

Prenatal-Age 25
Behavioral Health
Legislative
implementation
webinar with Q&A

October 10, 2023



#### Housekeeping

- Please mute yourself if you are not speaking
- Raise your hand if you want to speak
- This time is for you. We welcome questions, comments, and feedback
  - ▶ During the presentation, please add your questions to the chat and we will answer in the chat and/or during the Q&A.
- If we cannot answer your question on this call, we will follow-up after the meeting.



#### Disclaimer

- This Zoom meeting is being recorded and will be posted to the HCA <u>Prenatal</u>, child, and young adult behavioral heath services page.
- This recording is open to public disclosure.
- Please do not disclose any private or confidential information.



#### October agenda







#### Children's Longterm Inpatient Program (CLIP) expansion & rate increase

LaRessa Fourre



#### Children's Long-term Inpatient Program (CLIP)



- The most intensive, long-term, inpatient psychiatric treatment available to Washington State residents.
- Available to Washington State youth, ages 5 to 17.
- Funded 50/50 match of federal and state
   Medicaid dollars.
- A planned inpatient treatment course that includes multidisciplinary psychiatric treatment.
- The goal of CLIP treatment is to transition the child or youth back to their home, family, and community at the earliest clinically indicated time possible.



#### Children's Long-term Inpatient Program (CLIP)



#### **Expansion & implementation**

- Increase the contracted CLIP rate and beds for contracted community children's longterm inpatient program (CLIP).
- For FY24, the CLIP rate increased 31%.
- Supports 46 additional beds by end FY23, for a total of 83 contracted CLIP beds (not including CSTC).



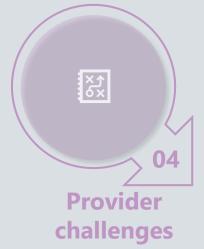
#### CLIP bed capacity

- Bed utilization changes daily
- Current availability: 51 monthly



#### Provider updates

- Identify potential providers
- A procurement will be released to identified potential additional CLIP facilities
- Discussions with interested providers continue



- Workforce shortages to maintain staffing needs.
- Hiring and retaining trained staff, including nurses
- Permitting and licensing process
- Facility modification and construction





## Rapid housing response time for youth and young adults

Rachel Baxter

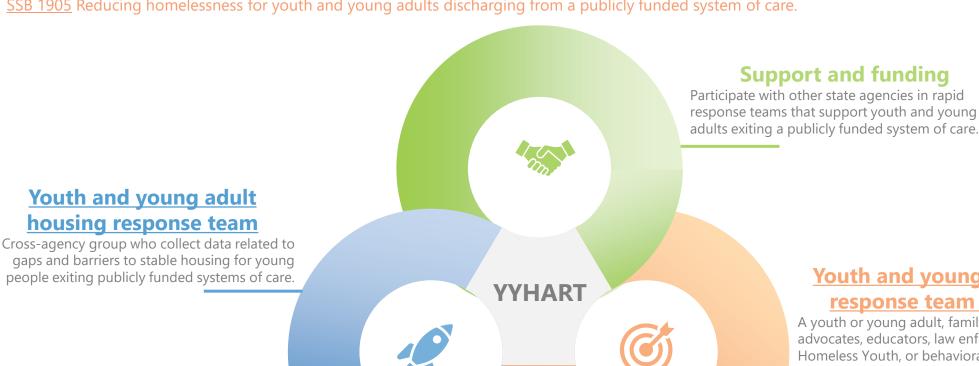


#### Youth & Young Adult Housing Response Team (YYHART)

SSB 1905 Reducing homelessness for youth and young adults discharging from a publicly funded system of care.

Youth and young adult housing response team

people exiting publicly funded systems of care.



#### Youth and young adult housing response team referral form

A youth or young adult, family member, youth advocates, educators, law enforcement, DCYF, Office of Homeless Youth, or behavioral health service providers can make a referral.





## New Journeys expansion

**Shelby Terry** 







#### CAUSES & ONSET

Because psychosis affects a person's mind, feelings, & behaviour, everyone who experiences psychosis experiences it differently.



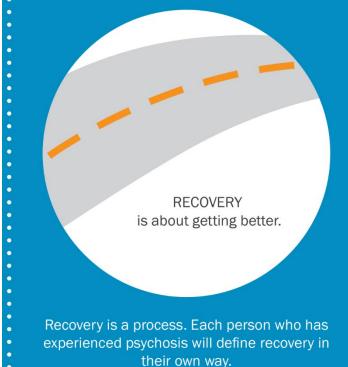
Psychosis occurs in ~3% of the population. Onset usually occurs during adolescence and can be due to several factors, including biology, stress, trauma, and drug use.

#### INTERVENTION



Specialized early intervention helps people to get better faster and return to their regular lives more quickly. Delaying treatment may lead to slower recovery.

#### ROAD TO RECOVERY





#### New Journeys 2<sup>nd</sup> SSB 5903 (Sec. 6), 2019



For the purposes of developing a statewide plan to implement evidence-based coordinated specialty care programs that provide early identification and intervention for psychosis, HCA will:

# Legislative Direction Policy Implementation Statewide Plan The Statewide Implementation Plan of Coordinated Specialty Care for Early Psychosis \$ Team Based Rate for Medicaid New Journeys Team Based Rate Implemented beginning July 1, 2022 One team in each region ↑ 17 New Journeys teams in 9 regions Image: Property of the property of t



#### 2015

Comprehensive Healthcare

#### 2016

- Behavioral Health Resources
- Valley Cities Behavioral Health Care\*

#### 2017

Behavioral Health Resources

#### 2018

 Sea Mar, formally known as Community Services Northwest

#### 2019

- Catholic Charities
- Comprehensive Healthcare
- Ryther\*

#### 2020

Frontier Behavioral Health\*\*

#### 2021

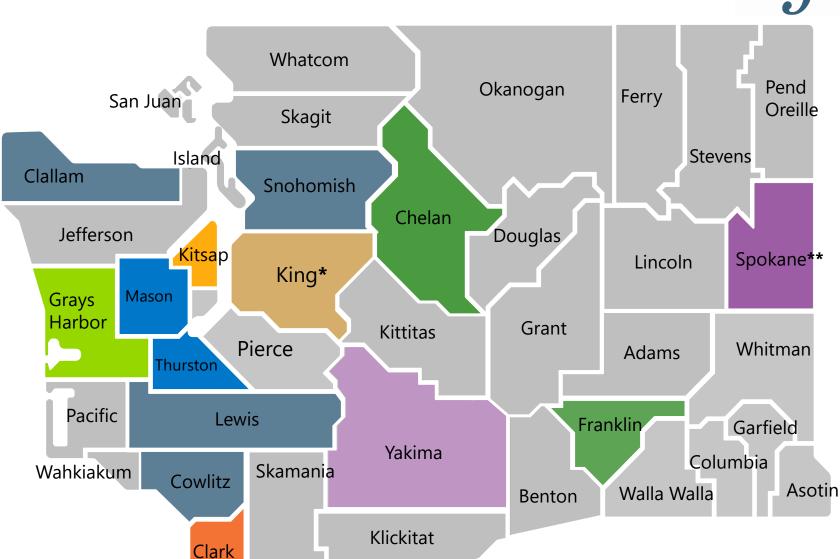
Kitsap Mental Health

#### 2022

STEP | Harborview\*

#### 2023

- Cascade Mental Health
- Peninsula Behavioral Health
- Sea Mar Community Health Center
- Frontier Behavioral Health #2\*\*









### Pregnant & Parenting Women (PPW) & Parent Child Assistance Program (PCAP) expansion for DCYF child welfare

Ashley Pina & Sarah Pine

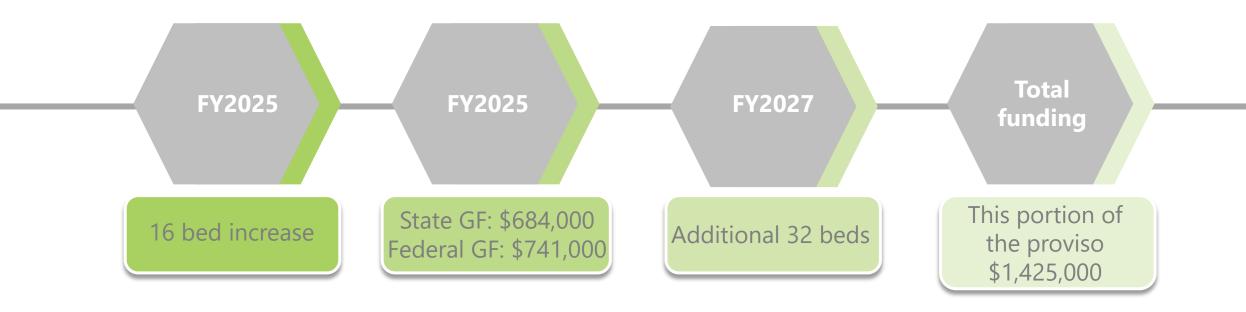




The Parent Children Assistance Program (PCAP) provides case management, home visits, and support services to pregnant and parenting women (PPW) with substance use disorders and their young children. PPW residential substance use disorder treatment is also available for women and their children under the age of six.

Funding provided on a phased in basis to increase the number of PCAP case management slots by 56 and to increase the number of PPW residential treatment beds by 16 in FY2025. The Outlook assumes an additional 32 PPW residential treatment beds are phased in through FY2027.

## Budget overview: PPW Substance Use Disorder Residential Treatment bed expansion





#### Pregnant and Parenting (PPW) services

#### Snohomish

Evergreen Recovery Centers – Building B

Evergreen Recovery Centers – Building C

#### Yakima

Triumph Treatment Services - Casita

Triumph Treatment Services – Riel House

Triumph Treatment Services – Beth's Place

#### Spokane

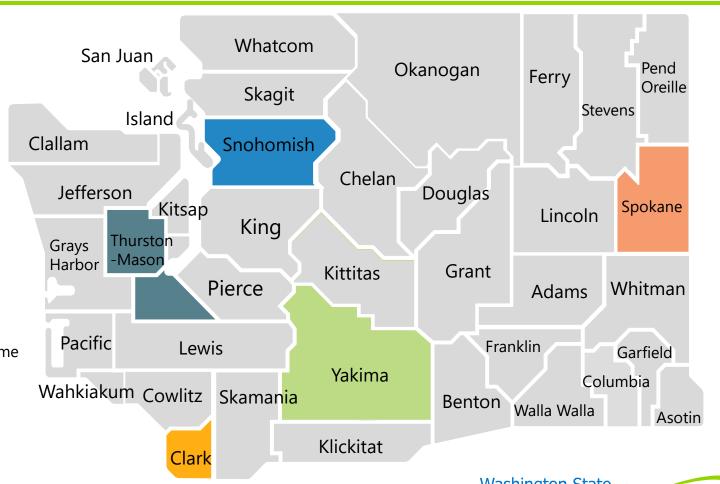
New Horizon Care Centers – Isabella House

#### Thurston

Behavioral Health Resources (BHR) - Harvest Home

#### Clark

Lifeline Connections – PPW Residential





## Current status: PPW Substance Use Disorder Residential Treatment bed expansion

#### **Procurement**

Request for Information (RFI), new, competitive bid, multiple contracts

#### Audience

Substance Use Disorder Residential Treatment Providers

#### **Timeline**

Procurement start month, January 2024

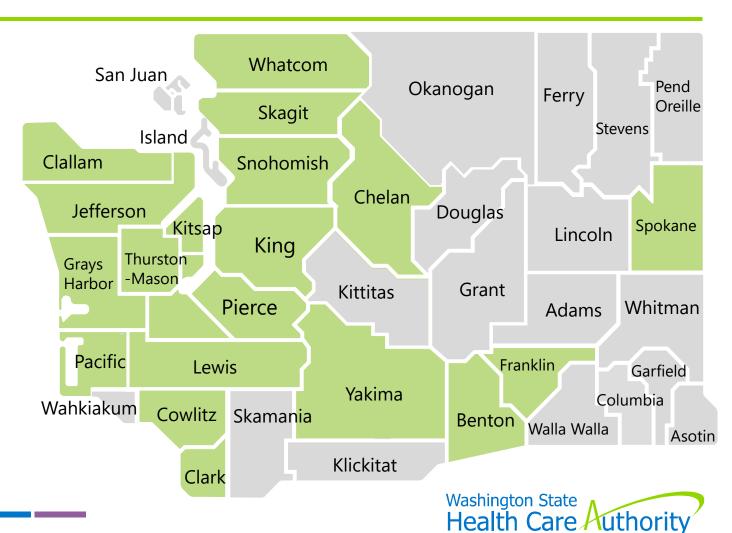
Provider(s) identified by June 30th, 2024

16-bed FY2025 Additional 32-beds phased in through SFY2027



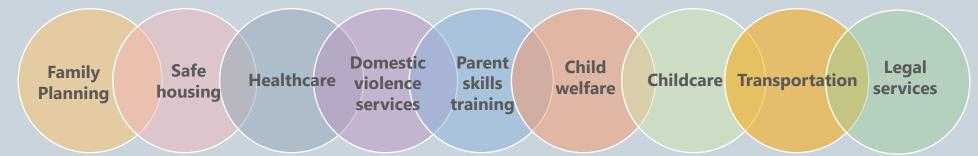
#### Parent-Child Assistance Program (PCAP)

- 3-year intensive case management program
- 15 PCAP locations statewide
- Serving 20 counties
- 1,490 client slots contracted
- Medicaid and State funded



#### Parent-Child Assistance Program services

Assistance in accessing and using local resources





Referral, support, and advocacy for substance use disorder treatment and continuing care.



Linkages to health care and appropriate therapeutic interventions for children.

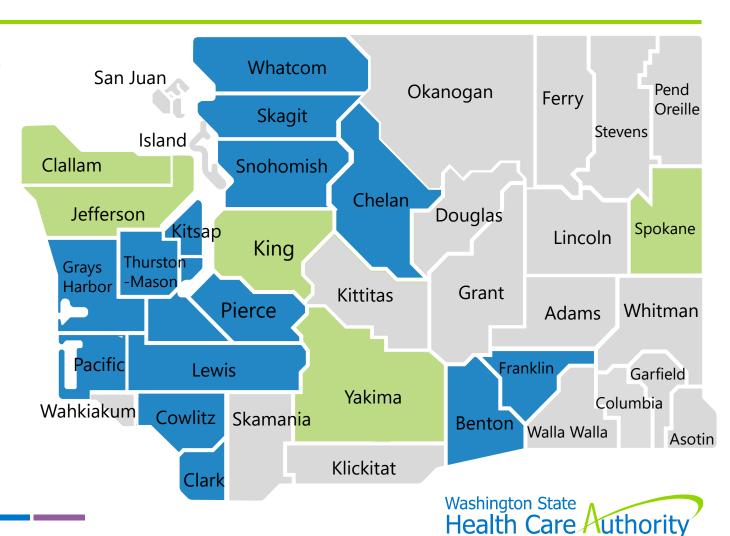


Timely advocacy based on client needs.



#### **DCYF** dedicated PCAP slots

- HCA and DCYF interagency agreement
- Substance Exposed Newborn (SEN) diagnosis
- Clallam-Jefferson, King, Yakima, Spokane PCAP sites
- Each site dedicates 14 client slots



#### **Budget overview PCAP case management**

ESSB 5187, 215 (55): \$603,000 (\$250,000 GF-S) in both FY2024 & FY2025

56 client slots increased by end of FY2025

Partnering with PCAP providers & DCYF to determine expansion agreements

Estimation of contract decisions within next 4 months





## Residential Crisis Stabilization program for youth

Pedro Garcia and Liz Venuto



Residential Crisis Stabilization program for youth (RCSP)

24/7 intake, treatment and supervision of youth experiencing behavioral health crisis

Stabilize crisis and restore the function of young people to:

- Return home
- Transition to the community
- Referred to a more long-term setting

Uses trauma informed evidence-based approach in the milieu

Therapeutic interventions, access to medication and recreational activities



## Residential Crisis Stabilization program for youth (RCSP)

**Population** 

• 5-17 years of age

- Active behavioral health crisis
- Doesn't meet acute inpatient criteria
- Co-occurring conditions

Operational budget

Funding for two 16-bed programs

- Estimated start-up: \$709,178
- Estimated yearly operational cost:\$4.78 million



#### Residential Crisis Stabilization program for youth (RCSP)

Intake assessment

Safety & crisis planning

Individual treatment planning

Discharge planning

Group therapy Therapeutic activities Medication management Case management/care coordination Individual & family therapy Skilled behavior management Recreation therapy **Educational support** 

MD, Psychiatrist, prescriber

Clinical director

Board certified behavior analyst

Behavior technicians

Advanced registered nurse practitioner Certified nurse assistant

Registered nurse (psych. Certified)

Licensed practical nurse

Licensed social worker

Recreation therapist

Bachelor level counselors

Substance Use Disorder professional

Licensed mental health professional

Family peer liaison

Program coordinator

School based coordinator



## Residential Crisis Stabilization program for youth (RCSP)

### Procuremer history

- 2021 legislature allocated \$12 million in grant funding for facility construction
- Two requests for proposals (RFPs) were release by Department of Commerce
- Neither attempt yielded qualified applicant
- Third RFP attempt is not planned

## Next steps

- 2021 legislature allocated \$5.4 million in operational funds for SFY 2024
- Leverage operational funds to pursue direct contracting opportunities with 1 or 2 capable providers
- DBHR subject matter experts have convened to reassess a fiscal model for a pilot program
- Priority to include youth and family voice in program development





# Intensive Outpatient & Partial Hospitalization (IOP/PH) for children & youth pilots to Medicaid access

Sonya Salazar



#### Intensive Outpatient & Partial Hospitalization

Each program has its own population which must be met for the child to be admitted to the program

Services may not be offered if there are less costly alternative community-based services that can effectively meet the needs of an individual referred to the program.

The pilot program gives priority to children and youth who have been discharged from an inpatient hospital treatment program and need the services offered by the pilot program instead of staying in the hospital.

SB 5092 (2021) section 215(39) and SB 6168 (2020) section 215(76)(f) referred to as Proviso 76.

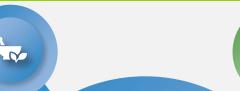
The two pilots must be contracted with a hospital that provides psychiatric inpatient services to children and adolescents in the largest eastern and western cities near the Cascade mountain's crest.

Pilot sites are based in psychiatric hospitals serving children & adolescents.



#### Intensive Outpatient & Partial Hospitalization

Level of care for those patients who are not at imminent risk of harm to self or others.



An outpatient, short-term, intensive, psychiatric treatment service that parallels the intensity of services provided in a hospital

Generate new coping skills or reinforce acquired skills that could be lost if the patient returned to a less structured outpatient setting.



PHP is an alternative to inpatient care when the consumer can safely reside in the community.

Structured treatment: 2-4 hours per day, 3-5 days per week.



IOP/PHP



Must participate in structured, multidisciplinary treatment activities, including individual, group, family therapy 5-8 hours per day, 3-5 days per week.

Average length of treatment is 30 days

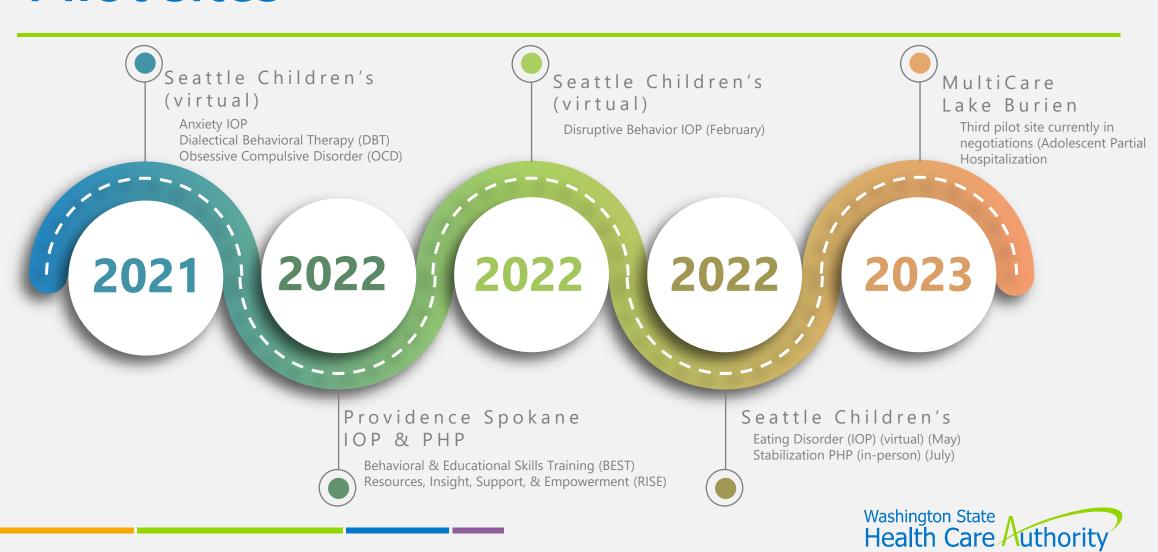


<u>0 0</u> exceed 45 days.

Child and adolescent mental health partial hospitalization care will not



#### Pilot sites



#### Youth Enrolled



Average number of inpatient days diverted per person by program\*





#### Medicaid State Plan next steps

#### Mercer

**Actuarial Partners** 

Focus on rates and cost for programs and services

Creating standard reports for Legislature

December 2023 final report to LAA

#### **Medicaid State Plan SB 5736**

Implementation for January 1, 2024

FAQ with billing guides

Medicaid program division (MPD)

Center for Medicare and Medicaid services (CMS)

Clinical Quality and Care Transformation (CQCT)





#### Youth Mobile Response & Stabilization Services (MRSS) 988 & WA Crisis response rollout

**Sherry Wylie** 



#### Background

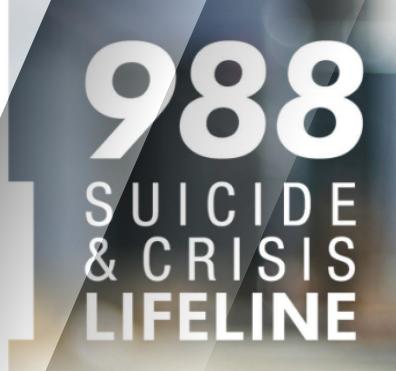
July 2020 – federal government passed legislation to add 988 as an option to contact the National Suicide Prevention Lifeline (NSPL) hotline

July 16, 2022 - 988 calls answered in Washington

- 3 designated NSPL's in Washington
- All other hotlines & reginal call centers continue to operate as normal

#### 2022 -

- SAMHSA provides best practice crisis care toolkit
- SAMHSA & NASMHPD release a crisis care guide for youth





#### **CRIS** committee & subcommittees



**ESSHB 1477** 

established a 36 member CRIS committee

#### **Steering committee**

7 CRIS committee members





- Credentialing & training
- Technology
- Cross-system crisis response
- Confidential information compliance and coordination
- Tribal 988
- Rural and agricultural
- Lived experience ESSHB 1134 added voting member
- ESSHB1134 added Geolocation



### Washington's expansion of Youth Mobile teams



Proviso funding went out to ensure 1 youth team in each of 10 regions

- Tripled the number of youth mobile response teams from 4-12
- Tripled the counties with youth teams from 5-15 counties.
- WA has 39 counties



SAMHSA System of Care grant awarded to help implement MRSS in two BH-ASO regions with assistance from family and peer led organizations

- Washington State Community Connectors
- A Common voice | COPE project /



Washington is participating in the National MRSS Quality Learning Collaborative

- National State Leaders
- Peer states implementing MRSS
- Youth Move National
- System partners

2022

2022

What's next



### Mobile Response and Stabilization Services – youth locations

#### **Greater Columbia - NEW!**

Comprehensive Healthcare - Benton/Franklin

### King

Children's Crisis Outreach Response System (CCORS) - King

#### North Central - NEW!

Renew – Grant
Catholic Charities – Douglas
Catholic Charities – Chelan

#### **North Sound – NEW!**

<u>Compass Health</u> – Whatcom <u>Compass Health</u> – Skagit <u>Compass Health</u> - Snohomish

#### **Pierce**

<u>Catholic Community Services</u> – Tacoma <u>Seneca Family of Agencies</u> – Tacoma – **NEW!** 

#### Salish - NEW!

Kitsap Mental Health - Bremerton

#### Spokane – NEW!

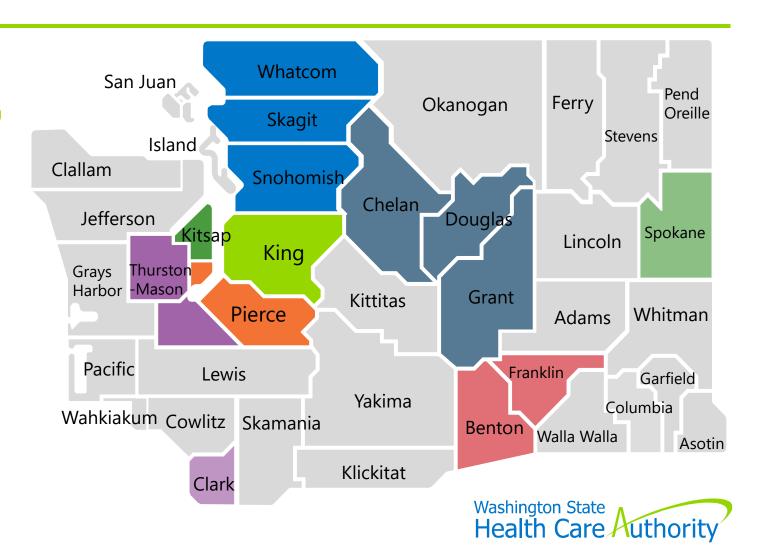
Frontier Behavioral Health - Spokane

#### **Southwest**

<u>Catholic Community Services</u> – Clark

### Thurston/Mason

<u>Catholic Community Services</u> – Thurston <u>Catholic Community Services</u> - Mason



# Mobile Response and Stabilization Services (MRSS)





Safety • Equity • Trauma-informed • Peer Support
Culturally and Developmentally Appropriate
No Wrong Door



# Goal of Mobile Response & Stabilization





## Brings the Crisis Continuum to the family

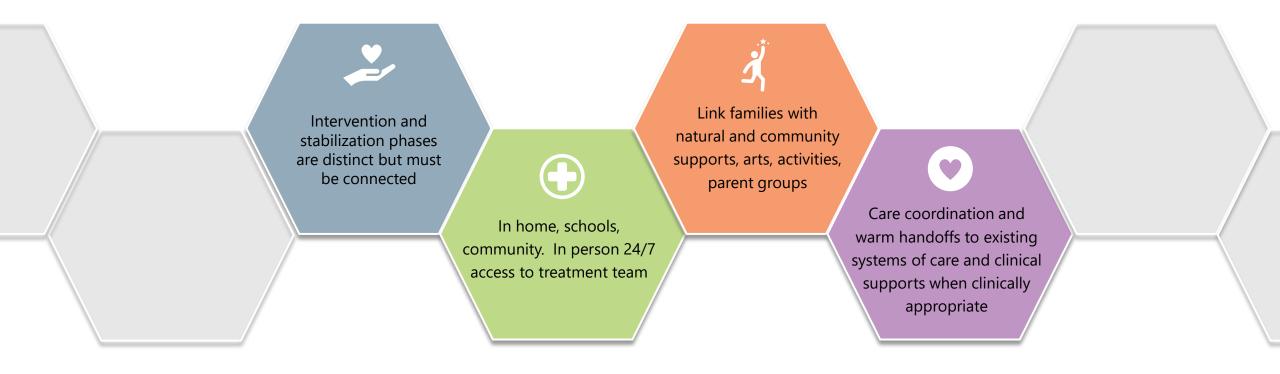
Initial Response (up to 3 days of crisis intervention) all payors





### Brings the Crisis Continuum to the family

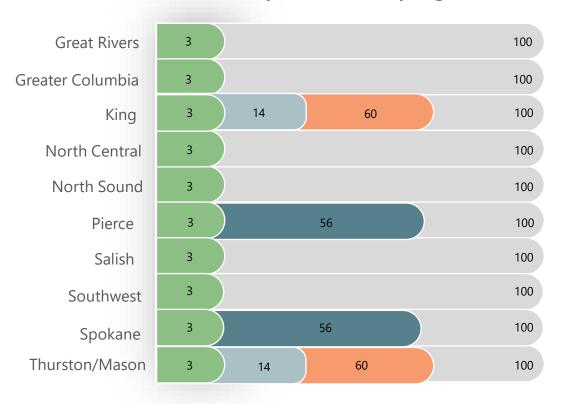
Stabilization in-home (up to 8 weeks of intensive, in-home services) MCO





### Youth Mobile Crisis Team Service Delivery





ASO MCO/FFS Local braided funding SOC grant Commercial

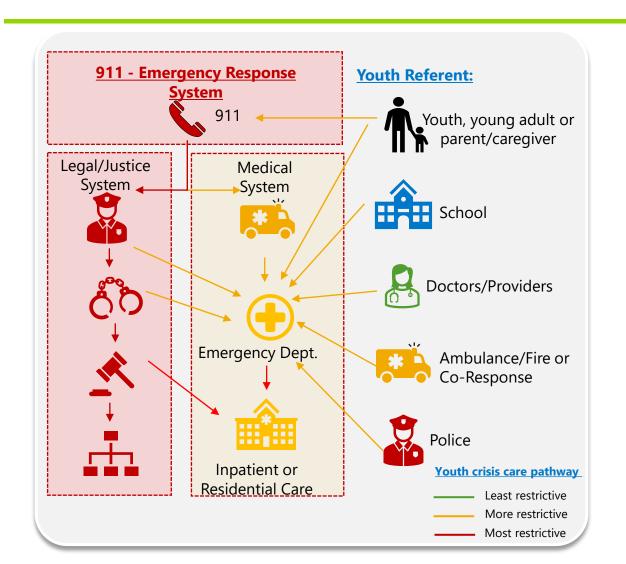
### Future state – days of service by region

Great Rivers	3	60	100
Greater Columbia	3	60	100
King	3	60	100
North Central	3	60	100
North Sound	3	60	100
Pierce	3	60	100
Salish	3	60	100
Southwest	3	60	100
Spokane	3	60	100
Thurston/Mason	3	60	100

ASO MCOs/Fee-for-Service



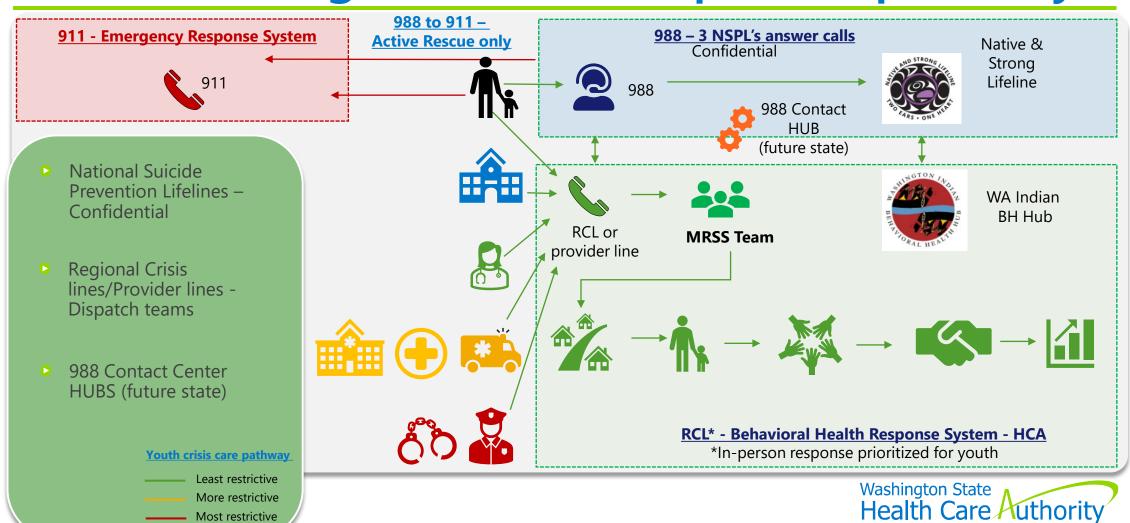
### Care pathway via 911 & the medical model



- How do families access services?
- Caregivers call 911 in a crisis
- ED remains primary access point
- Can result in hospital boarding
- SSHB 1580 Children in crisis



## MRSS is designed to interrupt care pathways



Most restrictive

# Regional crisis lines

North Sound: 1-800-584-3578

King: 1-866-427-4747

Pierce: 1-800-576-7764

**Salish:** 1-888-910-0416

Thurston/Mason: 1-800-270-0041

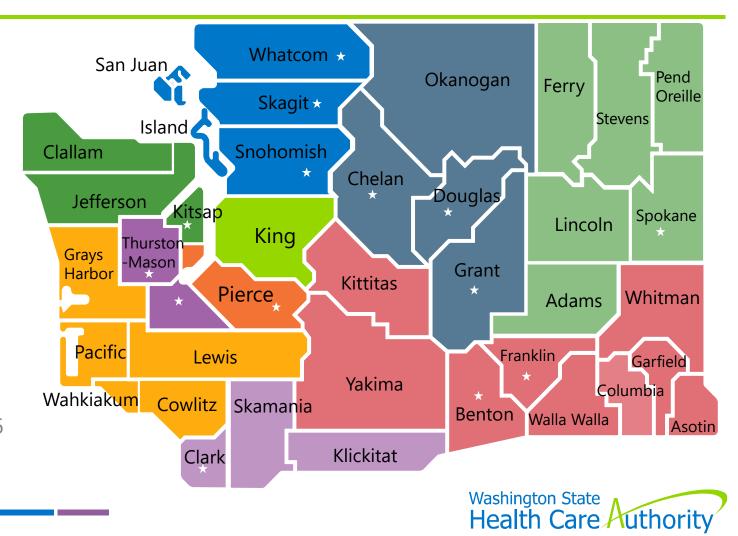
**Great Rivers:** 1-800-803-8833

**Southwest:** 1-800-626-8137

North Central: 1-800-852-2923

**Spokane:** 1-877-266-1818

**Greater Columbia:** 1-888-544-9986



### Prenatal-25 programs, services, & work groups

Center of Parent Excellence (COPE)

Children's Long-term Inpatient Program (CLIP)

<u>Children & Youth Behavioral Health Work Group</u> (CYBHWG)

<u>CYBHWG Prenatal – 25 Behavioral Health Strategic Plan</u>

Collegiate Recovery Support network

Education for discharge planners for safe and stable housing for youth and young adults (The Bridge Program)

<u>Family Initiated Treatment</u> (FIT)

Family Substance Use Disorder education and curriculum

<u>Family Youth System Partner Round Table (FYSPRT)</u>

Grays Harbor family preservation for pregnant and parenting individuals

**Housing** for transitioning youth

Infant-early childhood mental health

Intensive Outpatient (IOP) partial hospitalization pilot program

Mental Health Assessment for Young Children (MHAYC)

Statewide youth network

Parent Trust in Recovery

Pregnant and Parenting Individuals (PPI) services

Regional Youth Behavioral Health Navigators - Kids Mental Health WA

Residential Crisis Stabilization Program (RCSP)

Parent Child Assistance Program (PCAP)

Substance use Disorder Family Navigator program

System of Care

Washington State children's behavioral health statewide family network

Medicaid Transformation Project

Washington State fetal alcohol syndrome diagnostic and prevention (FASDPN)

Wraparound with Intensive Services (WISe)

Youth mobile response stabilization teams

Youth Substance Use (SUD) treatment services

Early signs of psychosis/New Journeys





Q&A

October 10, 2023





## What's next

- Where can I find information about this webinar series?
  - Prenatal, child, and young adult behavioral health services
    - > Full schedule
    - > Slides
    - > Registration
    - Recordings

