Children and Youth Behavioral Health Work Group (CYBHWG) Notes
July 11, 2022

<table>
<thead>
<tr>
<th></th>
<th>Representative Lisa Callan, Co-Chair</th>
<th>Dr. Robert Hilt</th>
<th>Michele Roberts</th>
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<td></td>
<td>Keri Waterland, Co-Chair</td>
<td>Kristin Houser</td>
<td>Joel Ryan</td>
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<td>Hannah Adira (alternate)</td>
<td>Avreayl Jacobson</td>
<td>Noah Seidel</td>
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<td>Javiera (Javi) Barria-Opitz</td>
<td>Nichole Jensen</td>
<td>Mary Stone-Smith</td>
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<td>Dr. Avanti Bergquist</td>
<td>Barb Jones</td>
<td>Representative My-Linh Thai</td>
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<td>Representative Michelle Caldier</td>
<td>Kim Justice</td>
<td>Dr. Eric Trupin</td>
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<td>Diana Cockrell</td>
<td>Michelle Karnath</td>
<td>Senator Judy Warnick</td>
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<td>Lee Collyer</td>
<td>Kaur Preet</td>
<td>Lillian Williamson</td>
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<td>Representative Carolyn Eslick</td>
<td>Judy King</td>
<td>Senator Claire Wilson</td>
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<td>Dr. Thatcher Felt</td>
<td>Amber Leaders</td>
<td>Dr. Larry Wissow</td>
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<td>Tory Gildred</td>
<td>Bridge Lecheile</td>
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<td>Dorothy Gordor</td>
<td>Laurie Lippold</td>
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<td>Summer Hammons</td>
<td>Cindy Myers</td>
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Agency Implementation Updates – 2020 & 2021 Legislation

Overarching Recommendations

Prenatal through 25 Behavioral Health Strategic Plan
Rachel Burke, Health Care Authority (HCA)
See TVW recording (7:30); see page 5 for slides.

Workforce & Rates

Increase Medicaid rates for behavioral health services
Jason McGill, HCA
See TVW recording (10:38).
- Currently in the process of implementing the 7% rate increase that will begin January 1, 2023.

Community Behavioral Health
Kimberly Wright, HCA
See TVW recording (14:22); see page 7 for slides.
Teaching clinic enhancement rate
Steve Perry, HCA
See TVW recording (18:50); see page 9 for slides.

Certified Community Behavioral Health Clinics (CCBHC’s)
Alex Stoker, HCA
See TVW recording (21:56); see page 10 for slides.

Behavioral Health Integration

Fund start-up activities for behavioral health integration in primary care
Becky Carrell, HCA
See TVW recording (31:56); see page 15 for slides.

Reimbursement for non-licensed staff (Community Health Workers)
Christine Cole, HCA
See TVW recording (37:45); see page 20 for slides.

Prenatal through Five

Change Medicaid policy to match best practices for ages 0-5
Kiki Fabian, HCA
See TVW recording (49:10); see page 23 for slides.

Preserve and expand existing investments in infant and early childhood mental health
Nicole Rose, Department of Children, Youth and Families (DCYF)
See TVW recording (56:50); see page 25 for slides.

School-based Behavioral Health & Suicide Prevention

Support increased staffing ratios for school nurses
Christian Stark, Office of Superintendent of Public Instruction
See TVW recording (1:05:06); see page 30 for slides.

Youth and Young Adult Continuum of Care

Expand Youth Mobile Crisis Services
Sherry Wylie, HCA
See TVW recording (1:16:56); see page 33 for slides.

Resources:

- CRIS committee and subcommittees
- HCA - Youth mobile response and stabilization services slides for CRIS committee meeting on July 12.
Expand availability of youth and family peer services
Maureen Bailey, HCA
See TVW recording (1:21:35); see page 36 for slides.

Improve transitional care for youth discharging from inpatient behavioral health
Kim Justice, Office of Homeless Youth (OHY)
See TVW recording (1:28:46); see page 39 for slides.

Care Coordination in MCO contracts
Liz Venuto, HCA
See TVW recording (1:34:33); see page 40 for slides.

Medicaid waiver options for youth/families’ behavioral health respite
Tina Burrell, HCA
See TVW recording (1:45:29); see page 41 for slides.

Parent Portal
Diana Cockrell, HCA
See TVW recording (1:48:45); see page 42 for slides.

Partial Hospitalization and Intensive Outpatient
Enos Mbajah and Sonya Salazar, HCA
See TVW recording (1:51:45); see page 43 for slides.

Additional highlights
Diana Cockrell, HCA
See TVW recording (1:55:10); see page 44 for slides.

School-based Health Centers (SBHC) and other DOH initiatives
Michele Roberts, Department of Health (DOH)
See TVW recording (2:12:32).

- In 2021 HB1225 was passed directing DOH to establish the school-based health centers program and expand and sustain school-based health in public schools, with a focus on underserved communities and populations.
- DOH awarded community grants across the state in 3 different categories: planning, start-up, and operational and expansion grants for existing SBHCs.
- Received additional funding for 9 grants to continue to support and expand SBHCs.
- Received additional funding for 2 FTEs to continue to build a youth suicide team.
- Received additional funding for staff time to look at suicide data.
Overarching Recommendations

Rachel Burke, Health Care Authority (HCA)
Prenatal to 25 Behavioral Health Strategic Plan

- As passed in HB 1890 (2022).
- Projected start dates for HCA program manager and facilitation contractor are mid-August.
- 1st advisory committee meeting will be announced by August 1.
- Initial advisory committee meeting may be limited to representatives designated in legislation.

If you are interested in getting updates about the strategic plan, or have questions or suggestions regarding the advisory committee, contact cybhwg@hca.wa.gov.
Workforce & Rates

Jason McGill, HCA-Medicaid
Kimberly Wright, HCA-DBHR
Steve Perry, HCA-DBHR
Alex Stoker, HCA-DBHR
Provider Relief Workforce Stabilization Funds

- Workforce stabilization funds provided from [ESSB 5693 Section 215(104)](http://example.com) can be utilized for:
  - Immediate workforce retention and recruitment
  - Childcare stipends
  - Student loan repayment
  - Tuition assistance
  - Relocation expenses
  - Other workforce recruitment efforts
  - Costs incurred due to the COVID-19 public health emergency

- Funds are eligible to be used for costs incurred between March 3, 2021 and June 30, 2022

- Eligible providers include:
  - Nonhospital based community behavioral health treatment providers
  - Who are licensed and receiving payment through a Managed Care Organization (MCO) or Behavioral Health Administrative Service Organization (BHASO), to include Indian Health Providers. And
Provider Relief Workforce Stabilization Funds

Payments will be determined based on the number of people served by eligible providers during six months of 2019 and six months of 2021.

People served (client counts) will be estimated based on services provided, claims, and encounters from ProviderOne.

July: Opt-in request form to gather agencies signatory information
Action: Two-week response required

August: Contract containing amount of funds to be received and funding requirements
Action: Time limited response required

Payments to Behavioral Health Providers prior to September 30, 2022
Proviso 74 – Teaching Clinic Work Group

- Develop a teaching clinic enhancement rate for BHAs that train & supervise students & those seeking licensure.

- Develop standards for classifying a BHA as a teaching clinic.

- Develop a cost methodology for an enhancement rate & a timeline for implementation.

- Due August 31, 2022
CCBHC: National Context

The federal government has supported the implementation of CCBHCs at the state level and the provider level.

- **State Level: CCBHC Medicaid Demonstrations**
  - Section 223 of the Protecting Access to Medicare Act of 2014 (PAMA) creates demonstration opportunity for participating states who create certified community behavioral health clinics (CCBHCs), offering enhanced federal funding.
    - 24 states participated in original planning grants
    - Only 8 states were selected to participate in the demonstration in 2016
      - MN, MO, NJ, NV, NY, OK, OR, PA
    - CARES Act expanded authorization for 2 additional states in 2020
      - KY, MI
    - Bipartisan Safer Communities Act expands the demonstration opportunity, starting in 2024
      - Up to 10 states will be selected every 2 years
      - States must receive planning grant before applying to the demonstration

- **Provider Level: CCBHC Expansion Grants**
  - SAMHSA also made available grant funding directly to providers
  - Through these grants, over 340 CCBHCs have developed in more than 40 states
Status of Participation in the CCBHC Model

States where clinics have received expansion grants
States selected for the CCBHC demonstration
Independent statewide implementation
No CCBHCs

There are over 430 CCBHCs in the U.S., across 42 states, Guam and Washington, D.C.

NOTE: This map reflects the total number of CCBHCs as of August 2021, including new clinics announced after our survey was conducted.


Alex Stoker
What is a CCBHC?
CCBHCs are community-based clinics that provide a comprehensive range of mental health and substance use disorder services

Provider Standards
Non-profit community-based providers or government clinics with consumer-centered governance structure, accessibility standards, and staffing requirements

Scope of Services
Comprehensive array of outpatient services that can be provided by the CCBHC or a Designated Collaborating Organization (DCO). Focus on integration, prevention, and crisis stabilization.

Care Coordination
Person- and family-centered planning and ongoing coordination with care team to integrate care delivery for mental health, SUD, physical health, and social needs

Quality Improvement
Incentives for improving quality of care and requirements for reporting on encounters and clinical outcomes

CCBHC Initiative: Legislative Charge

The Washington State Legislature directed HCA to produce a comprehensive report exploring “the development and implementation of a sustainable APM for comprehensive community behavioral health services, including the [CCBHC] model.”

**Required Activities:**
- Actuarial analysis
- Research:
  - National data
  - Other state models
  - Resources and expertise from the National Council for Mental Wellbeing
- Interested party engagement

**Required Report Components:**
- CCBHC alternative payment model options
- Analysis of behavioral health system impacts
- Regulatory considerations
- Payment rate design options
- Managed care considerations
- Actuarial analysis preliminary cost estimates
- Implementation recommendations


**The report is due to the legislature by December 31, 2022**

Alex Stoker
Behavioral Health Integration
Jason McGill & Becky Carrell, HCA-Medicaid
Christine Cole, HCA-Clinical Quality & Care Transformation
Behavioral Health Integration Grants

Overview

- Proviso Overview
- Draft Timeline
- Feedback and Questions
Proviso Overview

$2 Million provided for one-time grants for clinics to establish behavioral health integration in primary care clinics for children and adolescents. (SSB 5693 section 211(110))

- Grants can be $200,000 per clinic
- Grant dollars can be used for:
  - Training to create operational workflows that promote team-based care and evidence-based practices
  - System development to implement standardized assessment tools for universal screening
  - Development of a process or registry to track patient outcomes
  - Recruitment and/or retention of behavioral health professionals, psychiatric supervision/consultation for the program
  - Developing partnerships with community health centers for patients with higher level needs
  - Developing information technology infrastructure, i.e. electronic health records and registry creation
  - Physical space modifications to support the program
Criteria for eligible clinics

To be eligible clinics must demonstrate the following:

- 35% of their total patients enrolled in Medicaid
- Support for BHI program exists at the highest level of clinic leadership
- An arrangement for psychiatric consultation and supervision exists
- A team-based approach to care exists, including the primary care provider, behavioral health professional, psychiatric consultant, patient and patients family
Criteria for eligible clinics

A plan exists to:

- Hire a behavioral health professional
- Create a registry
- Implement universal screening for behavioral health needs
- Provide care coordination with schools, emergency departments, hospitals and any other points of care
- Ensure closed-loop referrals to behavioral health specialists
- Where clinically indicated, engagement in specialty treatment
Project Timeline BHI Grant

**June 2022**
- Review grant requirements;
- Begin developing charter and timeline

**July 2022**
- Gather feedback/input
- Development of application and supporting materials

**August 2022**
- Complete application development
- Announce application

**September 2022**
- Application deadline
- Announce grant awardees

**October 2022**
- Disburse funding

Develop project timeline, approach, and principles.
- Work with HCA’s CHW grant team to align approach.

Develop application and supporting materials
- Launch Application

Review applications, award grants, disburse funding.

DRAFT
Community Health Workers (CHWs) in Primary Care supporting children & youth [ESSB 5693, Sec. 211 (103)]

**Legislative Direction**

2-year grant program | Jan 2023 – Jan 2025

- Outreach, informal counseling & social supports for health related social needs
- Determine if eligible for federal matching funds
- Report on impact & health outcomes
- Explore sustainable reimbursement options

**Policy Implementation**

- Administer grant to primary care settings serving children, youth & their families
- Collaborate with Department of Health (DOH) to align with CHW core curriculum & new health specific modules
- Include CHW services in Medicaid Transformation Project Waiver renewal as means for possible federal match funds
- Conduct a mixed methods evaluation to assess impact & support sustainability efforts

Christine Cole
Estimated Grant Timeline

June 2022
• Develop charter & project timeline

July 2022
• Gather input
• Create materials for application process

August 2022
• Develop
• Launch application process

September 2022
• Application period
• Provide support in application process

October 2022
• Announce awardees & begin contracting

November 2022
• Finalize contracts
• Awardees to begin recruiting

January 2023 thru December 2025
• Grant program offered through awardee sites
• Conduct mixed-methods evaluation

NOTE: HCA will continue to explore MTP waiver & sustainable reimbursement options throughout project. Updates will be shared as available.

Christine Cole
Prenatal through Five

Kiki Fabian, HCA-DBHR
Nicole Rose, Department of Children, Youth & Families
Developmentally appropriate mental health assessment & diagnosis

- Work on developmentally appropriate assessment & diagnosis for infants and young children has been ongoing for several years.

- Existing intake, assessment, and/or diagnostic systems often do not center the unique developmental & relational experiences of infants and young children.
Mental Health Assessment for Young Children (MHAYC) (HB1325, 2021)

For the purposes of mental health assessment for children birth through 5 years of age, Apple Health will:

**Legislative Direction**

- **Allow reimbursement for:**
  - Up to five sessions
  - Provider travel to home & community settings

- **Require providers to:**
  - Use the DC:0-5™

**Policy Implementation**

- Update billing and encounter guidance, managed care contracts & rates, invoicing processes, and WACs to align with new policies
- Publish an Apple Health Crosswalk from DC:0-5 to DSM-5 and ICD-10, with a community-informed version coming Fall/Winter 2022
- Provide technical assistance to support provider and agencies in implementing new policies
- Provide free training and professional development resources to support the widespread use of the DC:0-5™

See RCW 74.09.520: Medical assistance—Care and services included—Funding limitations.
FSKA: A $1.1 billion investment in high-quality, affordable child care and early learning in WA

Success looks like:

**Kids**
are supported in all the ways needed for healthy development starting at birth, and enter kindergarten ready to learn.

**Families**
are able to choose from a continuum of early learning options that meet their needs.

**Providers**
have access to funding, training, and tools to enable them to meet the needs of children in their care.
Implementation Successes To Date

Affordability - Co-Pay
$90/month < $53,544
$115/month < $64,248

Access
4,000 more families eligible
500 more Pre-K slots

Quality
New trauma-informed care supports
6 new IECMH-C

Provider Supports
$360 million in grants
Increased subsidy rates
Access to $0 premium health care
New technical assistance
Complex Needs Fund

- To promote inclusive, least restrictive environments
- Support providers serving children who have developmental delays, disabilities, behavioral needs, or other unique needs

Child Care
- $4.6M Biennial Investment

ECEAP
- $4.6M Biennial Investment
Infant and Early Childhood Mental Health Consultants in Early Achievers

- Initial investment of 6 consultants through Senate Bill 5903
- Program director added through Perigee grant
- 6 additional mental health consultants in 2021 through Fair Start Act
- 3 more consultants in 2022 to stabilize program support through the Preschool Development Grant

Photo by BBC Creative on Unsplash
School-based Behavioral Health & Suicide Prevention

Christian Stark, Office of Superintendent of Public Instruction
**Policy Bills**

**HB 1664—Concerning prototypical school formulas for physical, social, and emotional support in schools**

- A 3-year funding phase-in that increases for physical, social, and emotional support staff (PSES) until reaching an ongoing investment of $337 million in additional funding
- They also put a box around the funding, requiring the funds for PSES staff be spent on those employees
  - However, the legislation does not specify which types of PSES staff districts spend the additional money on
- **Note:** Most districts supplement basic educations funds derived from the prototypical funding formula with other funding sources to fund PSES staff
ESSB 5693

• Section 501(4)(gg), page 607, line 8—$1,000,000 contract with a community-based youth development nonprofit organization for a pilot program to provide behavioral health support for youth and trauma-informed, culturally responsive staff training

• Section 501(4)(bb), page 605, line 20—$3,500,000 of the general fund—state appropriation for fiscal year 2023 to contract for regional MTSS implementation specialists during 22-23 school year to help districts administer the MTSS assessments and adopt evidence-based strategies that address the specific academic, social, emotional, and behavioral health needs of students exacerbated by the pandemic. Funding can also be used to provide training/technical assistance to districts and ESDs
Youth & Young Adult Continuum of Care

Sherry Wylie, HCA-DBHR
Maureen Bailey, HCA-DBHR
Kim Justice, Office of Homeless Youth
Liz Venuto, HCA-DBHR
Tina Burrell, HCA-DBHR
Diana Cockrell, HCA-DBHR
Sonya Salazar, HCA-DBHR
Enos Mbajah, HCA-DBHR
## Youth vs. Adult mobile crisis response

<table>
<thead>
<tr>
<th>Youth Crisis Model</th>
<th>Adult Crisis Model</th>
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<tbody>
<tr>
<td>✚ Single point of access</td>
<td>✚ Care traffic control model</td>
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<tr>
<td>✚ Crisis defined by parent/youth</td>
<td>✚ Crisis defined by caller</td>
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<tr>
<td>✚ Comprehensive youth assessment</td>
<td>✚ Crisis assessment for danger to self &amp; others</td>
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<tr>
<td>✚ Respond without Law Enforcement</td>
<td>✚ Law enforcement may respond with team</td>
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<tr>
<td>✚ Teams trained to work with children and families</td>
<td>✚ Crisis trained responders, not child specific</td>
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<tr>
<td>✚ Designed to interrupt care pathway</td>
<td>✚ Designed to address needs of the adult</td>
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<tr>
<td>✚ Stabilization in-home - 8 weeks</td>
<td>✚ Connection to community supports</td>
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<tr>
<td>✚ Community Connections and warm-handoff core component</td>
<td>✚ Team may provide transportation</td>
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- Sherry Wylie
Current Youth Teams and Expansion Teams

Existing Youth Teams:
- King
- Pierce
- Thurston/Mason
- Southwest - 0.5 enhancement

North Sound
Salish
Great Rivers

Spokane
North Central
Greater Columbia
**Youth Mobile Crisis Team Service Delivery**

<table>
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<tr>
<th>Current Service Delivery in Days per Region</th>
<th>Future State and Items for Consideration</th>
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<tr>
<td>Great Rivers</td>
<td>Proviso SB 5092, Sec 215 (65) provided funding to add child and youth specific teams to 6 regions, need to add more to prepare for 988 access point</td>
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<td>Greater Columbia</td>
<td>MRSS language in BH-ASO contracts, developing standards in alignment with MRSS model</td>
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<tr>
<td>King</td>
<td>Initial response funded up to 3 days. Stabilization phase is currently delivered through braided funding that is not sustainable</td>
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<tr>
<td>North Central</td>
<td>Need – Recommendations from CRIS for a path forward to ensure equity for all youth and families in Washington regardless of insurance</td>
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<td>North Sound</td>
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<td>Pierce</td>
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<td>Salish</td>
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<td>Spokane</td>
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<td>Thurston/Mason</td>
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- Non-Medicaid/Commercial Insurance
- Medicaid Enrolled
Increase Recruitment of BIPOC Peers

❖ Via Section 211(53) of the 2021 Supplemental Budget and continued in Section 211(54) of the 2022 Supplemental Budget in the amount of $881,000 to increase the recruitment of BIPOC peers.

   i. Training peers who reflect the communities they serve
   ii. Train CPCs as approved CPC Trainers so that we can have a diverse cadre of CPC Trainers
   iii. Held listening sessions to identify barriers to peer services in marginalized communities (feedback is being reviewed)
   iv. Provide small funding opportunities to increase the recruitment of BIPOC peers:
      a. Become a LCBHA
      b. Add peer services to the book of business
      c. Hiring of peers
      d. Promote peer services to marginalized communities.
Via Section 211(54) of the 2021 Supplemental Budget and continued in Section 211(55) of the 2022 Supplemental Budget, the Legislature provided $250,000 to create a Crisis Response Training for behavioral health peer specialists.

i. Draft curriculum has been created
ii. Train the Trainer held in May
iii. First pilot Crisis Training wrapped up at the end of June.
iv. HCA will finalize curriculum with feedback from pilot training this summer
v. Statewide training October 17th - 21st in Olympia, WA
Peer Specialist Support Network

- Via Section 211(48) of the 2021 Supplemental Budget and continued in Section 211(49) of the 2022 Supplemental Budget to create an Emotional Support Network for employed behavioral health peer specialists.
  1. Held 2 competitive procurements
  2. Currently working to identify a contractor
House Bill 1905

Implements new investments to support successful transitions from systems of care

- **Rapid Response Team** of representatives from relevant state agencies to respond to complex cases involving a youth exiting a publicly funded system of care.

- **Flexible funding** provided to youth exiting systems of care ($1.6 mil)

- Funding for six counties to implement **Housing Stability for Youth in Courts (HSYNC)** model to prevent exits to homelessness from county juvenile detention facilities ($625K)

- Expands the **System of Care grant** program to fund community-based services that prevent youth from exiting a publicly funded system of care into homelessness ($2 mil.)
HB 1860 - Preventing homelessness among persons discharging from inpatient behavioral health settings.

Direct result of recommendations in: The Safe and Supportive Transition to Stable Housing for Youth Ages 16 to 25 report

Must establish performance measures which track rates of homelessness and housing instability for Medicaid clients.

Currently forming a workgroup to identify measures that assess rates of Homelessness and Housing instability among Medicaid members.

The workgroup will meet 1-2 times over the summer/early fall.

By January 1, 2023 HCA must require that any contract with an MCO include a requirement to provide housing-related care coordination services to enrollees who need such services upon discharge from inpatient behavioral health settings.

By January 1, 2024 HCA must report to the Governor and appropriate committees of the Legislature options and recommendations for integrating value-based purchasing terms and a performance improvement project into managed health care contracts related to increasing stable housing in the community.
Behavioral Health Respite Options

- As directed by Proviso 82, HCA contracted with Mercer Government Human Services Consulting to evaluate options for a Medicaid waiver to provide respite for youth with behavioral health changes
  - HCA consulted with DDA and DCYF during the process
- Final draft of the options paper was completed on June 30
  - HCA, DDA and DCYF are completing a final review
  - Will share document with external workgroup for additional review
    - Feedback is requested on the document write-up only
- The option paper provides “pros and cons” for Medicaid funding options
  - Any next steps to be determined by decision makers
Parent Portal

Feedback, stakeholdering and report drafting is under way through contract with Washington Community Connectors.

Through private funding the core parent group and RPrime, who developed the prototype, have developed a timeline that includes funding needs for the full implementation of the project. The report will include a detailed document that calls out each developmental stage.

Investing in a communications position at HCA to share information with providers and families

- Anticipate the person will be starting in August
- Official announcement anticipated in next few weeks
Partial Hospitalization/ Intensive Inpatient

- Two pilot programs for intensive outpatient services and partial hospitalization services for certain children and youth are currently active.
  - Seattle Children’s Hospital on the Western side of the Cascades and Providence on the East are the locations participating in the pilot.
- Working on bringing the third site on line in the next few weeks.
- The pilot prioritizes children and youth discharged from an inpatient hospital treatment program who require the level of services offered by the pilot programs in lieu of continued inpatient treatment.
- At the conclusion of the project, recommendations for whether either or both of the pilot models should be expanded statewide; whether modifications should be made to the models to better address gaps in the continuum identified through the pilot sites, whether the models could be expanded to community behavioral health providers, and whether statewide implementation should be achieved through a state plan amendment or some other mechanism for leveraging federal Medicaid match; and
- (iv) Actuarial projections on the statewide need for services related to the pilot sites and estimated costs of adding each of the services to the Medicaid behavioral health benefit for children and adolescents and adults.
Additional Highlights

- **Residential Crisis Response Program**
  - Provide twenty-four (24) hour per day, seven (7) days per week intake, treatment and stabilization of children and youth in a safe and therapeutic environment.
  - Provide children and youth with a structured setting for a short-term stay of 30 days (not to exceed 90 days).

- **Regional Youth Behavioral Health Navigation Teams**
  - Modeled after and technical assistance for sites through Kid’s Mental Health Pierce County.
  - Salish, Greater Columbia, and Southwest are the regions standing up teams this year.
  - Regional teaming of child/youth service orgs to support multidisciplinary teams serving families.

- **Habilitation Mental Health project status update**
  - Residential long-term care to serve children and youth with co-occurring mental health, Intellectual Developmental Disorder/Autism Spectrum Disorder whose needs are more acute that current systems can serve well.
  - RFI did not result in identifying an interested agency, the implementation team continue to promote and recruit for providers ready to innovate in this new, and much needed, service for WA State.