Department of Health

2023-25 Regular Budget Session

Maintenance Level - RE - Young Adult BH-Stepped Care Project

Agency Recommendation Summary

The Department of Health requests continued funding to expand access to behavioral healthcare through the Young Adult Behavioral Health Access Project, aka Stepped Care. This project was developed in response to Emergency Proclamation of the Governor 21-05, mandating to address the youth behavioral health crisis in Washington. Using the community approach (FEMA 2006), the coordination of behavioral health response is accomplished by engaging partners from community, private sector and all levels of governmental agencies. Continuing funding would help respond to the demand for treatment services, to assist Washingtonians who were adversely impacted by the COVID 19 pandemic, particularly the youth.

Fiscal Summary

Fiscal Summary *Dollars in Thousands*	Fiscal Years		Biennial	Fiscal Years		Biennial
	2024	2025	2023-25	2026	2027	2025-27
Staffing						
FTEs	7.1	0.0	**3.55**	0.0	0.0	**0.0**
Operating Expenditures						
Fund 001 - 1	$1,696	$0	**$1,696**	$0	$0	**$0**
Total Expenditures	**$1,696**	**$0**	**$1,696**	**$0**	**$0**	**$0**

Decision Package Description

Problem:

The COVID-19 pandemic has adversely impacted and highlighted the gap in mental health services for Washingtonians, particularly youth, and the existing workforce and overall system capacity to adequately respond to demand for treatment services.

According to a CDC analysis, in 2021, more than a third (37%) of high school students nationally reported they experienced poor mental health during the COVID-19 pandemic, and 44% reported they persistently felt sad or hopeless during the past year. More than half (55%) reported they experienced emotional abuse by a parent or other adult in the home, 11% experienced physical abuse by a parent or other adult in the home, and 29% reported a parent or other adult in their home lost a job.

In Washington, suicide attempts and incidence of self-harm using poison increased by 58% in youth ages 6-12 and 37% in youth ages 13-17. Source: (https://www.wapc.org/data/data-reports/children-and-adolescent-self-poisoning-report/)

Pre-COVID, Washington ranked 35th nationally in access to behavioral health care for youth (Ages 12-17). Washington is ranked 39th in 2022. (https://www.mhanational.org/issues/2022/mental-health-america-youth-data)

Washington currently funds only 94 long-term beds to serve the state's 1.1 million children. Waits for a long-term bed are lengthier than at any time in recent memory: of those on the state's waitlist during the first quarter of 2022, children ages 6-13 waited an average of 144 days, and those ages 14-18 waited 96 days.? (https://www.usnews.com/news/best-states/washington/articles/2022-05-21/states-mental-health-facilities-for-children-are-strained)

State insurance reimbursement rates are poor, and changes to treatments covered and treatment algorithms, have led to fewer providers, difficulty with provider retention, and a smaller provider base. Low pay and increased patient surge and acuity has contributed to mental health providers in community mental health and community health centers leaving their jobs and moving to private practice, where income is higher and autonomy greater, creating additional impact on youth and families in terms of access, and to community health clinics in terms of staffing. For example, Pearl Youth Residence, a 27-bed pediatric facility in Tacoma, had a 50% staff turnover rate last year, citing staffing shortages and costs of care that outpaced the state's rate of reimbursement. Several therapeutic group homes such as Ryther in Seattle and Navos Ruth Dykeman Children's Center in Burien, which offered less intensive services, have also closed or shrunk their residential rehabilitation programs. (https://www.usnews.com/news/best-states/washington/articles/2022-05-21/states-mental-health-facilities-for-children-are-strained)

The large patient surge for behavioral health issues in youth has strained the healthcare system, leading to outpatient behavioral care services with lengthy wait times, and difficulty finding providers with openings, even for families with access to commercial insurance or able to self-pay. Lack of earlier intervention has led to increased behavioral health crisis in many youth. resulting in youth ending up in Emergency Departments at hospitals across the state. Lack of sufficient psychiatric beds and other resources such as Intensive Outpatient or residential care has led to many youth who then end up "boarding" in Emergency Departments and Med/Surge Beds, sometimes for weeks to months without access to behavioral health care.

It takes years to train and license behavioral health providers and the scarcity cannot be fixed quickly. It would have taken an expanded workforce in order to manage the baseline behavioral health needs for youth pre-COVID With the additional patient surge, the situation has reached crisis levels. In Washington State there are between zero and 10 Child Psychiatrists per 10,000 children, zero to 79 licensed social

county. (https://www.cdc.gov/childrensmentalhealth/stateprofiles-providers/washington/index.html#tableBackground)

Background:

In late 2020, there was a developing awareness and concern about the significant surge in youth needing behavioral health care related to the COVID-19 pandemic, and the lack of capacity to meet those needs. Two workgroups were convened by DOH and the Northwest Healthcare Response Network (Western Washington Healthcare Coalition) to begin planning how to address this surge. Based on the data gathered by the Behavioral Health Group at DOH, along with data gathered by the Washington Chapter of the American Academy of Pediatrics, Emergency Proclamation of the Governor 21-05 was declared in February 2021, mandating DOH and the Health Care Authority (HCA) to work together to address this emergency.

DOH, as lead for Emergency Support Function #8, developed a set of recommendations to respond to the emergency that included the Stepped Care project. It is an access and workforce development initiative to gather additional providers from graduate programs, provide training and oversight in disaster behavioral health evidence-based practices, and deploy these workforce extenders (via telehealth) where the need outstrips resources.

With this model of care, patients only 'step up' to more intensive or specialized services if it is determined as appropriate based on metrics such as triage for disaster related trauma, symptom screening, and clinician judgment. This approach allows for increased equity in access to care and efficient use of scarce resources, creating opportunity for care in times when behavioral health providers are overwhelmed with patient surge.

Pilot (FY22)

Funding
The innovative pilot, conducted during FY22, was funded by SAMHSA Block Grant COVID-19 Enhancement funds via an interagency agreement with the Washington State Health Care Authority (HCA). The total budget was $376,671.

Goal
The pilot goal was to improve mental health of youth in Washington State by increasing access to behavioral health care via the following objectives:

Develop, implement and demonstrate feasibility of a stepped care behavioral health model, that could be expanded and serve to increase access to behavioral health services for youth, accomplished by increasing and training the behavioral health workforce to provide a short-term and evidence-based intervention (TF-CBT) for youth impacted by the COVID-19 pandemic.
Reduce barriers to care access by providing behavioral health treatment at no cost, via telehealth.
Increase the behavioral health workforce through the use of graduate students from behavioral health training programs as behavioral health providers.
Improve the quality of behavioral health interventions for trauma-exposed youth by providing expert training in the stepped care model and intervention, ongoing case consultation b TF-CBT certified trainers, and clinical supervision y experienced licensed clinicians.

Recruitment, training, and support of volunteer workforce extenders
DOH recruited, trained, and supported 18 volunteer student clinicians as a Youth Behavioral Health Response Team (YBHRT). Volunteer students were primarily drawn from second year Master's and third year (and above) PhD/PsyD programs for behavioral health disciplines. Student clinicians came from several Washington universities.

DOH partnered with other organizations to provide the YBHRT training in Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), disaster behavioral health practices, ethics for counselors and psychologists, telehealth and HIPAA.

DOH continually supported the YBHRT throughout the pilot. All YBHRT Student Clinicians:
Had an agency affiliated counselor credential and personal liability insurance
Were registered in WAserv for liability coverage and workers compensation (RCW 70.15)
Had weekly clinical supervision and twice-per-month case consultation

Recruitment of and collaboration with Clinical Host Agency
DOH recruited the University of Washington Psychological Services and Training Center (The Clinic) to pilot the TF-CBT Stepped Care process and oversee the YBHRT to assure safety and standards of care. As the DOH Clinical Host Agency Partner, the Clinic:

Set up and maintained a virtual clinic. The Clinic staffed and implemented HIPAA-compliant technologies needed to maintain virtual clinic operations throughout the pilot.
Processed and accepted referrals. The Clinic developed an intake process for referrals, completed intake for cases, communicated regularly with referral partners to identify operational efficiencies, and documented all policies and procedures.
Supported the YBHRT. The Clinic developed and continuously documented clinic policies, procedures, and workflow to support service delivery, and onboarded and assigned cases to YBHRT student clinicians and supervisors, providing administrative quality to the YBHRT.

Recruitment and collaboration with Referral Partners
To identify youth most in need of TF-CBT, DOH recruited and onboarded one school district, one pediatric primary care outpatient practice, and one pediatric tertiary care emergency department to participate in the pilot. For each Referral Partner, DOH has trained Referral Partner staff on:

Use of PsySTART. DOH procured and is providing free access to the PsySTART Disaster Mental Health Triage system (PsySTART). PsySTART enables users to quickly triage for new, ongoing or persistent stressors, severity and level of exposure to a crisis or event, traumatic loss, injury and illness, and severe panic or prior mental health history.

identify youth most in need of, and appropriate for, TF-CBT; Referral Partners coordinated with The Clinic to provide appropriate referrals to the YBHRT.

Outcomes
A total of 18 graduate student clinicians were trained and retained throughout the pilot, and 17 saw at least one client during the 11 weeks of clinical treatment.

30 youth were triaged, 23 were screened into care, and completed either the four module PRAC sessions, completed an additional 8-10 TICE sessions, or graduated out of treatment due to improved symptoms and function.

(PRAC is the first "step" of intervention – psychoeducation and parenting, relaxation, affective regulation, and cognitive coping skills; TICE is the second "step" of intervention - trauma narrative and cognitive processing of the traumatic event(s), in vivo mastery of trauma reminders, conjoint child-parent sessions, and enhancing safety and future developmental trajectory)

Preliminary pilot metrics of symptom screening:
61% showed significant improvement in symptoms of PTSD
69% showed significant improvement in symptoms and functioning
67% showed significant improvement in symptoms of depression
57% showed significant improvement in symptoms of anxiety
In addition to clinical outcomes, our Stepped Care framework provided the graduate students intensive training and experience in an evidence-based intervention at no cost to them. Completion of the training allows them to be eligible for TF-CBT certification, which is a significant enhancement to their clinical skillsets.
Additionally, our referral partners were provided another intervention avenue for their patients/students.
Finally, our success developing and executing the project successfully allowed us to demonstrate the feasibility of this framework as a viable solution to the behavioral health crisis.

Year One (FY23)

Funding
Year One is funded by a $1.7 million budget allocation provided for mental health access in Engrossed Substitute Senate Bill 5693 passed by the Senate May 10, 2022 in the 67th Legislature 2022 Regular Session.

Goal
The Year One (FY23) goal is to improve mental health of youth in Washington State by increasing equitable access to behavioral health care. We plan to do that by addressing the following objectives:
Expand the geographic scope of care to reach additional at-risk youth across the state who were exposed to COVID-related and other traumas and are experiencing behavioral health impacts by recruiting additional referral partners from different regions across Washington.
Reduce barriers to care access by providing behavioral health treatment at no cost, via telehealth.
Increase the behavioral health workforce through usage of graduate students from behavioral health training programs as clinicians.
Improve the quality of behavioral health interventions for trauma-exposed youth by providing training in an evidence-based intervention, case consultation, and clinical supervision.
Plan for expanding the geographic range and number youth served in years two and three.

Expansion
The referral partners from the pilot will all be continuing in Year One, and DOH has recruited an additional pediatric tertiary care hospital emergency department (total of 2), multi-site outpatient pediatric practice (total of 2), and four (4) school districts (total of 6). To focus recruitment, areas in Washington which may have been disproportionately impacted by COVID-19, and which have limited access to pediatric behavioral health services, were identified utilizing emergency department behavioral health boarding data, social vulnerability indexes and related data.

The intent for Year One is to increase the number of student clinicians from 18 in the pilot to roughly 30, through retention of clinicians from the pilot and additional recruitment efforts. Supports for the student clinicians will be expanded accordingly, including a planned increase in the number of clinical supervisors from seven in the pilot to roughly 15.

Plans to further expand the geographic range and number of youth served in Years Two and Three will

Proposal:

The Department of Health recommends that the Stepped Care project be extended through State Funding Year 2023 (July 1, 2023-June 30, 2024).

DOH will provide behavioral health services to youth in need who have been adversely impacted by COVID-19.

DOH will recruit, train and support volunteer student clinicians who will be drawn from second year Master's and third year (and above) PhD/PsyD programs across the state for behavioral health disciplines.

DOH will partner with other organizations to provide the YBHRT training in Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), disaster behavioral health practices, ethics for counselors and psychologists, telehealth and HIPAA.

DOH will recruit licensed clinicians to provide student clinicians with clinical supervision. Regular TF-CBT case consultation calls will also be

DOH will partner with a Clinical Host Agency who will maintain a virtual clinic, process and accept referrals, and support and deploy the YBHRT.

DOH will recruit, train and work closely with referring organizations, who will identify and refer youth most in need of TF-CBT.

This proposal takes a data driven approach that meets the need to expand the behavioral health workforce and access to those services.

Impacted Stakeholders:

Youth and their families: The youth and families in the communities we are servicing will see increased access to care and for those completing the program, we anticipate most will experience decreased symptoms.
Behavioral healthcare providers and facilities: Our Stepped Care framework provides an additional behavioral health resource where options are often limited. This helps providers and facilities reduce wait lists and focus on more severely impacted youth. In addition to direct services, this model is intended to be replicable and expandable throughout the state, ultimately allowing for the reduction in patient surge on both inpatient and outpatient behavioral health providers and facilities.
Schools: OSPI has plans to imbed behavioral healthcare providers and navigators into each school district, but due to a limited pool of providers, this has been difficult to accomplish. Our Stepped Care framework provides an additional behavioral health resource where options are often limited. This intervention provides Tier 3 support in terms of Multi-Tiered System of Supports (MTSS).
Student Clinicians: Our Stepped Care framework provides students intensive training and experience in an evidence-based intervention at no cost to them. Training in TF-CBT, measurement-based care, psychological triage and the stepped care model is included. Completion of the training allows them to be eligible for TF-CBT certification, which is a significant enhancement to their clinical skillsets.
Clinical Supervisors: Our Stepped Care framework provides an opportunity for licensed clinicians to learn and understand the model of stepped care as it relates to TF-CBT and to share their skills and experience with new providers. It is worth noting that this work adds an additional workload to already practicing providers at a compensation rate considerably below their usual fees. Clinical supervision is always a liability risk for licensed providers, but the risk may be higher in this work due to the inexperience of the student clinicians.
Clinical Host Agency: This effort increases workload of the entire clinic work staff. It also increases their risk/liability as they are considered the deploying agency in this framework. This work provides opportunities for students within the Clinical Host Agency's practicum to conduct research on this model and impact and outcomes.
TF-CBT Trainer: The trainer is afforded the opportunity to participate in an innovative and unprecedented behavioral health project and gain familiarity with the stepped care model.
PsyStart Developer – This work provides an opportunity to expand the developer's research on the application of their system.

Clients Served
The Pilot was limited by the length of time to complete contracting and administrative tasks to only 11 weeks of care, 18 student providers, and one Referral Partner providing all but two of the youth referred. Extrapolating on those numbers to increase the clinicians to 30, with the addition of two pediatric hospital emergency departments, an additional large outpatient clinic and four additional school districts, we anticipate being able to provide behavioral health services to as many as 490 youth during a single fiscal year and with the current funding model.

The assumptions behind this estimate are:
Increase student clinicians from 18 to 30
Estimate the total referrals for each Referring Partner to be equivalent or similarly to the single Referring Partner in the Proof of Concept
Averaging the number of clients assigned to each provider to be 4 at a time.
Estimating that approximately 40% of clients will improve with the PRAC modules and be discharged from care, allowing new clients to be assigned, estimating an average number of sessions per client to be 9, ranging from 4-12.
Each clinician is estimated to be able to see 16 clients in the 9-month school year.
Specific staffing purchases include:
(0.50) Health Services Consultant 4: Behavioral Health Project Manager
(0.75) Epidemiologist 2, Non-Medical: Expert real time data analysis
(0.5) Psychologist 4: Stepped Care Clinical Director
(3.8) Psychologist 4: Clinical supervisors
Other purchases include:
Contracted services with a clinical host agency
Contracted services with a Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) for student clinician training
Contracted services with an implementation/technical assistance contractor
Other goods and services to support the Stepped Care work, including the PsySTART Disaster Mental Health Triage system.

Alternatives:

After careful consideration, it was determined that expanding the workforce was the only viable approach to address the primary driver for the crisis (not enough behavioral health providers and a large surge in mental health needs in youth).

In developing our Stepped Care framework, in addition to recruiting students, we also pursued recruitment of volunteer retired practitioners. We utilized our volunteer management platform WAserv, to reach out to retired and active behavioral health providers. There were an extremely limited number of providers with pediatric experience and no active or retired providers indicated an interest in participating.

Assumptions and Calculations

Expansion, Reduction, Elimination or Alteration of a current program or service:

These assumptions are based on a continuation of the current (FY23) funding level for FY24.

Detailed Assumptions and Calculations:

Non-staffing costs include:
- Contracted services with a Clinical Host Agency - $556,038
- Contracted services with a Trauma-Focused Cognitive Behavioral (TF-CBT) Trainer - $22,666
- Contracted services with an implementation and technical assistance contractor - $50,000
- PsyStart Disaster Mental Health Triage System + training and consultation - $12,000
- Miscellaneous Goods and Services - $28,000
  - This estimate includes incidentals that may arise, such as student training materials, credentialing costs, additional supports for supervisors, etc.

Staffing costs include:
- (0.5) Health Services Consultant 4: Behavioral Health Project Manager
- (0.75) Epidemiologist 2, Non-Medical: Expert real time data analysis
- (0.5) Psychologist 4: Stepped Care Clinical Director
- (3.8) Psychologist 4: Clinical Supervisors
  - 15 clinical supervisors providing approximately 12 hours of weekly supervision (roughly six hours to two clinicians each) for the anticipated 10 months that client sessions will take place during the year.

Workforce Assumptions:

Workforce Assumptions FY24 Projections Only

FTE	Job Classification	Salary	Benefits	Startup Costs	FTE Related Costs
0.5	HEALTH SERVICES CONSULTANT 4	$41,000.00	$16,000.00	$2,000.00	$4,000.00
0.8	EPIDEMIOLOGIST 2 (NON-MEDICAL)	$74,000.00	$27,000.00	$3,000.00	$6,000.00
0.5	PSYCHOLOGIST 4	$57,000.00	$19,000.00	$2,000.00	$4,000.00
3.8	PSYCHOLOGIST 4	$429,000.00	$146,000.00	$16,000.00	$28,000.00
1.6	FISCAL ANALYST 2	$85,000.00	$41,000.00	$0.00	$0.00
7.1		**$686,000.00**	**$249,000.00**	**$23,000.00**	**$42,000.00**

Estimated expenditures include salary, benefit, and related costs to assist with administrative workload activities. These activities include policy and legislative relations; information technology; budget and accounting services; human resources; contracts; procurement; risk management, and facilities management.

Strategic and Performance Outcomes

Strategic Framework:

Governor's Results Washington

This work supports the Governor's Results Washington Goal 4: Healthy and Safe Communities by increasing access to behavioral health care.

Agency Strategic Plan

This proposal supports the Dept. of Health's **Transformational Plan Priority I. Health and Wellness,** in that All Washingtonians have the opportunity to attain their full potential of physical, mental, and social health and well-being. This proposal achieves this priority by including focus on the data integration, sharing, and analysis necessary to support better health outcomes. We are seeking funding to support the mental health crisis, which has been identified as a public health priority. As outlined in the equity portion of this document, our approach ensures equitable access to services and opportunities. There is strong focus on achieving project objectives in a way that helps our partners and customers achieve their own objectives.

Performance Outcomes:

Clinicians recruited, trained and who are assigned at least one client.
Youth referred, screened and seen.
Participating youth achieving a positive response (50% or more reduction in symptom scores).
Participating youth improved and discharged after the first step.
Families afforded an opportunity to care that they otherwise would not have had.

Equity Impacts

Community outreach and engagement:

We are currently working on a route for direct connection for tribal youth to the Stepped Care program. We recognize that tribal populations are underrepresented by the communities DOH is serving and to address this gap we are entering into an MOU with two (2) school districts that serve several tribes. Understanding that Washington tribes have unique needs, DOH is also working to connect with them to identify additional strategies to provide culturally appropriate support. We are proposing training on the stepped care treatment model that will allow each tribe in Washington to implement this effective intervention in a manner that meets the specific needs of the youth and families.

In addition to recruiting clients from high need areas, the Stepped Care triage and screening process uses a measurement-based approach to ensure the youth with greatest need are provided services, and that access to expanded care is based on metrics to evaluate symptoms and functioning. Our application of the Stepped Care model also addresses equity by reducing additional barriers to access such as cost (services are provided free of charge) and transportation (all services are provided virtually).

Disproportional Impact Considerations:

We believe that having the equity approach outlined above will not lead to a disproportionate impact on communities/populations.

Target Populations or Communities:

While the behavioral health crisis impacts both youth and adults, access to mental health care services for youth is disproportionately limited. It is for this reason that the Stepped Care project focuses on providing services for youth. However, DOH hopes that its work can serve as a model that can be expanded upon to meet the needs of a wider client base, including adults.

As indicated previously, an equity focus is applied to our referral partner recruitment process. Referral partners were identified to address the populations most in need of improved access to mental health care based on data identifying areas characterized by:

- Limited provider availability
- High number of individuals without health insurance
- High number of families having limited access to transportation
- High number of low-income households
- High populations of persons of color

Other Collateral Connections

Puget Sound Recovery:

N/A

State Workforce Impacts:

The Stepped Care work increases workforce for the duration of project deployment via student clinicians. It also provides training and experience to student clinicians who will become part of the behavioral health workforce.

Intergovernmental:

None identified

Stakeholder Response:

Key stakeholders include:

Youth and their families
Behavioral healthcare providers and facilities
Schools
Student Clinicians
Clinical Supervisors
Clinical Host Agency
TF-CBT Trainer
PsySTART Developer

All entities are in support.

State Facilities Impacts:

N/A

Changes from Current Law:

N/A

Legal or Administrative Mandates:

This proposal is requested in response to Emergency Proclamation of the Governor 21-05, declared in February 2021, mandating DOH and the Health Care Authority (HCA) to work together to address the youth behavioral health crisis in Washington.

Reference Documents

Young Adult Behavioral Health FNCal 2023-25 (1).xlsm
Young Adult Behavioral Health IT addendum.docx
Young Adult Behavioral Health Prioritization Worksheet IT.xlsx

IT Addendum

Does this Decision Package include funding for any IT-related costs, including hardware, software, (including cloud-based services), contracts or IT staff?

Yes

Objects of Expenditure

Objects of Expenditure *Dollars in Thousands*	Fiscal Years		Biennial	Fiscal Years		Biennial
	2024	2025	2023-25	2026	2027	2025-27
Obj. A	$686	$0	**$686**	$0	$0	**$0**
Obj. B	$249	$0	**$249**	$0	$0	**$0**
Obj. C	$641	$0	**$641**	$0	$0	**$0**
Obj. E	$55	$0	**$55**	$0	$0	**$0**
Obj. J	$23	$0	**$23**	$0	$0	**$0**

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