Department of Health

2021-23 First Supplemental Budget Session

Policy Level - Q6 - Young Adult Behavioral Health

Agency Recommendation Summary

Death by suicide among adolescents and transition-age youth is rising across Washington State, even prior to the COVID-19 pandemic. Especially alarming is the rapid increase of suicide among young people ages 18-24. To address this growing epidemic, the Department of Health requests funding to expand and improve behavioral health screening, referral and care for adolescents and transition-age youth in both academic and non-academic settings. In addition, and in response to the Emergency Proclamation of the Governor 21-05, March 15, 2021 declaring a youth mental health emergency, the Health Care Authority (HCA) and Department Of Health (DOH) worked to craft a set of recommendations to triage and to address the surge of acute mental health needs on emergency departments, pediatrician offices, and inpatient psychiatric hospitals serving youth. This proposal seeks funding to address both the workforce shortage and improved coordination and allocation of limited youth behavioral health services that are available.

Fiscal Summary

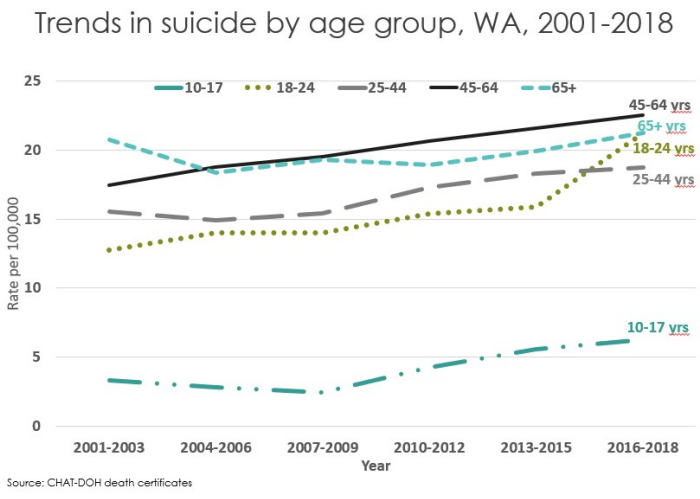
Fiscal Summary *Dollars in Thousands*	Fiscal Years		Biennial	Fiscal Years		Biennial
	2022	2023	2021-23	2024	2025	2023-25
Staffing						
FTEs	7.6	11.1	**9.35**	0.0	0.0	**0.0**
Operating Expenditures						
Fund CVD - N	$8,337	$9,551	**$17,888**	$0	$0	**$0**
Total Expenditures	**$8,337**	**$9,551**	**$17,888**	**$0**	**$0**	**$0**

Decision Package Description

Adolescents and transition-age youth (under age 24) in Washington state faced significant behavioral health challenges, even prior to the COVID-19 pandemic. The 2018 Healthy Youth Survey showed that more than 60% of students were experiencing significant anxiety and 40% of students were experiencing depression. Death by suicide among adolescents and transition-age is rising across Washington State. Especially alarming is the rapid increase of suicide among young people ages 18-24. This proposal will provide additional resources for referral and care for adolescents and transition-age youth (under age 24) in academic and non-academic settings.

Youth behavioral health is a growing concern as family, school, and social interactions continue to be affected by the COVID-19 pandemic. Children, youth, and young adults are a demographic group at significant risk for challenging behavioral health outcomes and experiences, including risk-taking behaviors. The effects of isolation, combined with shifting educational and social opportunities and experiences, have contributed to behavioral health challenges for many individuals ages 6-24.

Additionally, DOH and HCA, along with Office of Superintendent Public Instruction (OSPI) and Department of Children Youth and Families (DCYF), have developed a menu of recommendations in response to Emergency Proclamation of the Governor 21-05, March 15, 2021 to support the behavioral health needs of our children and youth over the next 6 to 12 months and beyond, to address and triage the full spectrum of rising pediatric behavioral health needs.



Additionally, students of color and students from low income backgrounds face significant disparities in accessing supportive behavioral health care and services, making this an important health equity issue. The data indicates a clear need for stronger behavioral health support for youth in Washington in both academic and non-academic settings.

Current behavioral health systems in Washington do not have adequate resources to meet this growing need. Washington ranks 31st for youth behavioral health according to Mental Health America's 2019 national assessment of mental health and access to care. A recent audit report published by the Secretary of State's office[1] in June 2021 highlights that our current systems of care and support for adolescents are not equipped with the resources they need to meet current needs for services. Key findings from the audit indicate that Washington's current systems for student behavioral health care and support are fragmented and, in some districts, there is a lack of clearly defined roles and responsibilities due to a lack of resources. Auditors also found that behavioral health supports and services available to students are largely dependent on what schools can provide at the local level. However, schools simply do not have the resources they need to adequately screen student's behavioral health needs and refer them to the appropriate services.

People aged 18-24 years old are in late adolescence or young adulthood according to the Association of Maternal and Child Health Programs. It is a period of frequent change and development. While some in this age group are in a college or university and may be connected to supports and resources, others are in a community college or trade school setting or jumping directly into a work environment. The stability of community supports for this age group is important, especially now in the wake of COVID-19 when many people are isolated and making a transition into adulthood. In addition, many school supports – whether K-12 or post-secondary – have been disrupted during the pandemic.

The recommendations in response to the Governor's emergency proclamation complement and support the ESDs, and school districts already engaged in addressing the surge of mental health needs in identifying students in their populations who are at risk. Where ESDs and schools lack capacity to provide mental health care and need to refer into the community for services, they find long waiting lists and a lack of access. Even the Parent Assist Line (PAL) reports a four week wait just to begin the process of assisting a family with a referral. If funded, the ESDs and schools can coordinate with the local regional clinical response teams to address the needs of young people with complex mental health needs. For students at risk but not in crisis, the schools and ESDs without their own services can refer students to the Trauma-Focused-Cognitive Based Therapy (TF-CBT)[B(1] [B(2] [S(3] Mental Health Access project to work with trained graduate students while waiting for placement in outpatient counseling.

Given these challenges, this proposal includes multiple strategies:

1. Expand the school-based health center program to support access to behavioral healthcare in academic settings.
2. Increase capacity at the Department of Health (DOH) for strategic development of youth suicide prevention and partnership for a multi-agency approach to prevention and intervention with youth.
3. Track the queue: know how many young people are waiting for inpatient placement, how long they have been waiting, and understand their needs.
4. Encourage six inpatient psychiatric hospitals serving youth to create a coordinated, family centered process for seeking admission that supports allocating beds to young people with the greatest need.
5. Stand up Regional Clinical Response Teams to manage the queue of young people waiting in the community for a higher level of care and develop care plans with community partners to support young people needing services.
6. Train volunteers and graduate students as part of the TF-CBT Mental Health Access Project to offer support to triaged youth impacted by COVID but not yet in crisis.
7. Provide information to the behavioral health system and funders about the queue, access issues, and effectiveness of these innovative interventions.

Background

Over the last year, the Washington State COVID Behavioral Health Group at DOH endorsed the Youth Behavioral Health Emergency; Framework for an Emergency Response (the Framework), which was developed in collaboration with the Northwest Healthcare Response Network (NWHRN), as a comprehensive, public health system response to the pandemic-related surge in youth behavioral health needs. The Framework consists of six objectives with implementation strategies and is partially modeled after the promising Kid's Mental Health – Pierce County initiative, which has shown success since its implementation.

One objective the workgroup recommended is a population-level screening and referral response for students in schools in districts with readiness to identify and refer youth for stepped care interventions in schools and community healthcare provider offices. These are low-barrier

access points for adolescents and their families. Supporting school districts in implementing population triage/screening for behavioral health needs and referral to stepped care models, in partnership with their community provider networks, would help identify adolescents in need of services and connect them to care.

However, schools and school districts need additional funding and technical support for staff training and infrastructure to carry out population-level triage and referral needs, and ensure schools can respond to behavioral health needs, sustainably and equitably.

Additionally, youth who are not supported by school-based services, need relevant mechanisms that provide resilience skill building and connection to support and crisis services in real time. Since 2018, the Department of Health has led state agencies in the creation of a suicide prevention system with tremendous support from the legislature. While the department has increased capacity in the suicide prevention program, the need continues to grow. The pandemic has not only increased behavioral health symptoms but has decreased the additional supports that might otherwise be available. Youth are at increased risk for suicide, especially those from areas of high poverty, living in small-town rural communities and youth from historically oppressed populations such as American Indian/Alaska Native youth, Latina youth and LGBTQI youth from unsupportive families. Although the department has received funding for suicide prevention programming, the department has limited capacity for strategic planning for youth specific interventions.

Proposal Details

This proposal will provide additional capacity at the department, in the community, and in schools to address the evolving behavioral health crisis.

The first strategy is to provide state-funded grants to school-based health centers to improve access to behavioral health care. School-based health centers are ideal vehicles for integration of care and for building capacity for care referral and other interventions to improve access to behavioral health services. These grants will support the following activities: Planning or start-up funds for a new school-based health center that provides an integrated model of care that includes behavioral health services; Funding for an established school-based health center to add behavioral health services at that school-based health center; Funding for an established school-based health center to expand behavioral health services capacity.

The second strategy is designed as a safety net for transition-aged youth. Wide disparities in access to behavioral health services exists across the state. To help address these disparities, this proposal will fund a manager at DOH to provide strategic development of youth suicide prevention and partnership development for a multi-agency approach to youth prevention and intervention.

Strategies three through seven are designed to offer an opportunity to innovate around using graduate students, under clinical supervision, to deliver limited services in areas with severe workforce shortages using telehealth. The recommendations also offer an opportunity to track the "queue" or waiting list of young people unable to find an inpatient placement. The recommendations will also stand up a regional clinical response team that can pull together decision makers to address the needs of young people in the queue, both improving the process for young people/families and also providing data and transparency to the teams and funders about the gaps in care and profile of young people with the longest waiting times.

These strategies depend on the following initiatives.

Regional Clinical Response Teams

In nine regions, hire a Response Team Leader Master of Social Work (MSW), two MSW clinical specialists, and two care managers (bachelor's) prepared with crisis system experience that will:

- Receive referrals for children and youth (from now on referred to as young people) in need of inpatient psychiatric beds and manage process to coordinate placements or alternative treatment plans, communicating with referring EDs, providers, schools, community partners, and families.
- Mobilize and motivate community providers and behavioral health service organizations to participate in huddles to develop care plans for hard to place young people. Become a convening table of decision makers to manage the queue (waiting list) of young people seeking

inpatient placement, one case at a time.

- There are a limited number of psychiatric inpatient beds for individuals under 18. Coordination will ensure young people with the highest need for treatment find a bed instead of being boarded in an Emergency Department.
- Full funding will establish nine regional clinical response teams to coordinate resources, diversion options, and other service connections for young people and their families seeking inpatient hospitalizations.
    - Reducing pressure on limited inpatient resources.
    - Ensuring young people with the most acute need have access to inpatient services.
    - Young people who can be served in an alternate setting are supported in accessing that care.
    - Clinical response teams mobilize community partners in young people's care and convene huddles with decision makers to commit to care plans based on needs and available options for care.
    - Reduce the overall number of young people being held without appropriate psychiatric care in emergency departments.

- The Regional Clinical Response Team contract manager will be charged with creating a resource tracker and feedback loop to decision makers, creating an avenue to address access gaps regionally based on real time information. The DOH Youth Behavioral Health Surge contractor will coordinate tracking of the queue and resources at the state level.

Access to Mental Health Services for students: training workforce extenders in TF-CBT

Even as ESDs and schools have added capacity to triage/screen and meet mental health needs of students in the 2021-22 school year, ESDs and schools have varying capacity to deliver mental health services to students. For students identified as needing support, schools without their own staff can refer their students to the Youth Mental Health Response Teams for evidence-based interventions while awaiting access to outpatient counseling if needed.

Schools

- The Access to Mental Health initiative aligns with the Multi-Tiered Systems of Support (MTSS) as a stepped care model and offers two tools for schools to incorporate in their COVID Mental Health impacts response.
- The use of an evidence-based tool (PsySTART pediatric) to triage students with exposure to the impacts of COVID that may put them at risk for future mental health challenges or who may be experiencing mental health symptoms by indicating if tier one, two, or three services are recommended.
- If tier 3 services are indicated: schools can refer young people to TF-CBT trained Mental Health Response Teams for intake and completion of first module of TF-CBT skill building interventions. After the module finishes, the young person will be reevaluated and either continue to the second module that engages family and parents, be referred back to the school as no longer at risk or referred for outpatient for crisis services as appropriate.

- Additionally, this effort will:
    - Expand workforce by recruiting graduate students and retirees, and train graduate students in Trauma Focused Cognitive Behavioral Therapy.
    - Provide early treatment and prevent escalation of behavioral health symptoms and need for higher level and more expensive services
    - Encourage graduate students to continue professionally to serve young people.

Alternatives and Consequences

Strategy one of this proposal draws from learnings of the Northwest Healthcare Response Network (NWHRN) and DOH COVID Behavioral Health Group's systems recommendations, followed by Washington Children's Behavioral Health Workgroup discussions. Partners included HCA, the University of Washington, multiple health systems with representation from emergency departments to pediatrics, safety net clinics, provider advocacy groups, and others. It also received input from the Office of Superintendent of Public Instruction (OSPI) and Health Care Authority (HCA) Division of Behavioral Health and Recovery (HCA DBHR) on their behavioral health systems work with school districts and community healthcare providers. Several solutions and alternatives were explored, including current referral models and meeting existing care

coordination needs. Enhancing the capacity of standard services for community and school-based screening, intervention and referral was considered and deemed inadequate as a solo strategy. It was determined that infrastructure change is also necessary to meet short and long term needs. School-based health centers (SBHCs) became a focus as they support a collaborative model of care, and function as a vehicle for public health interventions specific to children and youth in school and community environments, helping vulnerable populations and rural communities access health care by removing substantial barriers to care.

DOH, OSPI and HCA DBHR have requested and anticipate funding from federal COVID sources to implement the Framework. This decision package request adds supplemental funding that is needed to implement and sustain these systems, especially after temporary COVID funding expires. These include the need for staff training and school and office-based behavioral health systems integration infrastructure.

Equity Considerations

This proposal will positively impact low-income students, students of color, and students living in rural areas. School-based health care allows the provision of medical, behavioral, dental, and vision care directly in schools so that all young people, no matter their zip code, have equal opportunity to learn and grow. This proposal will also positively impact transition-age youth who may not be connected to other structural support systems. Risk factors for suicide include childhood trauma, substance use, poverty and untreated mental health problems.

SBHCs also improve access to health services in rural areas that otherwise lack access to health care. In addition to providing healthcare services to students and families in rural communities, SBHCs can also address other unmet health and social needs. For example, some SBHCs address common youth behavioral health issues such as stress, personal safety, depression and anxiety, and other social risk factors that can influence academic success and overall well-being. This proposal would bolster such interventions.

[1] CHILDRENS_BH_DASHBOARD_2021FEB_0.pdf (wa.gov)

What does TF-CBT stand for? Is it task force-cognitive based therapy?? [B(1]

Trauma-Focused Cognitive **Behavioral** Therapy [B(2]

the second one [S(3]

Assumptions and Calculations

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

The suicide prevention activity is an expansion of suicide prevention program by adding strategic leadership around youth suicide prevention.

This is an expansion of the newly established School-based Health Center program and suicide prevention work. Specific to School-based Health Center program, $516,000 of the general fund—state appropriation for fiscal year 2022 and $1,873,000 of the general fund—state appropriation for fiscal year 2023 are provided for implementation of SHB 1225 to establish a school-based health center program office at the department.

In order to implement the recommendations made to address the Governor's Emergency proclamation, the estimated budget is **$8.37Million per year** beginning in fiscal year (FY) 2022.

- SAMHSA Block Grant funds for the Trauma Focused Cognitive Behavioral Therapy recommendation to recruit students as workforce extenders. The IAA provides $376,671 through June 30, 2022.
- Regional Behavioral Health Response Staffing.
  - Regional response Teams for 9 regions (coordinator, navigator, case manager @ $400,000/region) - $3,6000,000.
  - Regional Crisis Consultation Teams linked to Seattle Children's @ $220,000/team - $1,980,000.
- Mental Health Access Project.
  - TF-CBT virtual clinic operations and program management $500,000.
  - Graduate Student Stipends for delivering TF-CBT
    - 150 Students @ $20/hour, up to 10 hours per week for 30 weeks - $900,000.
  - TF-CBT training, consultation, and clinical supervision $280,000.
- Support communications, collaboration, and metrics.
  - Youth BH Initiative Program and Project Management including tracking metrics and the queue, piloting and bringing to scale regional response teams, convening community partners, and establishing local governance of coordinated youth BH response $600,000.

- Department staffing to implement and manage the project initiative $591,000

Prior biennia financial information for programming specific to youth suicide prevention in the Office of Healthy and Safe Communities:

2017-2019 Funding, Amount

Suicide Prevention Works Federal Grant 001/020, $1,471,960

Suicide Prevention (Call Centers) - 001/01* $700,000

Benton Franklin Youth Suicide Prev – 001/AJ2, $200,000

Youth Suicide Prevention - 001/01*, $400,000

Reduce Suicide Rates Proviso - 001/01*, $1,223,000

2019-2021 Funding, Amount

Suicide Prevention Works Grant (SAMSHA), *Grant was not funded*

Suicide Prevention (Call Centers) - 001/01*, $700,000

Suicide Prevention Supp (Call Centers)- 001/01*, $1,136,000

Youth Suicide Prevention)- 001/01*, $400,000

Reduce Suicide Rates)- 001/3U2 $2,446,000

Vibrant 988 Implementation Grant 001/500 $190,000

2021-2023 Funding, Amount

Suicide Prevention (Call Centers), $700,000

Suicide Prevention Supp (Call Centers), $1,136,000

Youth Suicide Prevention, $400,000

Reduce Suicide Rates Proviso, $2,446,000

Suicide Initiatives DP, $4,950,000

Detailed Assumptions and Calculations:

See attached 2021-23 Young Adult Behavioral Health FNCal

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$1,440,000 is budgeted for the biennium for grants to school-based health centers, between 8 to 12 awards at around $150,000. These grants are intended to implement behavioral health service integration through school-based health centers. $100,000 is also included for a statewide nonprofit organization to provide training and technical assistance to recipients of these grants.

Expanding youth suicide prevention: Addressing gaps in prevention- based strategies and collaboration with other agencies providing behavioral health care for transition aged youth, includes staffing to manage the development and implementation of associated youth suicide prevention promotion:

1.0 FTE WMS 2 to provide strategic development of youth suicide prevention, partnership development for a multi-agency approach to youth prevention and intervention (in partnership with OSPI, HCA, University experts, etc.) and enhancement among other suicide prevention strategies to achieve a universal vision for all suicide prevention continuum (prevention, intervention, postvention) efforts.

2.0 FTE Health Services Consultant 4 to implement this strategy, and work with partners to identify and award grants to school sites.

1.0 FTE Health Services Consultant 3 to direct contract support for programs including process, review, monitor and execute contract and payments.

.5 Contracts Specialist 2 to assist with contracts oversite

.25 Administrative Asst 3 to assist with administrative workload activities

In order to successfully implement the youth behavioral initiative recommendations in response to the Governor's proclamation there is a need for department staff to manage the different components within this package:

1.0 FTE WMS 2 - Youth BH Initiative Director

2.0 FTE HSC 3 Training coordinator

1.0 FTE HSC 4 - Stakeholder Outreach coordinator

0.1 FTE Budget Analyst 3 to provide direct support, responsible for reviewing and monitoring of program budget, oversee the program contract expenditures, payroll and provide fiscal review and consultation to the program.

Workforce Assumptions:

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How is your proposal impacting equity in the state?

This proposal will positively impact low-income students, students of color, and students living in rural areas. School-based health care allows the provision of medical, behavioral, dental, and vision care directly in schools so that all young people, no matter their zip code, have equal opportunity to learn and grow. This proposal will also positively impact transition-age youth who may not be connected to other structural support systems. Risk factors for suicide include childhood trauma, substance use, poverty and untreated mental health problems.

SBHCs also improve access to health services in rural areas that otherwise lack access to health care. In addition to providing healthcare services to students and families in rural communities, SBHCs can also address other unmet health and social needs. For example, some SBHCs address common youth behavioral health issues such as stress, personal safety, depression and anxiety, and other social risk factors that can influence academic success and overall well-being. This proposal would bolster such interventions.

Strategic and Performance Outcomes

Strategic Framework:

- This work corresponds with the Governor's Results Washington by supporting and investing in adolescent's health and wellbeing, their families and their communities to continue progress towards healthy and safe communities in Washington.
- This work corresponds to the agency's strategic plan. It is a human-centered response to a public health need, which promotes equity, partnership and collaboration, and is informed by the concept of Seven Generations. By investing time, money and resources into adolescent behavioral health and the support systems that serve them most, the state would be investing in today's community, and their futures.

Improving the integration of behavioral health into K-12 learning settings and directing resources and support to young adults is directly aligned with recommendations in the Blueprint for a Just and Equitable Future – the 10 Year Plan to Dismantle Poverty in Washington State created by the Governor's Poverty Reduction Workgroup.

Performance Outcomes:

DOH will monitor these performance outcomes with school-based grantees at the population level:

1. Increase in the total number of students screened and referred for behavioral health services
2. Increase in the total number of staff who are trained in identified behavioral health intervention models
3. Increase in the total number of SBHCs implementing behavioral health screening and referral models

According to the CDC, school-based health centers improve educational outcomes, which may include the following:

- Improvement in school performance for adolescents receiving screening and referral for behavioral healthcare services
- Improvement in high school completion rates for adolescents receiving identification and referral to behavioral healthcare services

Other Collateral Connections

Puget Sound Recovery:

N/A

State Workforce Impacts:

N/A

Intergovernmental:

Tribal governments and Educational School Districts (ESDs) could be positively impacted if they apply for and are awarded funds to carry out the strategies outlined in the narrative. Entities who are not awarded funds could also be positively impacted by learning from those who were awarded funds.

DOH anticipates support from relevant state and local governments and agencies. Anticipated opposition could be that there are not enough funds.

Impacts on other state agencies could include increased need for technical assistance from Department of Children, Youth and Families (DCYF), HCA, Department of Social and Health Services (DSHS) and ESDs. This inclusion ensures schools/school districts and partnering community healthcare providers have the resources they need when referrals/positive screens are identified, and that they have adequate training for school and healthcare staff.

Legal or Administrative Mandates:

This proposals implements the Northwest Healthcare Response Network (NWHRN), a healthcare coalition, which is an affiliation of private and public partners working together to prepare for, respond to and recover from emergencies, to implement Strategy 5 of their recommended *Youth Behavioral Health Emergency; Framework for an Emergency Response Framework*

Stakeholder Response:

Community Behavioral Health Providers (support)

Hospital Systems providing healthcare to adolescents (support)

Adolescent and youth community support organizations (support)

Washington School-based Health Alliance (support)

Community-based parent rights organizations (may oppose or support, depending on district or community proposals that enhance access to care for students)

Changes from Current Law:

N/A

State Facilities Impacts:

N/A

Reference Documents

2021-23 Q6-PL Youth BH FNCal .xlsm

IT Addendum

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

No

Objects of Expenditure

Objects of Expenditure *Dollars in Thousands*	Fiscal Years		Biennial	Fiscal Years		Biennial
	2022	2023	2021-23	2024	2025	2023-25
Obj. A	$545	$816	**$1,361**	$0	$0	**$0**
Obj. B	$201	$298	**$499**	$0	$0	**$0**
Obj. C	$0	$100	**$100**	$0	$0	**$0**
Obj. E	$42	$61	**$103**	$0	$0	**$0**
Obj. J	$20	$10	**$30**	$0	$0	**$0**
Obj. N	$7,490	$8,210	**$15,700**	$0	$0	**$0**
Obj. T	$39	$56	**$95**	$0	$0	**$0**

Agency Contact Information

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