

Children and Youth Behavioral Health Work Group – Youth & Young Adult Continuum of Care Subgroup (YYACC)

September 14, 2023

Glossary of Terms

EBP: Evidence-based practices

DCYF: Department of Children Youth and Families Washington

DDA: Developmental Disabilities Administration Washington

DSHS: Department of Social Health and Services Washington

HCA: Washington State Health Care Authority

HRSN: Health-related social needs

HOST: Homeless Outreach Stabilization and Transition

MHBG: Mental Health Block Grant

PACT: Program for Assertive Community Treatment

SUD: Substance-Use Disorder

WISe: Wraparound with Intensive Services Washington

Meeting Topics

- Update on Workforce & Rates subgroup's WISe administrative complexities recommendation – Laurie Lippold, W&R co-lead
- Updates on Respite – Tina Burrell and Mary Franzen of the HCA
- Reviewing proposed recommendations and collaborating on next steps

Discussion Summary

1. *W&R Reducing Administrative Complexities in the Wraparound with Intensive Services (WISe) Program* recommendation – Presentation by Laurie Lippold
 - a. Parity needs to be created with physical health and behavioral health auditing practices.
 - b. Currently WISe providers are subject to significant process auditing practices, which is contributing to workforce instability, which in turn is impacting the quality and access to this critical program.
 - c. Additionally, our systems are not closely monitoring the clinical outcomes and effectiveness of the WISe program as we have not yet addressed a few critical questions:
 - i. How effective is the WISe program in improving behavioral health conditions and overall health for youth? And
 - ii. Is the WISe program engaging the right youth in services?

- d. The subgroup recommends the legislature direct HCA to create three claims-based, quality-focused, age-appropriate outcome measures for WISE providers. This would require transition from the Quality Improvement Review Tool (QIRT), any contractually mandated Managed Care Organization (MCO) individual chart review evaluation, and other process-based auditing practices which don't drive outcomes.
 - e. Laurie suggests connecting the W&R WISE administrative complexities issue leads with YYACC after the 09/22 CYBHWG meeting to discuss potential synergies.
2. Respite Services update – Presentation by Tina Burrell and Mary Franzen of the HCA

See page 5 for slides

a. Background

- i. Medicaid funded respite services were available in Washington State under a [1915\(b\)\(3\) waiver](#) until 2012. After 2012, respite services were only available if funded through State or local dollars.
- ii. In July of 2021, a proviso directed HCA to complete a report identifying Medicaid authority options and evaluate options for a Medicaid waiver to provide respite care for youth with behavioral health challenges while avoiding any adverse impacts to existing respite waivers at DSHS, DDA and DCYF.

1. Report finalized June 2022.

iii. Fall 2022 – Medicaid Transformation Project (State 1115 Waiver)

1. Provides services for fee-for-service and managed care enrollees

2. Inclusion of caregiver respite

3. 1115 Waiver renewed June 30, 2023, through 2028

4. Inclusion of Health-related social needs (HRSN) services such as nutrition, housing, transportation, and caregiver respite

a. New language replacing 'social determinants of health'

b. Waiver-funding for the fee-for-service population with the expectation that managed care organizations will provide HRSN services to managed care population (non-waiver funding through [ILOS](#)).

5. Target launch date for initial services is 03/31/2024.

b. Caregiver respite

- i. Definition: Intermittent temporary supervision provided on a short-term basis in the enrollee's home, a health care facility, or an adult day center. Services provided are primarily non-medical, activities of daily living (ADL) ordinarily performed by a caregiver.
- ii. Qualifiers: Enrollees who are compromised in their ADL and/or have assessed behavioral health needs and whose unpaid caregivers require relief to prevent enrollee institutional placement.
- iii. In development: HCA is still reviewing delivery system options, coverage criteria, allowable providers, credentialing, and cost effectiveness (managed care).

3. Updates on proposed recommendations
 - a. BH360 (formerly known as the parent portal) (legacy item)
 - i. BH 360 is a one-stop resource for Families and caregivers of youth with mental and behavioral health. The Design and implementation of the website will deliver educational information and programs statewide.
 - ii. The Washington State Legislature approved [House Bill 1800](#), which created a parent portal, BH360, to support caregivers at all stages of the behavioral health journey as an initial deployment of the Mental Health Block Grant (MHBG). In the 2023 session, \$400,000 was allocated to implementation of BH 360. However, the funds were not accessible due to restrictions with the MHBG.
 - iii. The YYACC Subgroup recommends that the Legislature fund BH360 by:
 1. Allocating funding through the Washington State General Fund.
 2. Creating an account in the Washington State treasury for HCA to collaboratively secure additional sources of funding for the parent portal, such as private donations or grants.
 3. Creating long-term financial sustainability measures to support implementation and maintenance of the parent portal.
 - b. Technological innovations
 - i. The Washington State behavioral health system is unable to meet the current health needs, especially for people in crisis, due to several factors including:
 1. The workforce crisis
 2. Rural accessibility
 3. Long waitlists
 4. Lack of BIPOC providers and culturally appropriate services
 5. Emergency departments and substance-use disorder residential facilities over capacity
 6. Limited proliferation of evidence-based practices (EBPs)
 - ii. Data shows utilizing innovative technologies to supplement or replace in-person care:
 1. Reduces barriers to accessing health resources and culturally appropriate information while also providing an alternative option to in-person care in rural areas where access to services can be limited;
 2. Increases access to emergency crisis care and enhances continuity of care regardless of a patient's location or resources
 3. Reduces provider burden and patient agitation, creating avenues for low-cost and low-burden care.
 - iii. The subgroup recommends that the legislature create a pot of flexible funds to conduct a landscape analysis and pilot the utilization of technological innovations to scale access across the behavioral health continuum of care. Utilizing technological innovations improves equitable access to services, short- and long-term patient crisis management and stabilization, efficiency

of clinician workflow, documentation compliance and continuity of care, all while reducing overall cost and liabilities across the behavioral health continuum of care from assessment and early intervention to treatment and recovery support services.

- c. PACT, HOST & WISe program fidelity
 - i. Program for Assertive Community Treatment (PACT); Homeless Outreach Stabilization & Transition (HOST); Wraparound with Intensive Services (WISe) aren't currently meeting the needs they are intended to serve. The subgroup is recommending that the legislature:
 1. Allocate funds and direct a task force to conduct a root cause analysis to identify barriers to access and implementation by December 31, 2024;
 2. Increase funding for all three programs, streamlining processes to improve program effectiveness, fidelity and accessibility;
 3. Remove the substance-use disorder (SUD) eligibility requirement of HOST to expand access; and
 - ii. These three critical programs support youth and adults with complex behavioral health needs. We recommend improvements to grow these critical programs and establish methods for ensuring state standards are met to support better life outcomes for individuals at the more intensive needs end of the continuum of care. There are ongoing issues of program fidelity and barriers to access across the programs.

Next Steps:

- Presentation of the three draft recommendations to the CYBHWG on 09/22/23
- Continued conversations on areas of interest
- Soliciting additional feedback on draft recommendations prior to final submissions on 10/11/23.

Next Meeting: October 12, 2023, 4:00 PM – 5:30 PM



Respite services



Presenters

Mary Megliola Franzen, MPH

(she/her)

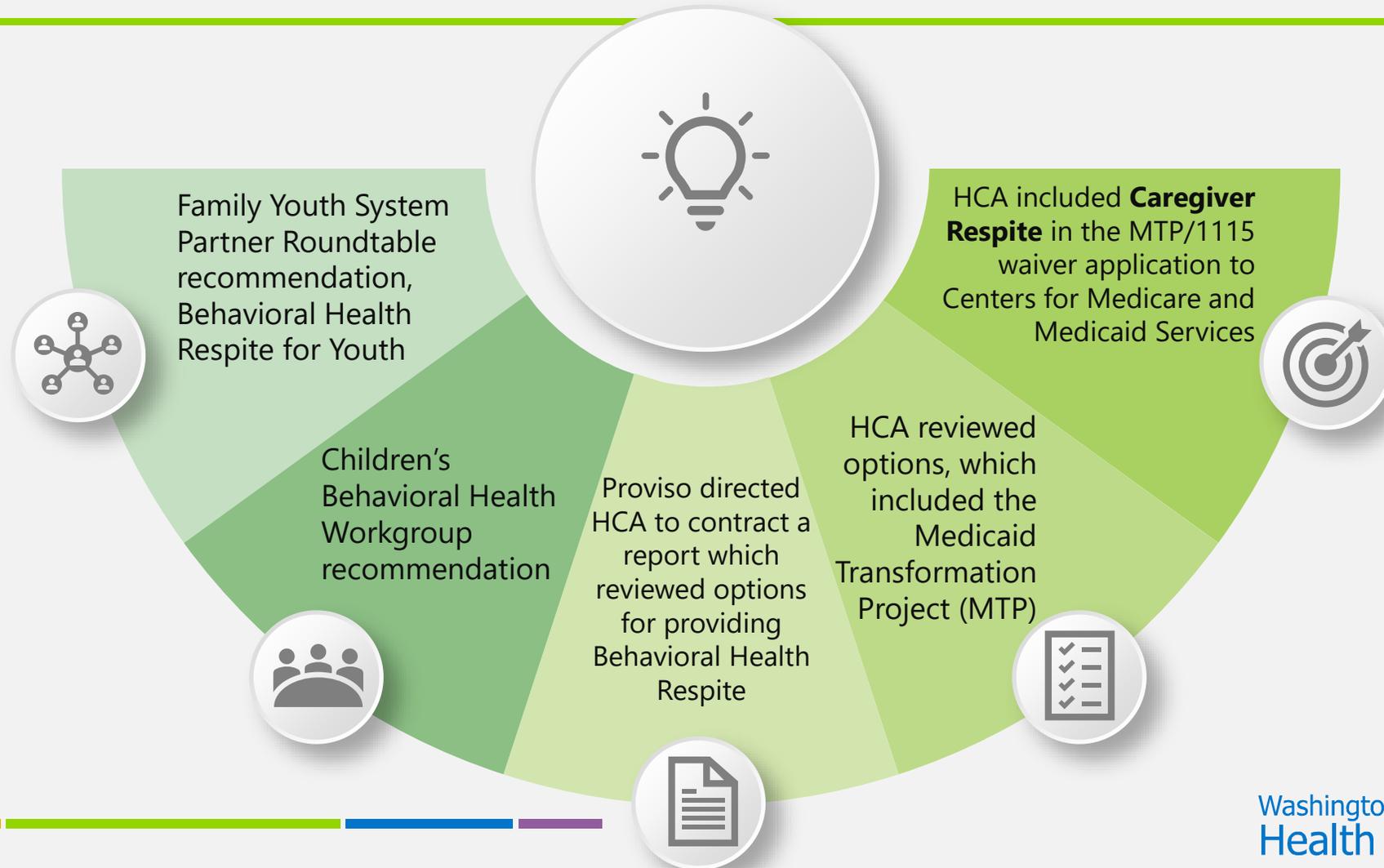
Medicaid Transformation
Project Connector

Tina Burrell, MA

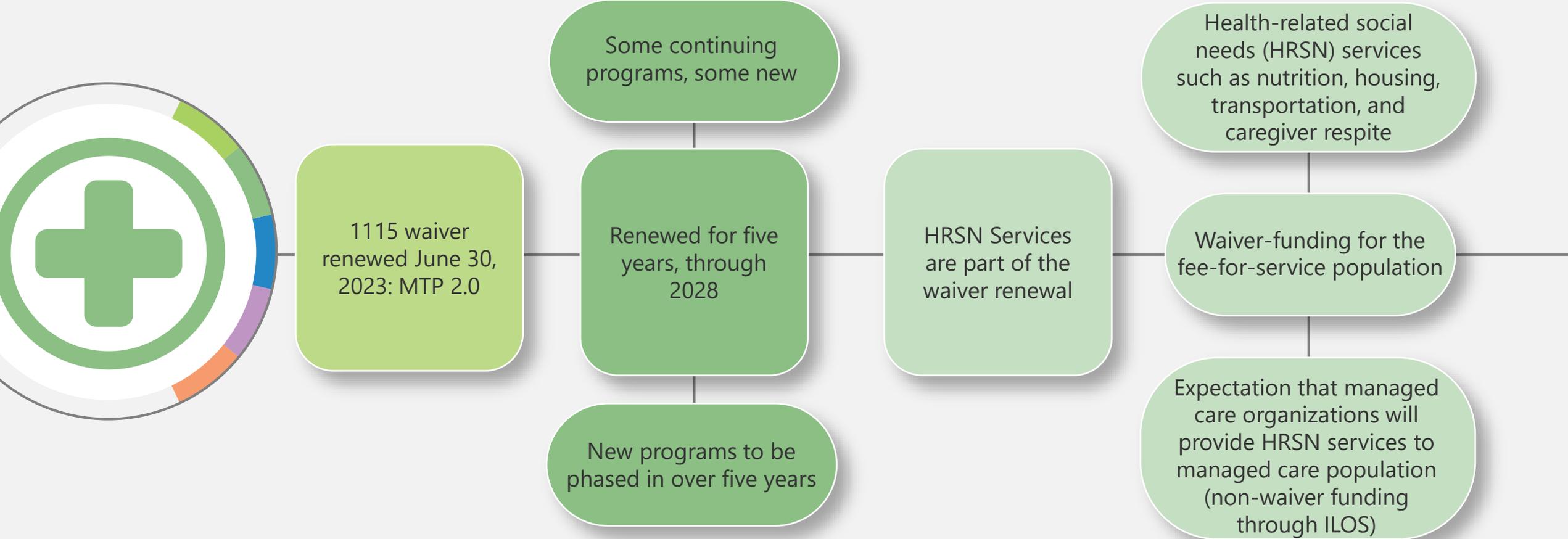
(she/her)

Children's Behavioral
Health Administrator

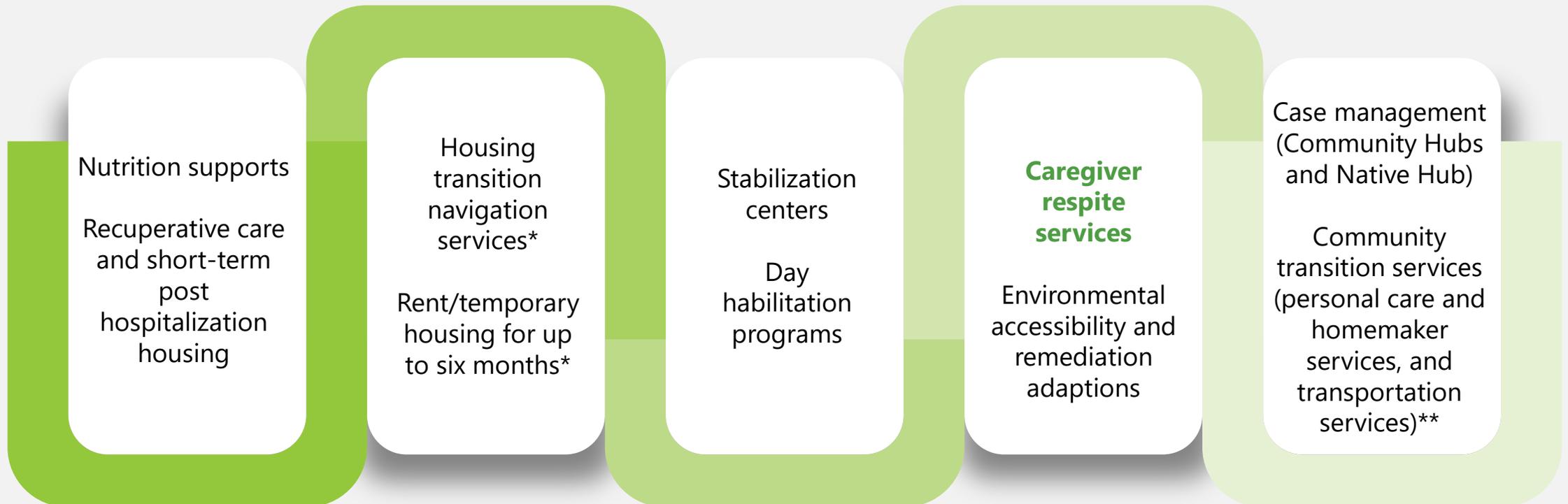
Background of Respite services recommendation



Medicaid Transformation Project



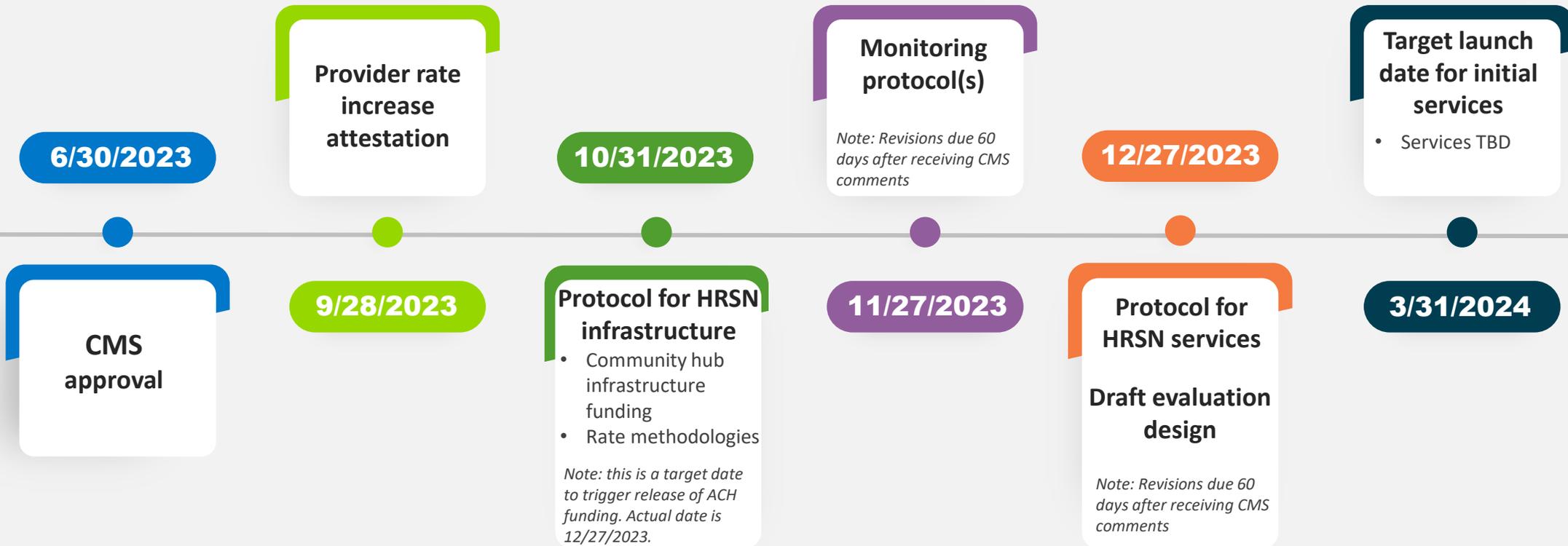
Health related social needs services



*Delivered primarily through FCS

** Paid for outside of HRSN framework

Health related social needs services working timeline



Caregiver respite



Definition

- Intermittent temporary supervision provided on a short-term basis in the enrollee's home, a health care facility or an adult day center.
- Services provided to the enrollee are primarily non-medical and may include attending to the enrollee's basic self-help needs and other activities of daily living (ADL), ordinarily be performed by a caregiver.*



Qualifiers

Enrollees who live in the community and are compromised in their activities of daily living and/or have been assessed to have a behavioral health need and whose unpaid caregivers require relief to avoid enrollee being placed in an institution.*



Under review/ In development

- Delivery system options
- Coverage criteria
- Allowable providers
- Credentialing
- Cost effectiveness



Questions
