.78	.001	.72
YSR aggression	16.84	-2.42	.009	-0.22	---	---
YSR rule breaking	7.58	-0.93	---	0.12	---	---
Parent-Reported Outcomes	Baseline	Overall change	p	iKinnect effect	p	d
Perceived Stress	14.23	-1.21	.000	-0.36	---	---
Helpless	21.04	-0.90	.001	-0.06	---	---
Coercion	13.11	-0.69	.000	-0.13	---	---
Monitoring/supervision	27.71	-1.18	.000	0.26	.120	---
Use of rewards	21.48	0.12	---	0.33	.078	---
Rule clarity and structure	17.29	-0.13	---	0.67	.021	.51
Discipline consistency	13.37	-0.10	---	0.24	.044	.22
Note: YSR = Youth Self Report, CBCL = Child Behavior Checklist. Conditions: iKinnect = 1, Life360 = 0. N = 72. p < .05 = statistically significant. Effect sizes (d): .20 = small, .40 = medium, .80 = large.						

Washington State Department of Children, Youth, and Families (DCYF)

*Peer Bridgers for JJ-Youth Exiting Residential Facilities
Co-design; working to add iKinnect to program*

iKinnect in Washington State DCYF

- Collaboration with Department of Children, Youth, and Families (DCYF)
- Peer Bridgers Project - brings peer support specialists with lived experience into juvenile justice facilities to work directly with youth and “bridge” transition home
- iKinnect will be an optional tool for use by youth and their counselors while youth is in facility, then with parent and youth as youth returns home.
- **Goal:** Reduced recidivism and improved school/community engagement

iKinnect v2.0

*Culturally-congruent suicide prevention for
juvenile justice-involved youth*

*Combining **best of science** with **lived experience***

R44 MH126819-01

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