

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

November 21, 2022

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 [Prenatal, child, and young adult behavioral health services](#) page.
- ▶ This recording is open to public disclosure.
- ▶ Please do not disclose any private or confidential information.

Agenda

Family Initiated Treatment (FIT)

Intensive Outpatient and Partial Hospitalizations pilot programs (IOP/PH)

Habilitative Mental Health (HMH)

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

Behavioral Health Respite

Mental Health Assessment for Young Children (MHAYC)

Youth mobile response stabilization teams

Meet the presenters

Monica Webster, Access to Care
Family Initiated Treatment (FIT)
manager

Mandy Huber, Program administrator,
Behavioral Health Policy Children's
Long-term Inpatient Program (CLIP)

Sonya Salazar, Special Projects
manager (IOP/PH)

Kiki Fabian, Infant-Early Childhood
Mental Health Systems Analyst

Tina Burrell, Acting Transition Age
Youth Integrated Services
Supervisor

Sherry Wylie, Mobile Crisis Team
Administrator, Children, Youth, and
Families

Family Initiated Treatment (FIT)

History of Family Initiated Treatment (FIT)

1.

In 2018 the Parent Initiated Treatment (PIT) work group conducted a survey of WA state parents, youth and providers.

2.

Stakeholder group's findings and recommendations were delivered to the Children's Mental Health Work Group on December 1, 2018

3.

In 2019, the Legislature enacted Engrossed Second Substitute House Bill 1874

4.

In 2020 House Bill 2883 was passed adding residential treatment as an accessible treatment service through FIT.

What is Family Initiated Treatment (FIT)?

- ▶ Parent Initiated Treatment (PIT) for acute inpatient evaluation and treatment has evolved into Family Initiated Treatment (FIT).
- ▶ Youth can receive behavioral health care when they are not able to provide consent themselves.
- ▶ Provides time-limited treatment where the parents can provide consent on the youth's behalf.
- ▶ Treatment works best if youth engages in the treatment
- ▶ Youth can change their mind to voluntarily consent to treatment

FIT Cumulative Data*

- ▶ Number of FIT Admissions | 1,600
- ▶ Number of FIT Reviews | 243
- ▶ Number of Substance Use Disorder (SUD) Admissions | 33
- ▶ Number of SUD Reviews | 20

What's Next for FIT?

- ▶ Short Form: Implementation Survey
- ▶ Expanded Annual Survey & Legislative Report
- ▶ FIT Online Training Translation to Spanish
- ▶ FIT Guide

Intensive Outpatient and Partial Hospitalizations pilot programs (IOP/PH)

Background

- ▶ Senate Bill (SB) 5092 (2021) Section 215(39)(e) and SB 6168 (2020) Section 215(76)(f), referred to as Proviso 76 required HCA to implement two Pilot sites for IOP and PHP services, for certain children and adolescents, under the age of 21.
- ▶ The two pilots must be contracted with a hospital that provides psychiatric inpatient services to children and adolescents in a city with the largest population east of the crest of the Cascade mountains and a hospital that provides psychiatric inpatient services to children and adolescents in a city with the largest population west of the crest of the Cascade mountains.
- ▶ Pilot sites are based in psychiatric hospitals serving children and adolescents.

Background

- ▶ 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.
- ▶ 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.
- ▶ Each program has its own target population which must be met for the child to be admitted to the program.

Intensive Outpatient/Partial Hospitalization

IOP

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

It is an appropriate level of care to generate new coping skills or reinforce acquired skills that might be lost if the patient returned to a less structured outpatient setting.

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

Average length of treatment is 30 days

PHP

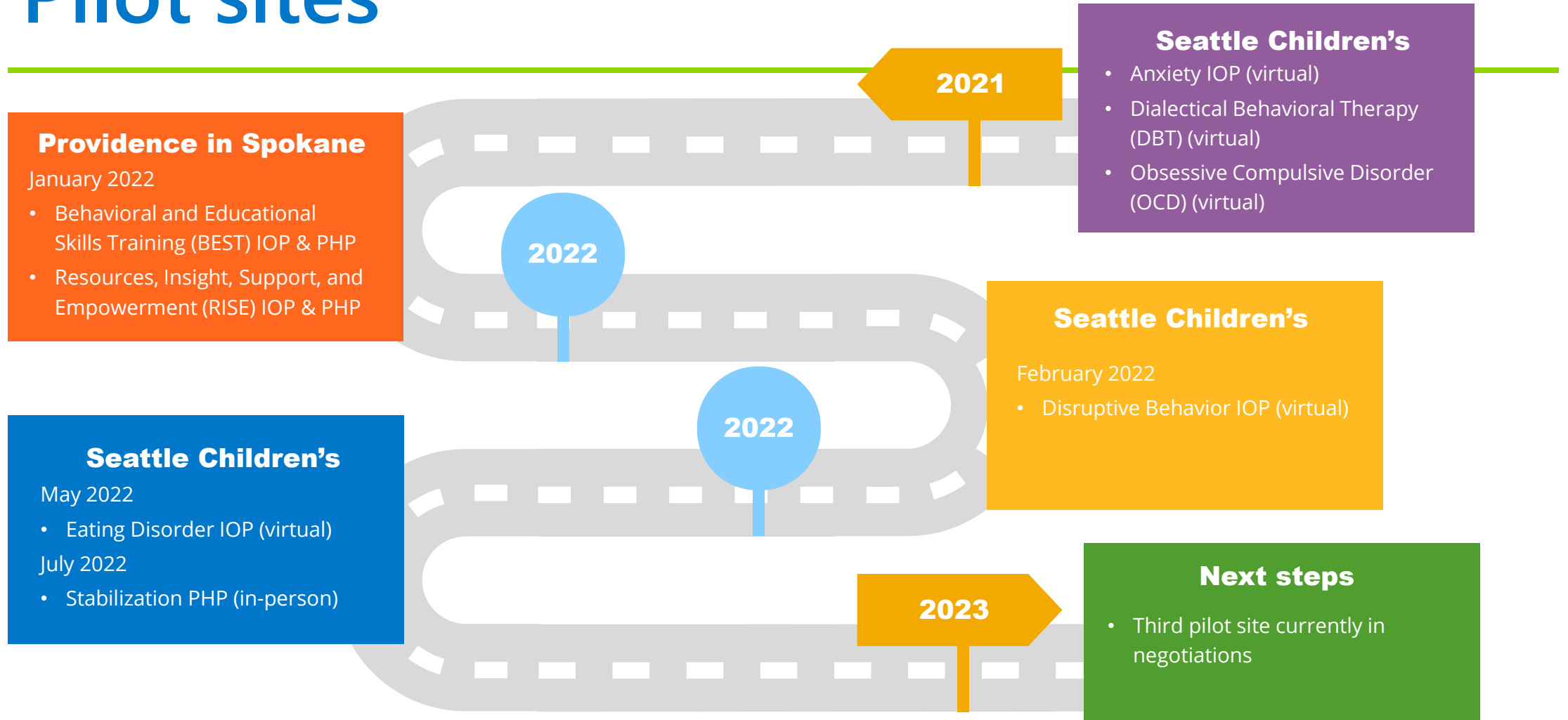
An outpatient, short-term, intensive, psychiatric treatment service that parallels the intensity of services provided in a hospital, including medical and nursing supervision and interventions.

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

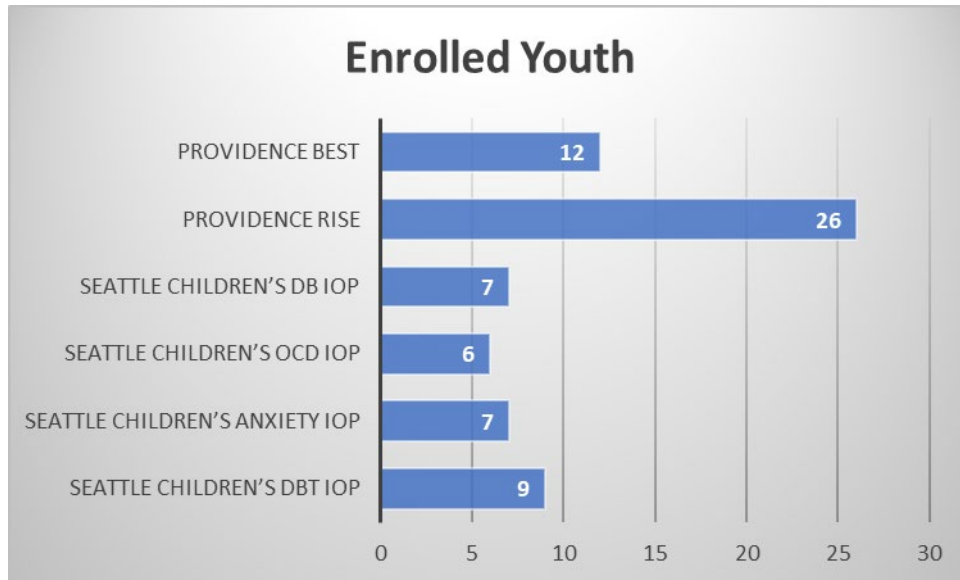
The patient must participate in structured, multidisciplinary treatment activities, including individual/group/family therapy, 5-8 hours per day, 3-5 days per week.

Child and adolescent mental health partial hospitalization care will not exceed 45 days.

Pilot sites



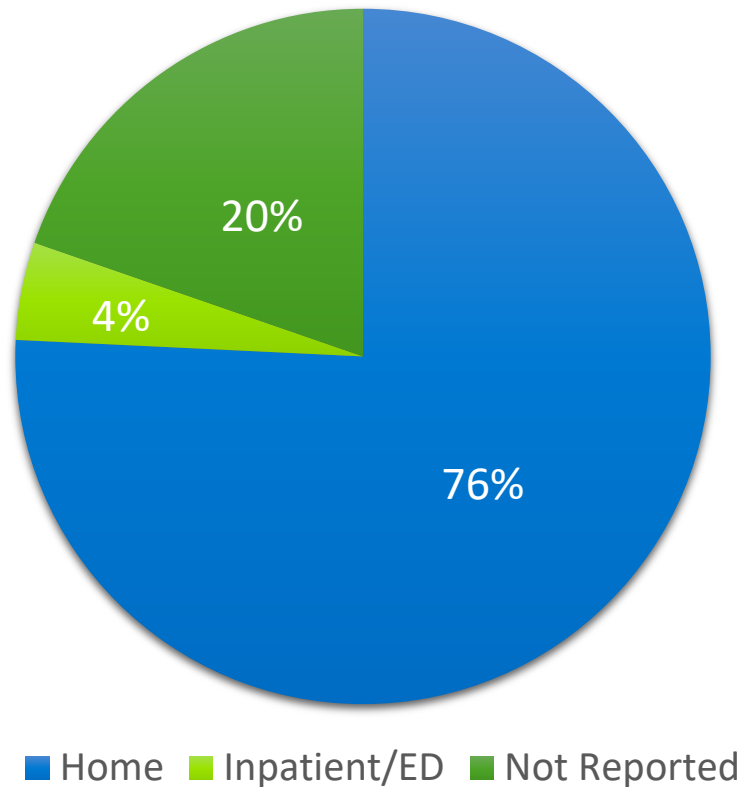
Youth Enrolled



- ▶ Data gathered from Seattle Children's and Providence for Progress Report
- ▶ 67 youth served (90 total outside of 12-month time frame)
- ▶ March 2021-Feb 2022
- ▶ 12 Months of Services
- ▶ All programs appear to be trending towards delivering positive clinical outcomes

Outcomes

Youth Discharged



- ▶ 50 youth (76%) had a home discharge placement.
- ▶ 3 youth (4%) discharged to inpatient or emergency department.
- ▶ 14 youth (20%) no data reported.

Medicaid State Plan Next Steps

▶ Mercer

- ▶ Actuarial Partners
- ▶ Focus on rates and cost for programs and services
- ▶ Creating standard reports for Legislature
- ▶ Bi-weekly meetings
- ▶ December 2022 progress report to LAA
- ▶ December 2023 Final Report to LAA

▶ Medicaid State Plan

▶ SB 5736

- ▶ Bi-weekly meetings to discuss implementation for Jan 1, 2024.
- ▶ Center for Medicare and Medicaid services. (CMS)
- ▶ Clinical Quality and Care Transformation (CQCT)

Habilitative Mental Health (HMH)



Habilitative Mental Health (HMH)

► Overview

- ▶ Contract for a 12 bed children's long-term inpatient program facility specializing in HMH services for children and youth with intellectual/developmental disabilities who have intensive behavioral health support needs.
- ▶ Provide data on the demand and utilization of the facility by June 2023.

► Implementation & challenges

- ▶ Request for Information (RFI), January 2022
- ▶ Advisory Stakeholder Committee
 - Specialist, providers, and partners
 - Build a program within the current legislative funding language
- ▶ Find a provider to create a new, innovative scope of work
- ▶ Provider program work and details continue to provide treatment to specialized population

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

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

01.

Overview

- 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.

02.

Expansion and Implementation

- Increase the number of bed and rates for contracted community children's long-term inpatient program (CLIP) providers.
- The number of beds is increased on the phased in basis to 62 beds by the end of the FY 2022 and to 71 beds by the end of FY 2023.
- The rates are increased by two percent effective July 1, 2021, and by additional 4.5% effective January 1, 2023.

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

03.

CLIP bed capacity

- Bed utilization changes daily
- Current availability: 52 beds
- Monthly average: 37 beds

04.

Provider updates

- Identify potential providers
- Interested providers touring CLIP facilities
- Discussions with other providers

05.

Provider challenges

- Workforce shortages and meeting staffing requirements
- Competitive rates to hire and retain staff
- Permitting and licensing process

Behavioral Health Respite

Behavioral Health Respite options

01.

Overview

- Proviso 82, HCA contracted with Mercer Health and Benefits to evaluate options for a Medicaid waiver to provide respite care for youth experiencing behavioral health challenges
- Options provide context for HCA to evaluate potential avenues for establishing this benefit under Medicaid
- Options identified take into consideration existing respite benefits provided by DSHS/DDA and DCYF so not to cause adverse impacts with existing waivers.

02.

Technical report

- Completed by Mercer on June 30, 2022
- [Mercer Respite report](#)
- [Behavioral Health respite overview](#)

03.

Next steps

- HCA leadership reviewing potential options

Mental Health Assessment for Young Children (MHAYC)



Supporting the wellbeing of young children and families

- ▶ Young children, their families, and communities are in a unique developmental and relational space
- ▶ When working to support their mental health, providers may need:
 - ▶ More time to understand the strengths and concerns of the family, in many different areas
 - ▶ Support for meeting families in comfortable settings
 - ▶ Language for explaining what mental health looks like in early life

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:



Allow reimbursement for **multi-session assessments**



Allow reimbursement for **provider travel** to home/community



Require the use of the **DC:0-5™**
(Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood)

See [RCW 74.09.520](#): Medical assistance—Care and services included; [WAC 182-531-1400](#): Psychiatric physician-related services and other professional mental health services



Available Resources

HCA – Mental Health Assessment for Young Children (MHAYC)

- Billing guidance
- Tools for best practice
 - DC:0-5 Crosswalk
 - Multi-disciplinary referral guide
 - DOH resources on clinical records
 - More coming soon!

Webpage: [MHAYC for Providers & Billers](#)

Infant-early childhood mental health Workforce Collaborative (IECMH-WC)

- DC:0-5 trainings (Clinical & Overview)
- DC:0-5 Communities of Practice
- Other trainings on assessment and diagnosis

Webpage: [IECMH-WC Training Information](#)



988
SUICIDE
& CRISIS
LIFELINE

There is hope

Talk with us. If you or someone you know needs support now, call or text 988 or chat 988lifeline.org

PEP22-06-03-004

The poster features a teal box with the number 988 and the text 'SUICIDE & CRISIS LIFELINE'. To the right, the phrase 'There is hope' is written in pink above a pink heart held by two hands. Below this, the text 'Talk with us.' is followed by icons of speech bubbles and a QR code. The bottom right corner contains the code 'PEP22-06-03-004'.

Youth Mobile Response & Stabilization Services (MRSS)

Implementing Best Practices for Youth and Families

Youth vs. Adult mobile crisis response

Youth Crisis Model

- ▶ Single point of access, not 911
- ▶ 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

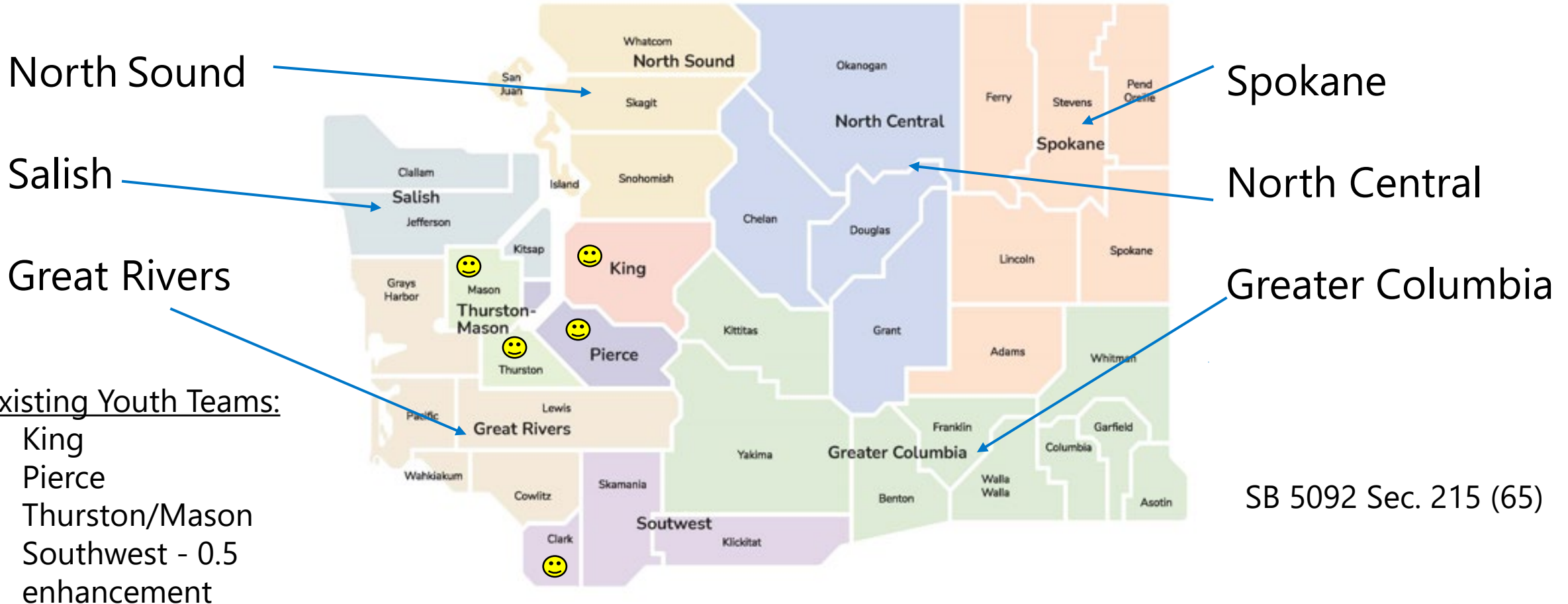
Youth Mobile Response & Stabilization

- ▶ Initial Response (up to 3 days of crisis intervention) *insurance blind
 - Family or youth define the crisis, in person response, at home, school, community
 - Developmentally appropriate engagement, crisis de-escalation, assessment
 - Keep youth in homes, safety planning, securing the home, increase supervision
- ▶ Stabilization in-home (*up to 8 weeks of intensive, in-home services*)
 - Intervention and stabilization phases are distinct but must be connected
 - In home, schools, community. In person 24/7 access to treatment team
 - Link families with natural and community supports, arts, activities, parent groups
 - Care coordination and warm handoffs to existing systems of care and clinical supports when clinically appropriate

Goals of Mobile Response and Stabilization

Support and Maintain	Outreach and Engagement	Promote	Reduce	Assist
Support and maintain youth in current living environment	Engage youth and families by providing access to care	Promote safe behavior in home, school and community	Reduce use of ED's, Inpatient units and detention centers	Assist families in linking with community and clinical services

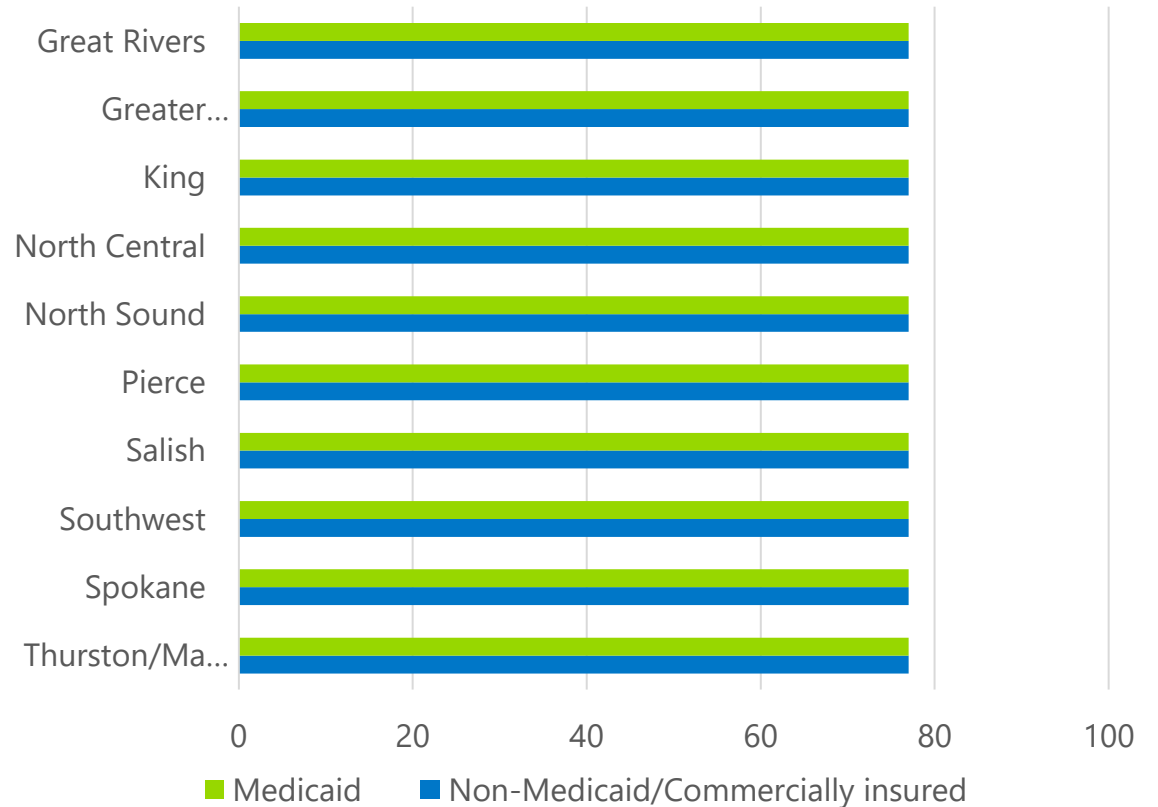
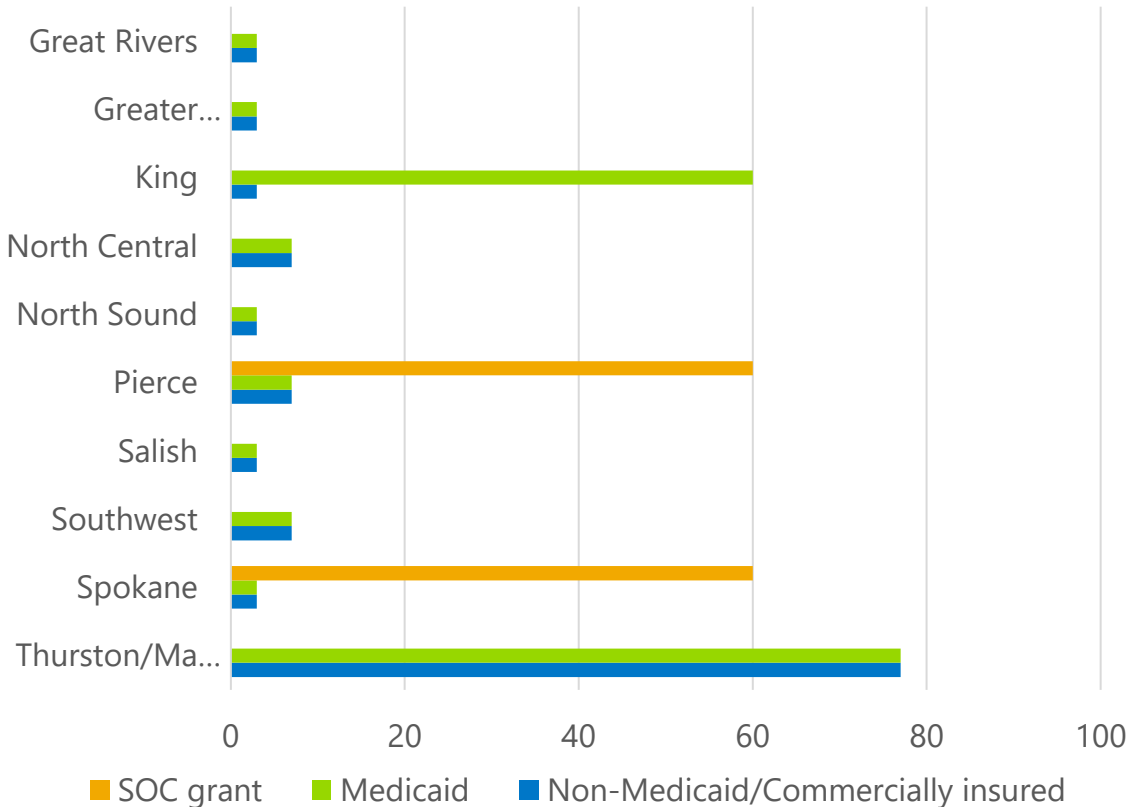
Current Youth Teams and Proviso Teams



Youth Mobile Crisis Team Service Delivery

Current Service Delivery in Days per Region

Future Service Delivery Goals in Days per Region



Q&A

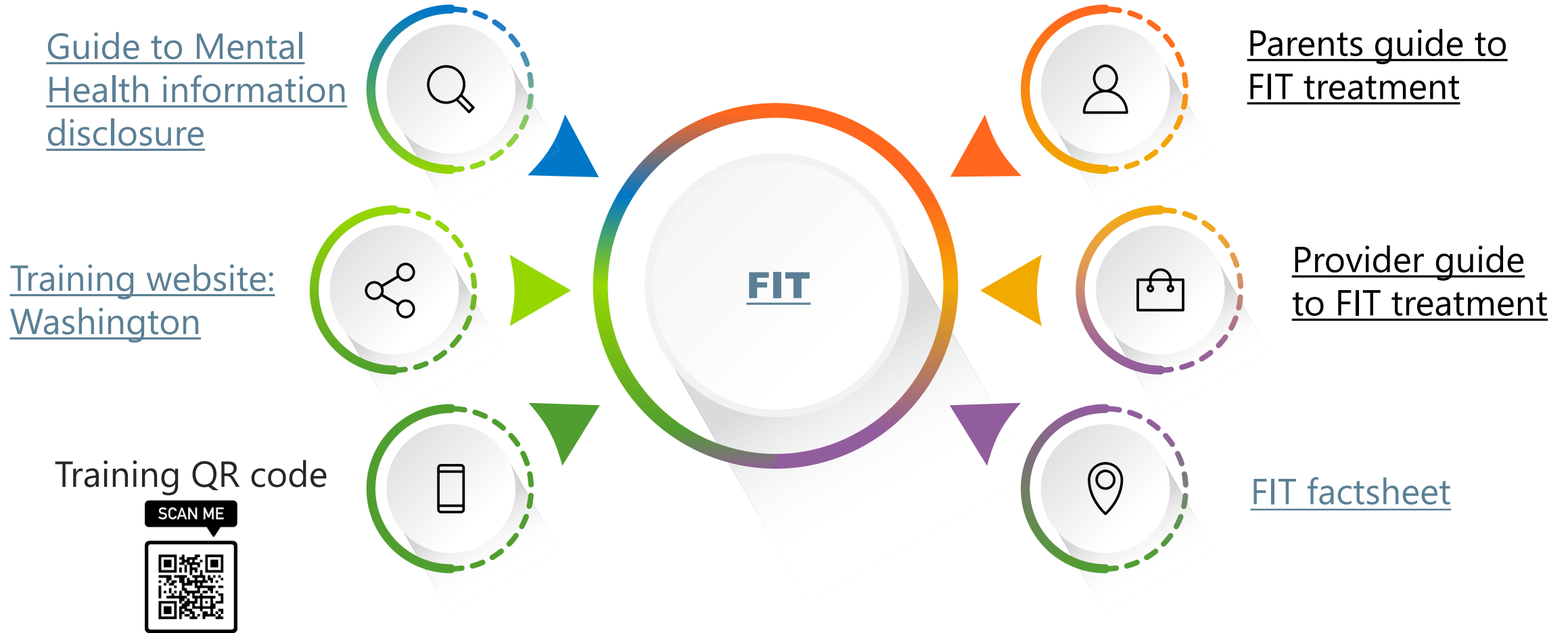
October 17, 2022

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

Appendix

Family Initiated Treatment resources



Infant-early childhood mental health resources



Visit our IECMH website

Infant-early childhood mental health services



Find MHAYC Billing Supports & Tools

Webinars, billing guides, and forms under
How Do I Bill? on our MHAYC [website](#)

Email us!

Kiki.fabian@hca.wa.gov
Christine.cole@hca.wa.gov

Sign up for alerts & updates

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Register for IECMH training

Visit the IECMH-WC [webpage](#)



Youth Mobile Crisis Team Service Delivery

Team contacts

- [Matt Gower](#) – CST team lead
- [Wyatt Dernbach](#) – Stabilization and Triage Administrator
- [Luke Waggoner](#) – Adult MCT Program Administrator
- [Sherry Wylie](#) – Youth MCT Program Administrator

