

Children and Youth Behavioral Health Work Group

Children and Youth Behavioral Health Work Group (CYBHWG)

Date: June 10, 2022

Time: 9:00 a.m. to Noon

Zoom link | <https://zoom.us/j/99495606474>

(see next page for more details)

Members					
<input type="checkbox"/>	Representative Lisa Callan, Co-Chair	<input type="checkbox"/>	Kristin Houser	<input type="checkbox"/>	Michele Roberts
<input type="checkbox"/>	Keri Waterland, Co-Chair	<input type="checkbox"/>	Avreayl Jacobson	<input type="checkbox"/>	Joel Ryan
<input type="checkbox"/>	Hannah Adira (non-voting)	<input type="checkbox"/>	Nichole Jensen (non-voting)	<input type="checkbox"/>	Noah Seidel
<input type="checkbox"/>	Javiera Barria-Opitz	<input type="checkbox"/>	Barb Jones	<input type="checkbox"/>	Maureen Sorenson
<input type="checkbox"/>	Dr. Avanti Bergquist	<input type="checkbox"/>	Andrew Joseph, Jr.	<input type="checkbox"/>	Mary Stone-Smith
<input type="checkbox"/>	Representative Michelle Caldier	<input type="checkbox"/>	Kim Justice	<input type="checkbox"/>	Representative My-Linh Thai
<input type="checkbox"/>	Diana Cockrell	<input type="checkbox"/>	Michelle Karnath	<input type="checkbox"/>	Jim Theofelis
<input type="checkbox"/>	Lee Collyer	<input type="checkbox"/>	Preet Kaur	<input type="checkbox"/>	Dr. Eric Trupin
<input type="checkbox"/>	Representative Carolyn Eslick	<input type="checkbox"/>	Judy King	<input type="checkbox"/>	Senator Judy Warnick
<input type="checkbox"/>	Dr. Thatcher Felt	<input type="checkbox"/>	Amber Leaders	<input type="checkbox"/>	Lillian Williamson
<input type="checkbox"/>	Tory Gildred	<input type="checkbox"/>	Bridget Lecheile	<input type="checkbox"/>	Senator Claire Wilson
<input type="checkbox"/>	Dorothy Gorder	<input type="checkbox"/>	Laurie Lippold	<input type="checkbox"/>	Dr. Larry Wissow
<input type="checkbox"/>	Summer Hammons	<input type="checkbox"/>	Cindy Myers	<input type="checkbox"/>	Jackie Yee
<input type="checkbox"/>	Dr. Robert Hilt				

No	Agenda Items	Time	Lead
Pre	Zoom Meeting Active for Early-Sign On & Technical Troubleshooting	8:45 – 9:00 a.m.	Cindi Wiek & Rachel Burke
1.	Welcome	9:00 – 9:05	Keri Waterland
2.	<p>Agenda review/facilitator requests</p> <p>For those who are not official members of the work group (including subgroup members):</p> <ul style="list-style-type: none"> If you are interested in speaking during the public comment period, please let us know any time in Chat. Start your message with COMMENT. Otherwise, please keep your cameras turned off and do not comment or ask questions in the Chat box until the Comment period. 	9:05 – 9:10	Keri Waterland
3.	<p>Work group member introductions</p> <ul style="list-style-type: none"> Please introduce yourselves in Chat. We will ask for introductions from those who are on the phone. The first time you speak later in the meeting, please share your name and who you represent. 	9:10 – 9:20	Keri Waterland
4.	Overview: Recommendation Process	9:20 – 9:25	Keri Waterland

Children and Youth Behavioral Health Work Group

5.	Info on the state of Youth Behavioral Health in Washington State <i>Includes 5 minutes at the end of each presenter for Q&A</i> <ul style="list-style-type: none"> • Children’s hospitals (<i>est. 15 minutes</i>) • Child and Teen Referral Assist Line (<i>est. 10 minutes</i>) • DOH Behavioral Health update (<i>est. 20 minutes</i>) • Healthy Youth survey results (<i>est. 10 minutes</i>) • Member Discussion - what are you seeing? <i>20 minutes</i> 	9:25 – 10:40	Kashi Arora, Chris Ladish, & Tamara Sheehan Bob Hilt Tona McGuire Tyler Watson
•	BREAK	10:40 – 10:50	
6.	Subgroup updates (2022 work to date) <i>5 minutes each; 5 minutes each for Q&A</i> Workforce & Rates (Laurie Lippold & Hugh Ewart) <ul style="list-style-type: none"> • Behavioral Health Integration (Kristin Houser & Sarah Rafton) • Prenatal through Five Relational Health (Bridget Lechiele & Kristin Wiggins) • School-based Behavioral Health & Suicide Prevention (Lee Collyer & Rep. My-Linh Thai) • Youth & Young Adult Continuum of Care (Rep. Lauren Davis, Rep. Carolyn Eslick, Michelle Karnath & Lillian Williamson) 	10:50 – 11:40	Subgroup leads
7.	Public comment <ul style="list-style-type: none"> • Members of the public and subgroup members, please let us know in Chat if you would like to speak – or raise your hand and turn your camera on. • During this period, the Chat box is open to anyone present to share their comments. 	11:40 – 11:55	
8.	Information sharing Medicaid Transformation Project public comment period ends June 13. Next meeting: Monday, July 11, 2022, 1:00 – 4:00 p.m. Focus: Agency updates on implementation of 2021 and 2022 legislation	11:55 – Noon	Kristin Houser

Join Zoom Meeting: <https://zoom.us/j/99495606474>

Meeting ID: 994 9560 6474

One tap mobile

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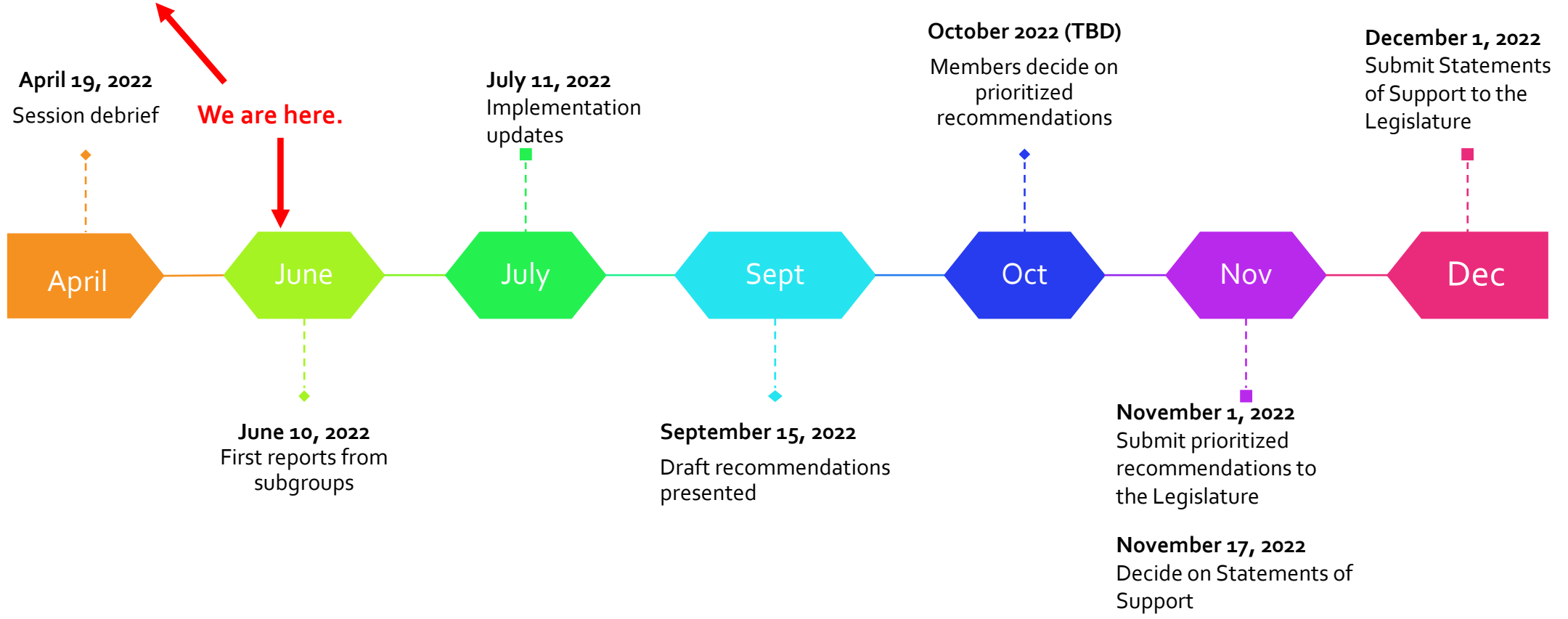
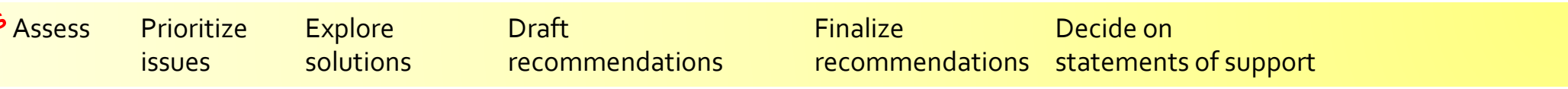
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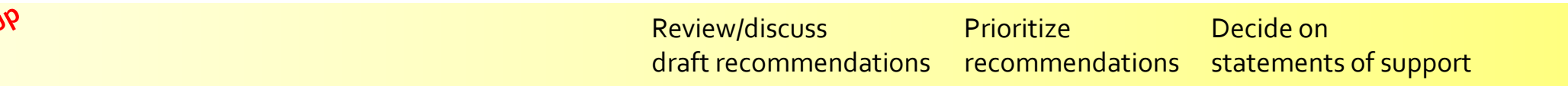
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Children and Youth Behavioral Health Workgroup Recommendation Timeline

Subgroups



Work Group



Written CRIS Update to share with CYBHWG:

The CRIS Steering Committee voted to adopt the attached as the final Vision Statement and Guiding Principles – *thank you* again for your feedback and perspectives. I hope the attached reflects updates that were made thanks to insights from many of you.

I met with some of the facilitators through Health Management Associates (HMA) today (Tuesday 6/7) to discuss process mapping the child and youth specific crisis system. The first phase of this work will be to understand current state: identify how children/youth/families enter the crisis system (What numbers do they call? What response do they receive?) as well as look at current exemplars in our state and national best practices. I emphasized that many of the CYBHWG members are excellent resources to inform both the process-mapping and best practice. Please let me know if you have ideas/suggestions/input that I can send onward as well but I hope we'll be hearing from HMA about ways to be involved in informing this process-mapping of the peds-specific crisis system. Two things to highlight: 1) I believe that the 988/CRIS work having a sense of the child and youth crisis system is critically important. As is repeatedly emphasized, we can't build an adult crisis system and just expect it to work for children/youth/families. 2) I hope this process-mapping exercise of the child/youth crisis system will be a good resource to the Strategic Planning work of HB1890 when it gets underway.

As always, please reach out if you have questions or concerns and/or if you have perspectives/insights/considerations you'd like me to be aware of or be representing at the CRIS Table.

Thank you,

Kashi

Washington's Vision and Guiding Principles for Crisis Response and Suicide Prevention

Vision: 988, Washington's Crisis Response: building understanding, hope, and a path forward for those in need, where and when they need it.

People in crisis experience:

- Timely access to high-quality, coordinated care without barriers
- A welcoming response that is healing, trauma-informed, provides hope, and ensures people are safe
- Person and family centered care
- Care that is responsive to age, culture, gender, sexual orientation, people with disabilities, geographic location, language, and other needs

The Crisis System is intentionally:

- Grounded in equity and anti-racism
- Centered in and informed by lived experience
- Coordinated and collaborative across system and community partners
- Empowered by technology that is accessible by all
- Financed sustainably and equitably
- Operated in a manner that honors tribal government-to-government processes



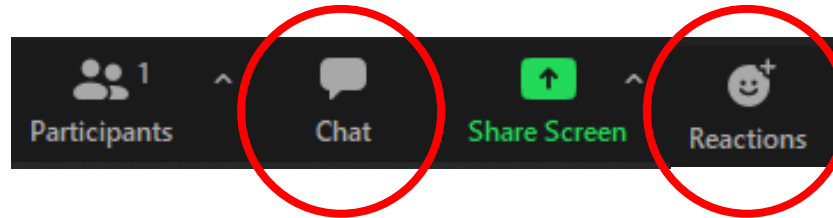
Public hearing: Medicaid Transformation Project waiver renewal

May and June of 2022

Welcome to Zoom!

- ▶ We're recording this webinar and muted all attendees.
- ▶ There will be time at the end for Q&A.

- ▶ Submit comments through the "**Chat**" function.



- ▶ To verbally share your comments, raise your hand using the "**Raise Hand**" function (under "Reactions").

- ▶ View the slide deck and public hearing recordings at hca.wa.gov/about-hca/medicaid-transformation-project-mtp/mtp-renewal.

Today's presenters

- ▶ **Mich'l Needham**, chief policy officer, Health Care Authority (HCA)
- ▶ **Michael Arnis**, deputy chief policy officer, HCA
- ▶ **Bea Rector**, interim assistant secretary, Aging and Long-Term Support Administration (AL TSA), Department of Social and Health Services (DSHS)
- ▶ **Chase Napier**, Medicaid transformation manager, HCA

- ▶ Moderator: **Rachelle Alongi**, policy communications manager (HCA)

Agenda

- ▶ Medicaid overview
- ▶ Medicaid Transformation Project waiver renewal overview
- ▶ Deeper dive:
 - ▶ Goals
 - ▶ The programs continuing, expanding, or beginning
- ▶ Q&A

About Medicaid

- ▶ Medicaid is a federal health care program administered by each state.
- ▶ Apple Health is Washington State's Medicaid program, which provides health coverage to about two million people.
- ▶ The federal government helps pay for the program and creates rules for how the program works.
- ▶ A state must apply for a Section 1115 Medicaid demonstration waiver when it wants to make changes from normal Medicaid guidelines.
 - ▶ Washington received this waiver in 2017, called the Medicaid Transformation Project (MTP).

MTP renewal

- ▶ We are pursuing an MTP waiver renewal to:
 - ▶ Ensure equitable access to whole-person care, empowering people to achieve their optimal health and wellbeing in the setting of their choice.
 - ▶ Build healthier, equitable communities, with communities.
 - ▶ Pay for integrated health and equitable, value-based care.

MTP renewal goals

- ▶ Expand coverage and access to care, ensuring people can get the care they need.
- ▶ Advance whole-person primary, preventive, and home- and community-based care.
- ▶ Accelerate care delivery and payment innovation focused on health-related social needs.

Deeper dive into Goal 1:
expanding coverage and access to care,
ensuring people can get the care they need

Expanding coverage and access to care, ensuring people can get the care they need

- ▶ Continuous Apple Health enrollment for children up to age six
 - ▶ Would allow all Medicaid-enrolled children in Washington with family incomes below 215 percent of the Federal Poverty Level (FPL) to remain enrolled in Medicaid until age six.
- ▶ Re-entry coverage and services after incarceration
 - ▶ Would restore Medicaid coverage for people leaving prison, jail, or another correctional facility up to 30 days prior to release. This would enable a smooth transition and ensure people can access critical care as soon as they are released.

Expanding coverage and access to care, ensuring people can get the care they need

- ▶ Expanded Apple Health coverage for people after a pregnancy ends
 - ▶ People who have been pregnant would remain eligible for Medicaid coverage until 12 months after their pregnancy ends, regardless of citizenship status.
- ▶ Supports for people receiving treatment in designated settings for a mental health or substance use disorder (SUD)
 - ▶ Would allow Washington State to use federal money for mental health and SUD treatment services in facilities defined as institutions for mental diseases (IMDs).
 - ▶ This is a continuing program with no changes from the current MTP waiver.

Deeper dive into Goal 2:
advancing whole-person primary,
preventive, and home- and community-
based care

Advancing whole-person primary, preventive, and home- and community-based care

▶ Continuation of Long-Term Services and Supports (LTSS)

- ▶ LTSS supports Washington's aging population and family caregivers who provide care for their loved ones.
- ▶ Medicaid Alternative Care (MAC) and Tailored Supports for Older Adults (TSOA) programs would continue with no changes.

▶ New supports for people who use LTSS

- ▶ Would allow the state to compensate legal guardians for individuals transitioning in or out of facilities.
- ▶ Would allow presumptive eligibility for Medicaid LTSS benefits.
- ▶ Would enable coordinated personal care services.
- ▶ Would provide rental subsidies for certain people who use LTSS.

Advancing whole-person primary, preventive, and home- and community-based care

- ▶ Continued progress toward integrating physical and behavioral health
 - ▶ Implement standardized clinical integration assessment tool and technical assistance for providers.
 - ▶ This would allow providers, plans, and the state to understand the progress on integration thus far and identify opportunities for improvement.

Deeper dive into Goal 3:
accelerating care delivery and payment innovation
focused on health-related social needs

Meeting health-related social needs (HRSN)

- ▶ Under the renewal, this work will be called “Taking Action for Healthier Communities” (TAHC) and will take on new strategies to build health supports beyond clinical care.
 - ▶ Health-related services
 - ▶ Health equity funding
 - ▶ Community Hubs, Native Hub, and workforce
- ▶ HCA will develop TAHC through partnerships:
 - ▶ Accountable Communities of Health (ACHs)
 - ▶ Managed care organizations (MCOs)
 - ▶ Tribes
 - ▶ Other partners

Keep proven programs that address HRSN

- ▶ Continue the Foundational Community Supports (FCS) program
 - ▶ FCS provides supportive housing and supported employment services to the state's most vulnerable Medicaid beneficiaries with complex care needs.
 - ▶ FCS does not pay for housing, wages, or wage enhancements.
- ▶ Propose two minor policies:
 - ▶ Under the renewal, FCS would pay for one-time transition costs (e.g., application fees and basic home goods) for certain enrollees.
 - ▶ The renewal would also expand FCS eligibility to people exiting a correctional facility and for people who are age 16 or older.

Increase the delivery of health-related services (HRS)

- ▶ Propose a set of HRS that address unmet health needs.
- ▶ Enhance “in-lieu of services” (ILOS) to make HRS delivery prevalent
 - ▶ ILOS are alternatives to clinical care proven to be medically appropriate and cost-effective (for example: removing carpet in the home of someone with asthma)
 - ▶ ILOS are offered and funded through MCOs now
 - ▶ Expand and formalize available ILOS to make access more available: housing, nutrition, and transportation
 - ▶ Funding through ILOS is a potential path to an increased level of sustained HRS

Develop health equity programs

- ▶ The positive results from the current MTP waiver are not reaching all communities.
- ▶ Propose specific funding for ACHs to develop health equity programs, with partnership from HCA and community input.
- ▶ These investments will be designed to support community-wide initiatives and needs.
- ▶ We will continue to develop the implementation details for these funds.

Community Hub, Native Hub, and workforce

- ▶ Proposing development and implementation of Community Hubs:
 - ▶ Each ACH will oversee a regional Community Hub.
 - ▶ Proposing a statewide Native Hub to improve coordination between IHCPs and other community organizations.
- ▶ Hubs support community-based care coordination and delivery of HRS.
- ▶ Hubs do not replicate clinical care coordination. They connect people with community-based (non-medical) resources to meet people's needs.
- ▶ Community workforce and payment strategies will be developed through Hub capacity building.

Hub functions

- ▶ **Identify and engage patients** who are likely to have multiple health and social needs.
- ▶ **Screen patients for SDOH needs** (as needed) and determine the appropriate organizations with the resources and knowledge to address those specific needs.
- ▶ **Establish and ensure network of community organizations** to help with capacity to deliver HRS and ILOS community services. This includes training support, retention support, and payment to community organizations to increase community-based workforce.
- ▶ **Connect patients** with these community organizations that can help address social needs within the community care coordination system.
- ▶ **Follow-up** to ensure patients are connected to services.
- ▶ **Track outcomes** of patients receiving community-based services.

Community-based workforce

- ▶ Testing reimbursement of community-based workforce in pediatric primary care
 - ▶ The Washington State Legislature authorized a pilot program to expand community health work services in pediatric primary care clinics.
 - ▶ Legislation provides \$2 million in state funding to support the pilot.
 - ▶ Inclusion in the waiver allows the state to request federal match to increase the total funding for the pilot.

Summary of programs under the waiver renewal

- ▶ Continuing:
 - ▶ Substance use disorder IMD
 - ▶ Mental health IMD
- ▶ Expanding:
 - ▶ LTSS
 - ▶ FCS
- ▶ Beginning:
 - ▶ TAHC
 - ▶ Continuous Medicaid enrollment for children
 - ▶ Extending coverage for postpartum services
 - ▶ Re-entry coverage after incarceration

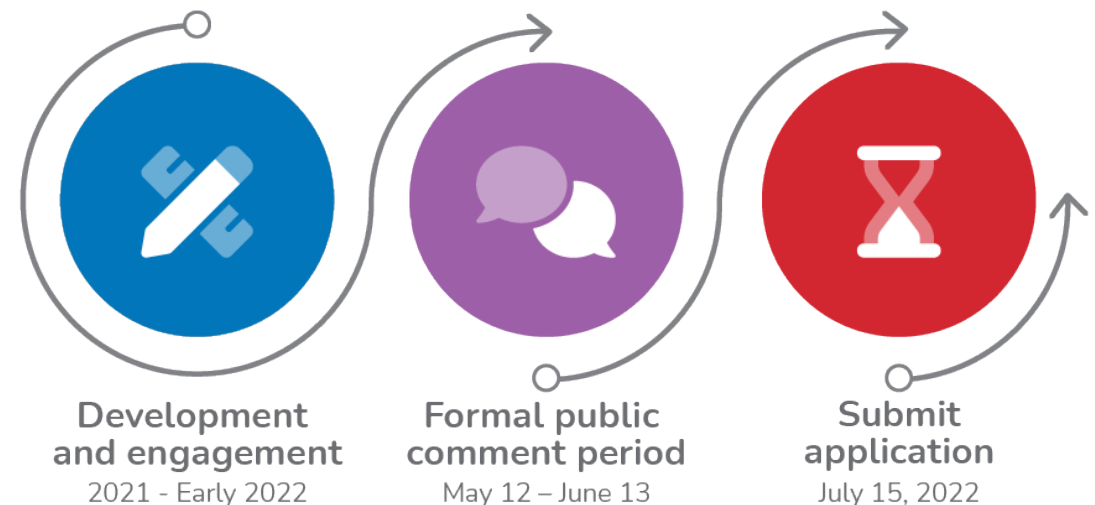
Reminders

- ▶ All programs and policies are subject to negotiations with and approval by CMS.
- ▶ Innovative programs and policies will need time for development.
- ▶ Not all services within new programs and policies will be available when the renewed waiver begins in 2023.

MTP renewal: key dates

- ▶ **2021:** development of concepts, engagement with key partners
- ▶ **Early 2022:** continue partner, Tribal, and community engagement; continue refinement of concepts
- ▶ **May 12–June 13, 2022:** formal public comment period and Tribal Consultation
- ▶ **Summer 2022:** consider comments and develop application to submit to Centers for Medicare & Medicaid Services (CMS)

Medicaid Transformation Project Renewal Application Timeline



Share your feedback on our public comment website, at a virtual forum, through your local Accountable Community of Health, or by email.

Share your feedback with us!

- ▶ When you hear about this renewal package...
 - ▶ Is there anything you're excited about?
 - ▶ Is there anything that concerns you?
 - ▶ Is there anything you want to make sure we know?
- ▶ What is working well now that should be preserved?
- ▶ Any other feedback?

Public comment alternatives

▶ Besides this public hearing, there are other ways to share feedback:

▶ Email us at medicaidtransformation@hca.wa.gov

▶ Fill out this online survey: <https://bit.ly/3FZ5Rz6>

▶ Mail HCA at:

Washington State Health Care Authority, Policy Division

Regarding: MTP renewal public comment

Attention: Tamarra Henshaw

P.O. Box 45502

Olympia, WA 98504-5502

Resources

- ▶ Visit the MTP renewal webpage (hca.wa.gov/about-hca/medicaid-transformation-project-mtp/mtp-renewal) to view:
 - ▶ Draft application and appendices
 - ▶ Acronym glossary
 - ▶ Publications
 - About the MTP renewal (in multiple languages)
 - Snapshot (in multiple languages)
 - Evolution of Initiative 1
 - FAQ
- ▶ Sign up to receive announcements about MTP:
<https://public.govdelivery.com/accounts/WAHCA/subscriber/new>



Thank you!

For questions, please email us at
medicaidtransformation@hca.wa.gov

Washington State
Health Care Authority