Washington State Health Care Authority

Children's Mental Health Work Group meeting

December 5, 2019 – Summary and priority decisions made

Attending members

Representative Noel Frame (chair), Dr. Avanti Bergquist, Representative Michelle Caldier, Ann Christian (voting for Mary Stone-Smith), Diana Cockrell, Senator Jeannie Darnielle, Peggy Dolane, Jamie Elzea, Representative Carolyn Eslick, Lacy Fehrenbach, Dr. Thatcher Felt, Janet Fraatz (for Judy King), Tory Gildred, Camille Goldy, Libby Hein, Dr. Bob Hilt, Kristin Houser, Avreayl Jacobson, Steve Kutz, Amber Leaders, Laurie Lippold, Mary Stone-Smith, Jim Theofelis, Dr. Eric Trupin, Senator Judy Warnick, Dr. Larry Wissow.

Subgroup reports and recommendations

Each subgroup (listed below) presented their recommendations, focusing on those for the 2020 legislative session:

- Behavioral Health Rates
- Partnership Access Line (PAL)
- Prenatal to Five Relational Health
- HB 1874 Follow-up/Family Initiated Treatment
- Workforce
- Student Well-being and School-based Connections to BH/IDD Services and Supports

Reports for all subgroups except PAL are available on the Children's Mental Health Work Group (CMHWG) website (12-5-2019 meeting materials).

Update from PAL subgroup

SB 5903 tasked the subgroup tasked with developing a funding model for the Partnership Access Line (PAL), the Tele-behavioral Health Call Center (UW's adult PAL program), PAL for Moms (funding beyond 2-year pilot), and the Referral Assist Service (PAL for Kids; funding beyond 2-year pilot) that:

- Determines the annual cost of operating the PAL and its various components,
- Collects a proportional share of program cost from each health insurance carrier, and
- Differentiates between activities that are eligible for Medicaid funding and those that are not.

The subgroup has worked diligently to reach an agreement and is close to finalizing their recommendation. The leads requested a 2-week extension from the CMHWG co-chairs to complete the report. HCA is currently working on the report, which will include the final recommendation and will be available online once published.

Recommendations for 2020 legislative session

Prioritization exercise

Committee members did an exercise, affixing a limited number of dots to posters that summarized each proposal. Photos of the posters appear in a companion document.

Note: Budget recommendations were "bucketed" by estimated cost as ball-parked by the subgroups. Actual costs for the final 2020 recommendations (below) will be developed by the applicable agencies.

Recommendations for the 2020 legislative session

Essential

The following recommendations are top priority and were not included in the exercise:

- PAL - Develop a funding model that builds upon HCA's previous funding model efforts that differentiates between activities that are eligible for Medicaid funding and those that are not, and collects a proportional share of program costs from commercial health insurance carriers (legislative directive).
- Reauthorize the CMHWG beyond December 2020, including:
  - Considering alternatives to the "work group" designation.
  - Broadening scope to include addressing the needs of young adults.
  - Creating two standing sub-committees –School-based Behavioral Health and Suicide Prevention, and Family Youth and System Providers Round Table (FYSPRT).
  - Revising membership categories to ensure cross-system coordination; ensuring that everyone who needs be represented is, including youth and young adults; and creating a more diverse work group.

Budget items (prioritized list)

1. Analyze the impact of changing Medicaid policy to match best practices for mental health assessment and diagnosis for infants and children ages 0-5. *(estimated cost: $200,000 or less)*
2. Fund behavioral health navigators in all nine educational service districts (ESDs). [Full funding for HB 1216 (2018); included in OSPI's 2020 decision package.]
   (estimated cost: $1 million to $2 million)
3. Increase children's Medicaid behavioral health counseling and psychotherapy rates by 8% or to the Medicare reimbursement rate, whichever is higher. *(estimated cost: $2 million to $xx million)*
4. Establish the School-based Behavioral Health and Suicide Prevention subcommittee in statute (as a subcommittee of the CMHWG committee. *(estimated cost: $200,000 or less)*
5. Increase children's Medicaid behavioral health care coordination rates in all settings by 8% or to the Medicare reimbursement rate, whichever is higher. *(estimated cost: $2 million to $xx million)*
6. Provide HCA with flexible funds to provide training and mentoring for clinicians at community-based behavioral health organizations that serve infants and children ages 0 through 18. Direct HCA to establish an advisory group to develop guidelines for how the funds could be used, as well as a quality-monitoring infrastructure. *(estimated cost: $200,000 to $1 million)*
7. Extend funding for PAL for Moms and the Referral Assist Services (PAL for Kids) pilot programs from January through June 2021 to avoid interruptions in service. *(estimated cost: $200,000 to $1 million)*

Policy-only recommendations for legislation (prioritized list)

1. Require that proposals for increasing Medicaid rates be grounded within the rate-setting process for the provider type or practice setting. Any increases in Medicaid rates for behavioral health services must include a proportional increase to services with a case rate with a priority on WISe.
2. Require HCA, with respect to funds appropriated for Medicaid behavioral health rate increases, to work with stakeholders to establish/enhance transparency and accountability mechanisms that ensure these funds are used by HCA and managed care organizations for their intended purpose. The HCA shall report back to the appropriate committees of the legislature the mechanisms they have or intend to establish.
3. Build upon the suicide prevention requirements established by HB 1336 (2013) to increase staff training requirements; train ESD navigators to support districts to develop and revise plans.

Recommendations for HCA (prioritized list)

1. Work with stakeholders to study the underlying salary assumptions and compare them to other market standards, including Medicare.
2. Build payment models that adequately reimburse for multi-disciplinary team-based services.

Discussion

Questions

- Are proposals aimed at (1) analysis, (2) staffing, or (3) providing services?
- Are increased rates resulting in increased access?
- How do the rate increases get to the providers when MCOs set rates? (see policy recommendations)

Recommendations that were not identified as a priority for the 2020 legislative session will remain on the work group's comprehensive list of recommendations and will be considered for future sessions.

Observations, insights, and take-away's

Access

- We need to look to access ***and*** intensity of services. Since the recession, we have been thinning the soup, diluting funding in the public system. While we may be providing access, clients are not getting the frequency, intensity, or number of hours of service they need.
- Importance of use of measures/metrics to evaluate whether changes we are making actually increase access.
- For metrics: Look at the number of children/youth that are being seen once vs. multiple times. The majority of clients are seen just once; in behavioral health, one therapy appointment does not do anything.
- Also need ways to measure client engagement (e.g. more than 3 visits, more than 6 visits).
- Need to also measure where we have provider deserts.
- Telehealth may be one option for addressing provider deserts (e.g. rural areas).

Workforce

- Apprenticeship recommendations aimed at increasing diversity in the workforce – aimed at those who may not have a master's/additional education.
- Apprenticeships as a potential avenue for substance use disorder professionals who do not have a bachelor's or master's in mental health field.
- Case study: Catholic Community Services increased salaries on faith to adequately serve WISe clients – quickly filled positions that had previously remained open; retention of staff increased dramatically.

Partnership Access Line

- Network adequacy issue.
- Referral assist service is a referral service; PAL for Moms supports primary care providers in prescribing medication.
- PAL gives us data.
- Need to increase staff (currently 6½ FTEs) to meet demand.
- Can increases in staff be met through the approach the Massachusetts program used (model for PAL) – utilizing internship hours from the School of Social Work?
- To do so, linkages would need to be made within the School of Social Work to academic programming.