TEMPLATE FOR TRANSFORMATION PROJECT SUGGESTION

Contact Information	*Mandy Paradise, Project AWARE Program Supervisor* *Office of Superintendent of Public Instruction* *360-725-6248 | Mandy.Paradise@k12.wa.us* *Which organizations were involved in developing this project suggestion?* Office of Superintendent of Public Instruction (OSPI), ESD 113, ESD 112, NWESD 189, Battle Ground Public Schools, Maike & Associates, LLC
Project Title	*Addressing Gaps to Increase Adolescent Access to Behavioral Health Services*

Rationale for the Project

Problem statement –

The population of 13-18 year olds in Washington State are vulnerable to behavioral health issues. Behavioral health (including mental health and substance abuse) intersects with genetic predisposition, adverse childhood experiences, and social determinants of health. Screening for mental health is already a guaranteed benefit as defined by the Affordable Care Act and state plan amendment for Medicaid; however, issues exist in connecting people to treatment – especially among youth populations. In Washington, many youth-serving screening and service delivery models exist including school-based. Such programs report success with connecting Medicaid eligible youth to behavioral health services. However, a gap exists for non-Medicaid or privately insured youth. Although privately insured youth may have behavioral health coverage through their parent's private plans, youth may assent to services that parents will not or cannot physically, financially, or morally support. Because of this, youth cannot access insurance information or copay ability via parental plan coverage. Although youth have the right to access confidential outpatient behavioral health services starting at age 13 (RCW 71.34.530 and RCW 7096A.230), the current system puts unfair burden on youth to negotiate with parents for insurance coverage or enrollment into Apple Health, and physical and financial support despite laws that support youth access to outpatient behavioral health services without parental notification or permission.

Supporting research (evidence-based and promising practices) for the value of the proposed project:

Symptoms of behavioral health issues typically appear 2-4 years prior to the onset of a mental health disorder and subsequent diagnosis, this is the "window of opportunity" as described by the Institute on Mental Health (2005). The onset of behavioral health disorders often occurs in adolescence, and 75% of behavioral health diagnoses are identified by age 24. Therefore, early prevention, intervention and treatment of adolescent populations is vital to life-long well-being. Prevention and early intervention should take place "before costs escalate and the prospects of a happy, healthy life disintegrate" (National Council for Community Behavioral Healthcare). Washington is identified as having a high prevalence of youth mental illness and low rate of youth access to care (Parity or Disparity: The State of Mental Health in America, 2015). Washington is in the bottom ten states in the country (ranking 43rd) regarding the high numbers of children needing but **no**t receiving mental health services. The same report identifies that Washington ranks relatively well (14th in the nation) for mental health workforce availability. Behavioral health issues intersect with social determinants of health: 1 in 4 children under age 18 lives in a home where alcohol abuse is a fact of daily life. Others are exposed to illegal drug use in their families. Children raised in chemically dependent families are at increased risk of accidents, injuries, and academic failure. Such children are more likely to suffer conduct disorders, depression, or anxiety conditions that increase the risk that children will smoke, drink, and use drugs. In Washington State 1 in 5 students, do not graduate within 5 years. Reports show that a leading barrier to graduation, as identified by districts, is the need for mental health and substance use services for students. Individuals with mental illness are four times more likely to die from treatable illnesses than those without mental illness and 58 more times likely to die before age 50. For every $1 invested in mental health treatment, $3.68 is saved in reduced criminal activity and hospitalizations. Research indicates properly diagnosing and treating mental illness saves money by treating the underlying disorders that can be at the root of medical overutilization.

Project Description

Which Medicaid Transformation Goals[i] are supported by this project/intervention? Check box(es)

X Reduce avoidable use of intensive services
X Improve population health, focused on prevention
☐ Accelerate transition to value-based payment
X Ensure Medicaid per-capita growth is below national trends

Which Transformation Project Domain(s) are involved? Check box(es)

X Health Systems Capacity Building
X Care Delivery Redesign
X Population Health Improvement – prevention activities

Region(s) and sub-population(s) impacted by the project. Include a description of the target population:

All WA youth ages 13-18 seeking outpatient behavioral health care (mental health and substance use treatment), regardless of whether they meet current Medicaid edibility levels.

Relationship to Washington's Medicaid Transformation goals:

Health Systems Transformation: Building capacity outside the health system, and integrating health access points to community settings. In order for a provider of services to receive full payment from a private insurance plan they must be credentialed and paneled to bill the insurance and the insured must agree to pay for the service. This creates system barriers at the provider level and patient (youth) level. This proposal will create sustainable health-access and coverage points in non-traditional settings (such as schools) that are more accessible to adolescents in need of services. Expanding Medicaid eligibility to be inclusive of all Washington teens for outpatient behavioral health services, no matter family income or private insurance status, bolsters community-clinical linkages through the school community, and other youth-serving systems. Additionally it honors the health rights of Washington teens ages 13 and older to assent and pursue outpatient behavioral health care without notification or permission from a parent or guardian, or the familial or financial barriers associated with family-based insurance. Presently, the majority of non-Medicaid youth are served via programs with grant funding due to being under insured or to ensure confidentiality of the services they are receiving. This is where the gap begins to form. Youth may be screened and identified for behavioral health services such as mental health or substance abuse treatment; however:

A) Providers may not accept private insurance and/or be in-network provider accessible to the youth.
B) Providers do not have access to youth's private insurance information because youth themselves do not often have their insurance information and cannot make it available it to providers:
    - Youth must ask parents for insurance information and parents may deny providing insurance information if they do not want their youth to access behavioral health services (however, in Washington it is the health right of youth ages 13+ to access outpatient treatment without parental notification or consent).
    - Youth must ask parents for insurance information and parents may deny youth behavioral health care because the family cannot afford the cost of services or associated deductibles and co-pays (however, in Washington it is the health right of youth ages 13+ to access outpatient treatment without parental notification or consent).
    - The youth refuses to seek out insurance information due to having to confront parents about their need for behavioral health services, therefore the youth goes untreated

Transformation shifts include youth empowerment at individual and population levels, improved sustainability for systems and organizations currently serving Medicaid eligible youth, improve sustainability for systems and organizations committed to improving mental health promotion and substance use prevention among adolescents.
Health Care Delivery Redesign: Increased consistency in services resulting from the billability of each adolescent; coverage may incentivize providers to serve adolescents without fear of private insurance barriers or family inconsistencies. Services in schools or communities can reach more youth that were previously not serviceable.
Population Health Improvement – relating to mental illness and substance use disorders: This proposal will expand services to all youth (ages 13-18) in Washington State, preventing behavioral health issues that have significant current and future impacts on health, ability to thrive in school, employment, and family life. By providing gap funding and early intervention services, prevention of more severe and costly interventions can be avoided including in-patient treatments for substance use, potential boarding in emergency rooms and psychiatric care facilities, along with long-term/chronic need for crisis services as a response to postponed delivery of behavioral health care. Physical and chronic disease that co-occurs with behavioral health issues can affect life-long well-being

and utilization or over utilization of medical assistance.

Project goals, interventions and outcomes expected during the waiver period, including relationship to improving health equity /reducing health disparities*.*

In Washington, various schools, educational service districts and regional service networks (transitioning to behavioral health organizations) currently provide behavioral health screening, intervention, and treatment for youth. Providers and school-based programs serve a majority of Medicaid youth, and non-Medicaid (privately insured) youth face barriers to access and services due to having assumed coverage through parent insurance. Unfortunately, parent coverage often poses more barriers than it allows in terms of access to services. To close this gap, we propose providing youth the option to apply for a Medicaid-funded medical coupon that covers outpatient behavioral health services and enables all youth the option to pursue supports and treatment. This may be changing Apple Health so that youth are able to apply directly and reliance on parent initiative is no longer a barrier. This expansion of coverage will allow an entire population improved and more equitable access to care. By enabling youth to access behavioral health services through expanding Medicaid to cover their needs, health disparities unique to adolescents can be reduced. Our concept is modeled after "Take Charge", and we request a Medicaid Coupon is made available to cover outpatient behavioral health services that 13-18 year olds may apply for independently of their parents. Unlike Take Charge that is limited to serving a niche population of females who are sexually active, this proposal will serve a wide range of youth, ages 13 and older, regardless of gender or sexual activity, or other demographic indicators. Issuing a Medicaid application directly available to youth releases youth from having to confront, negotiate, or pressure parent involvement – including enrolling dependents or children in Apple Health.

Potential partners, systems, and organizations: Educational Service Districts (ESDs), Schools, behavioral health organizations, primary health care, Health Care Authority, and accountable communities of health.

Core Investment Components

Proposed activities and cost estimates for the project: Inform Medicaid providers of new protocol; analyze Take Charge system and re-create processes with behavioral health providers; issue guidance/training opportunities on signing youth up for behavioral health coupon; provide link for Behavioral Health coupon on Apple Health for Kids website (so youth can directly apply); design and implement a communications plan for both internal and external stakeholders; learn from Family Planning providers and Office of Insurance Commissioner regarding confidential services and explanation of benefits reporting; and implement evaluation tools to measure project metrics. (See Take Charge implementation costs available through DOH Family Planning.)

Best estimate (or ballpark if unknown) for:

- **How many people you expect to serve, on a monthly or annual basis, when fully implemented**
  For every six (6) existing Medicaid eligible youth age 13-18 accessing behavioral health, we anticipate serving one (1) additional, previously ineligible youth.
- **How much you expect the program to cost per person served, on a monthly or annual basis.**
  $400-$800 per client per month

How long it will take to fully implement the project within a region where you expect it will have to be phased in?: Approximately 1-2 years

The financial return on investment (ROI) opportunity, including estimated amounts and associated ROI timeline: For every $1 invested in mental health treatment, $3.68 is saved in reduced criminal activity and hospitalizations (SCOPE, Mental Health Study Group, 2003). Research indicates properly diagnosing and treating mental illness saves money by treating the underlying disorders that can be at the root of medical overutilization (Shemo, 1986)

Project Metrics

Suggested project metrics:

1) *Number of youth previously non-Medicaid eligible referred to mental health or substance treatment services*
2) *Number of youth previously non-Medicaid eligible access mental health or substance treatment services*
3) *Number of youth previously non-Medicaid eligible that complete behavioral health treatment services*