

Children and Youth Behavioral Health Work Group

Children and Youth Behavioral Health Work Group (CYBHWG) Notes

July 11, 2022

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

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.](#)

Children and Youth Behavioral Health Work Group

- [Connecticut MRSS model](#)
- [New Jersey and Nevada MRSS Power point](#)
- [University of Maryland, CT and NJ MRSS](#)

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\(104\)](#) 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

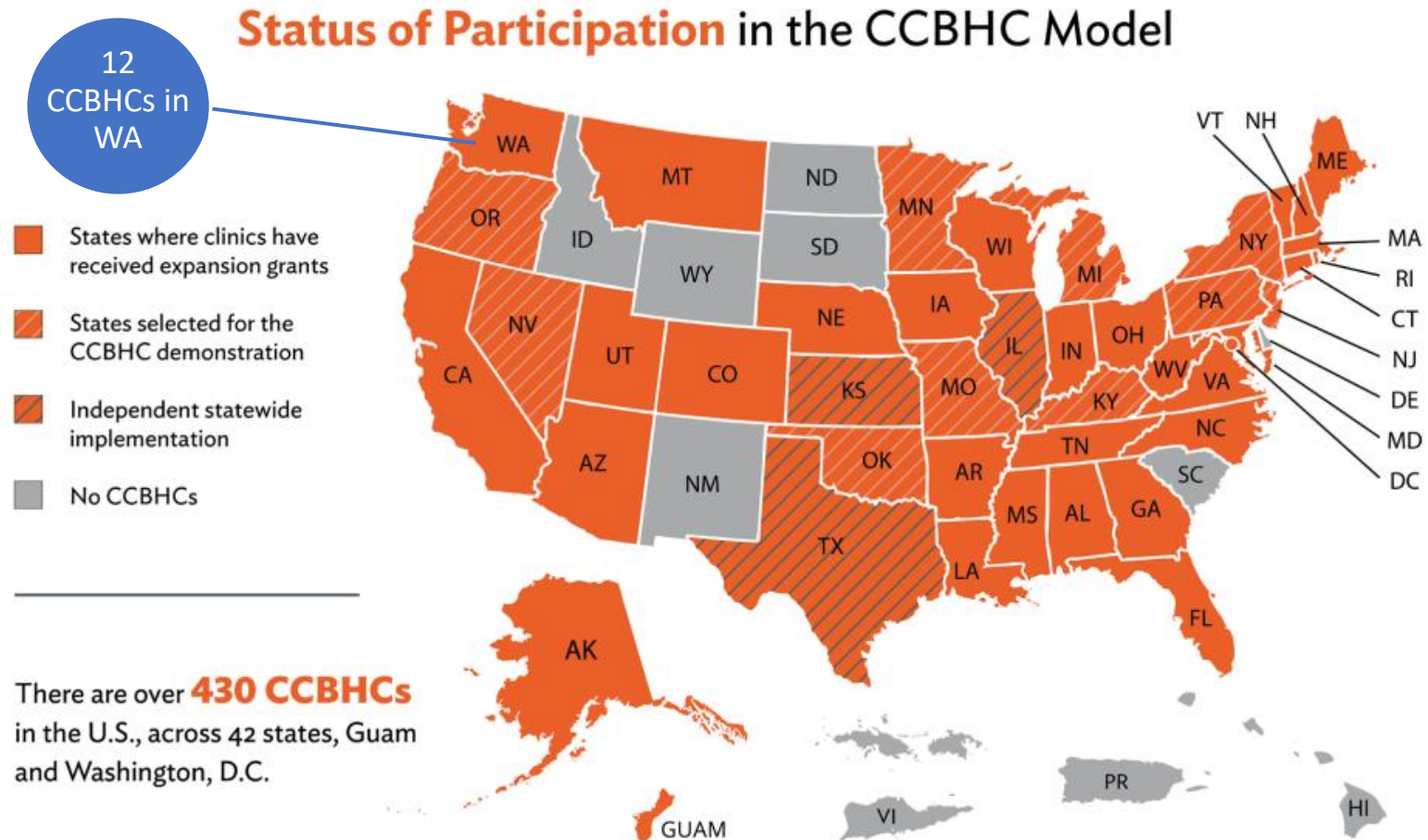
- ▶ Develop a teaching clinic enhancement rate for BHAs that train & supervise students & those seeking licensure.
- ▶ Develop standards for classifying a BHA as a teaching clinic.
- ▶ Develop a cost methodology for an enhancement rate & a timeline for implementation.
- ▶ Due August 31, 2022

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



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

Sources: National Council for Mental Wellbeing. 2021. CCBHC Impact Report. Accessed online: <https://www.thenationalcouncil.org/wp-content/uploads/2021/05/2021-CCBHC-Impact-Report1.pdf>
 National Council for Mental Wellbeing. 2021. CCBHC Location List. Accessed online: <https://www.thenationalcouncil.org/wp-content/uploads/2022/03/CCBHC-Location-List-Updated-7.22.21.pdf>

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

Source: Substance Abuse and Mental Health Services Administration. 2016. Criteria for the Demonstration Program to Improve Community Mental Health Centers and to Establish Certified Community Behavioral Health Clinics. Accessed online: https://www.samhsa.gov/sites/default/files/programs_campaigns/ccbhc-criteria.pdf

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**

Source: Washington State Legislature. ESSB 5693. Proviso 106. Regular Session 2022. Accessed online: <https://lawfilesexternal.wa.gov/biennium/2021-22/Pdf/Bills/Senate%20Passed%20Legislature/5693-S.PL.pdf?q=20220311101341>

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 retainment 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

DRAFT



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.


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

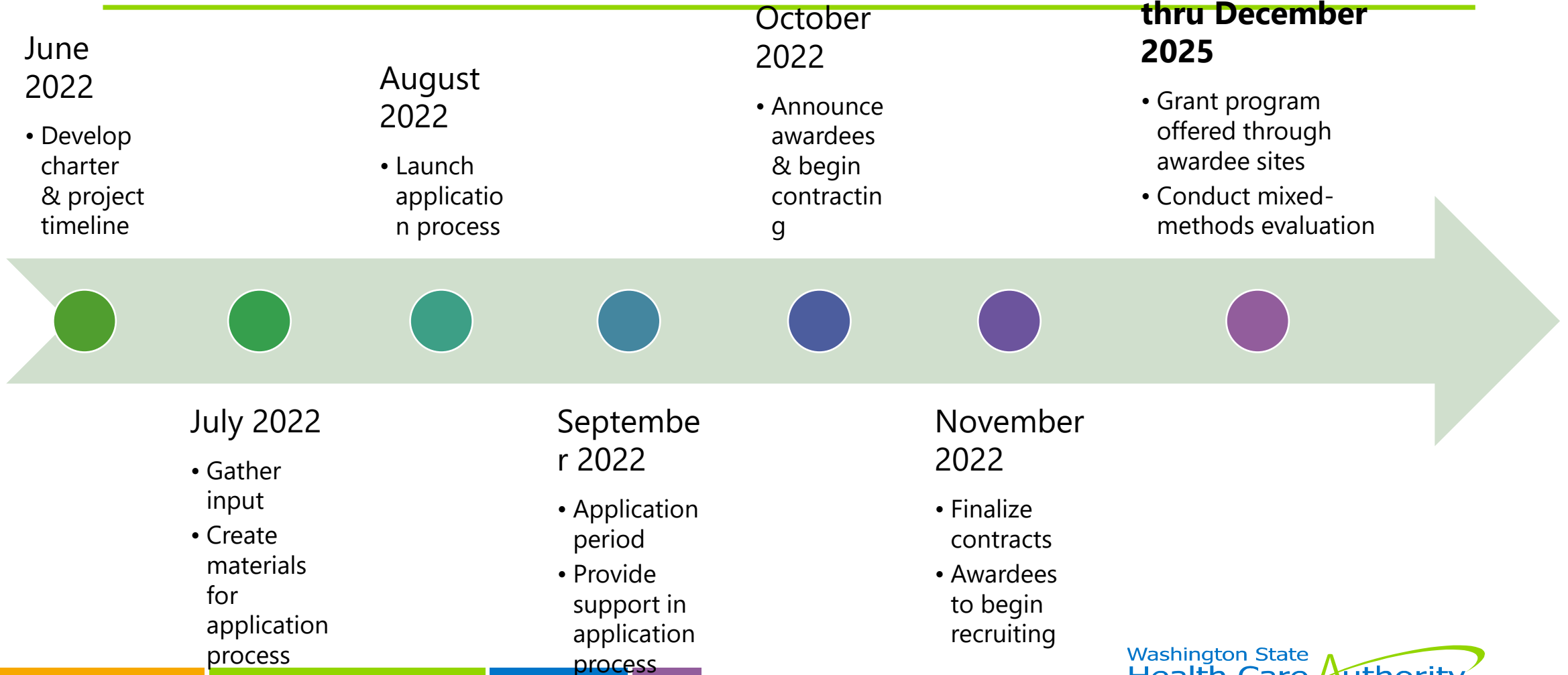
 Collaborate with Department of Health (DOH) to align with CHW core curriculum & new health specific modules

 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

Estimated Grant Timeline

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



Prenatal through Five

Kiki Fabian, HCA-DBHR

Nicole Rose, Department of Children, Youth & Families

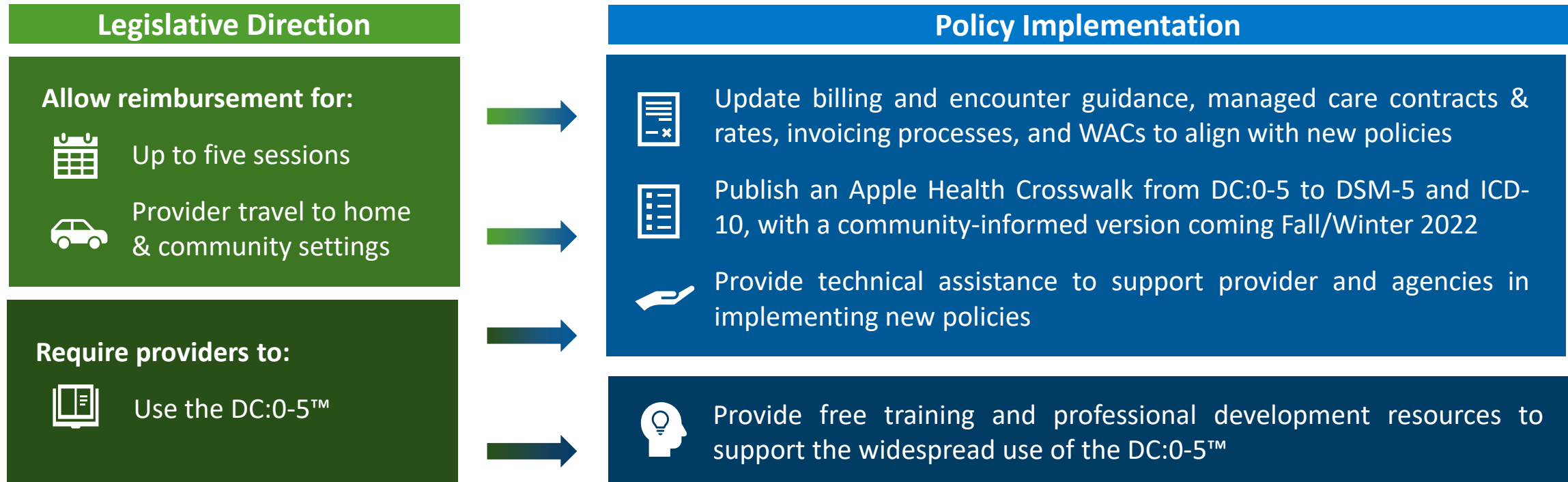


Developmentally appropriate mental health assessment & diagnosis

- ▶ 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:



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](#)



Washington State Department of
CHILDREN, YOUTH & FAMILIES

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 education funds derived from the prototypical funding formula with other funding sources to fund PSES staff

Provisos

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

Youth Crisis Model

- ▶ Single point of access
- ▶ Crisis defined by parent/youth
- ▶ Comprehensive youth assessment
- ▶ Respond without Law Enforcement
- ▶ Teams trained to work with children and families
- ▶ Designed to interrupt care pathway
- ▶ Stabilization in-home - 8 weeks
- ▶ Community Connections and warm-handoff core component

Adult Crisis Model

- ▶ Care traffic control model
- ▶ Crisis defined by caller
- ▶ Crisis assessment for danger to self & others
- ▶ Law enforcement may respond with team
- ▶ Crisis trained responders, not child specific
- ▶ Designed to address needs of the adult
- ▶ Connection to community supports
- ▶ Team may provide transportation

Current Youth Teams and Expansion Teams

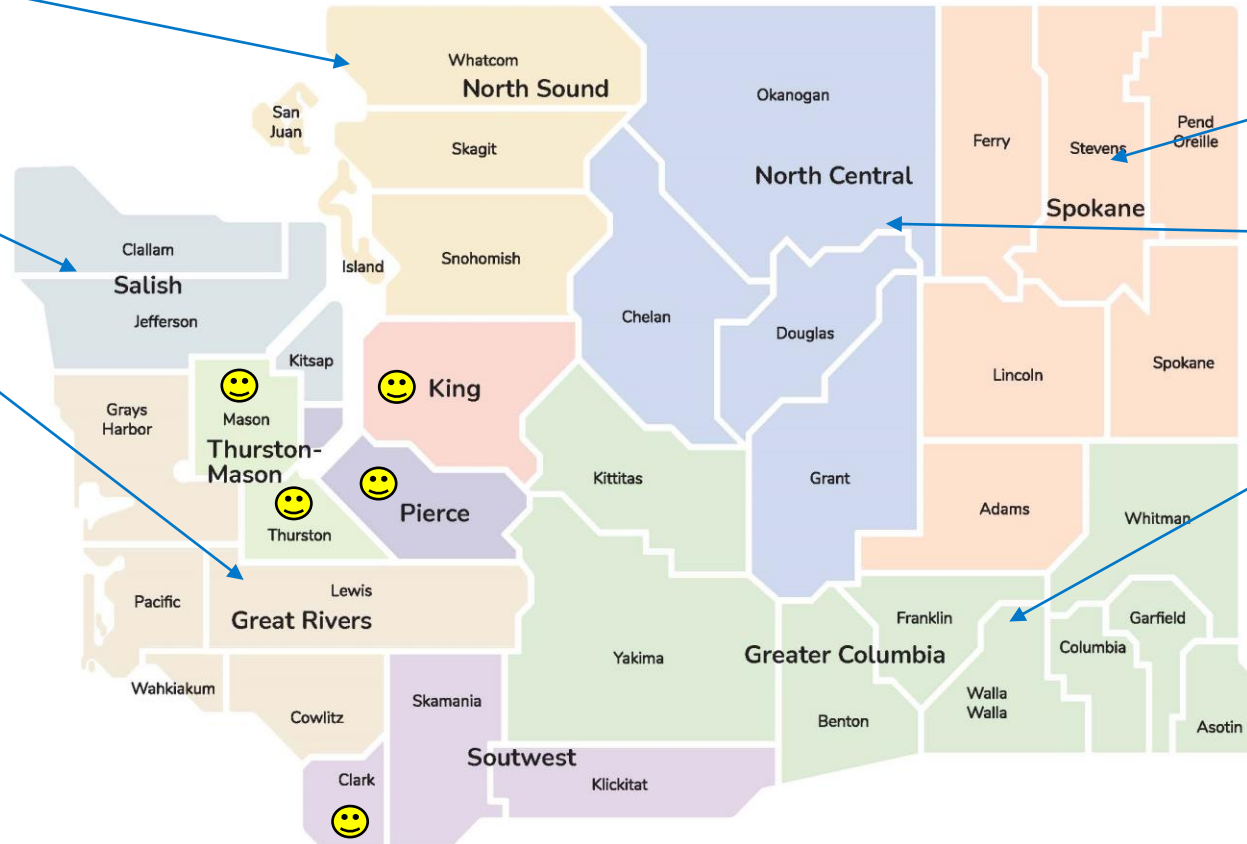
North Sound

Salish

Great Rivers

Existing Youth Teams:

- King
- Pierce
- Thurston/Mason
- Southwest - 0.5 enhancement



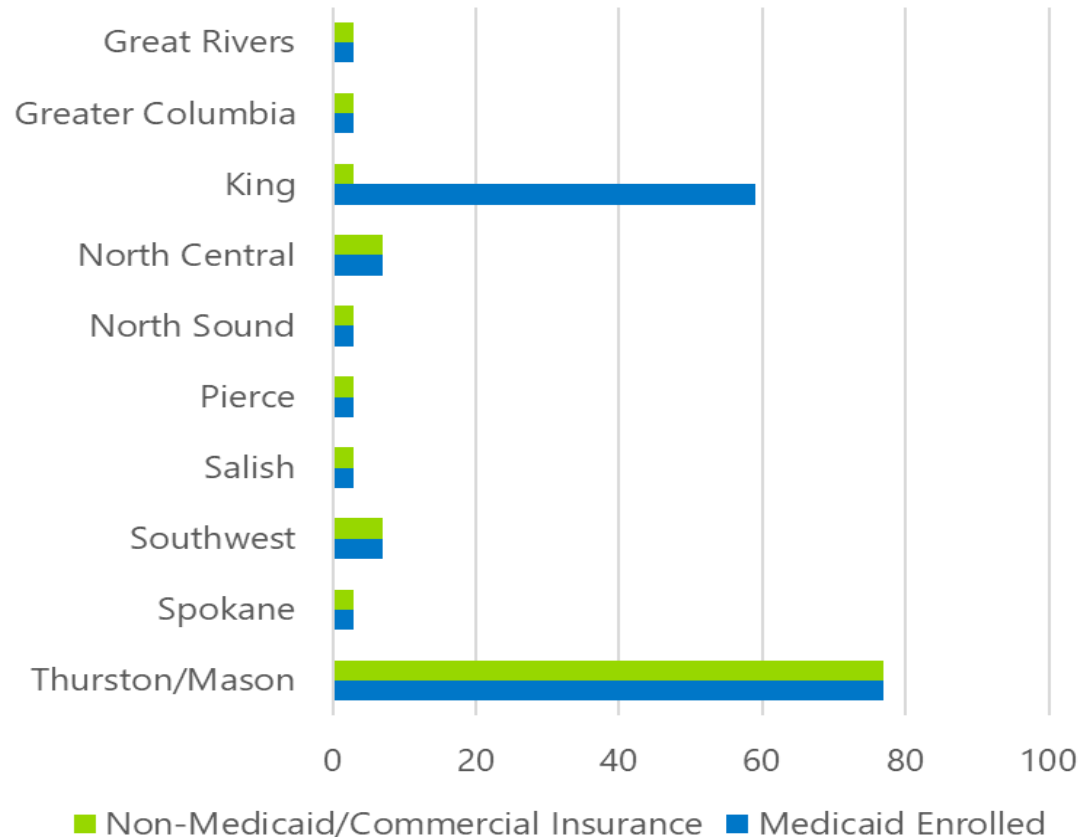
Spokane

North Central

Greater Columbia

Youth Mobile Crisis Team Service Delivery

Current Service Delivery in Days per Region



Future State and Items for Consideration

- ▶ 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
- ▶ MRSS language in BH-ASO contracts, developing standards in alignment with MRSS model
- ▶ Initial response funded up to 3 days. Stabilization phase is currently delivered through braided funding that is not sustainable
- ▶ Need – Recommendations from CRIS for a path forward to ensure equity for all youth and families in Washington regardless of insurance

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.

40-hour Crisis Training for Peer Support

- ❖ 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.
 - i. Held 2 competitive procurements
 - ii. 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.)

Care Coordination in MCO Contracts

- ▶ 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

HB 1800 – Parent Portal & Communications

▶ 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.