



Strategic Investment in the Behavioral Health System of Care

The Problem

The behavioral health system of care is chronically underfunded in the United States, including in Washington State. Due to the nature of severe and persistent behavioral health conditions, many individuals living with these conditions are insured by Medicaid. Thus, a greater proportion of behavioral health services are paid at a rate that does not cover costs. Over time, this has led to a shortage of necessary behavioral health services across the continuum of care, so Washingtonians who need behavioral health services cannot access them when and where needed.

For hospitals, this ultimately results in patients who do not need a hospital-level of care being unable to transition to step-down services, which in turn results in a shortage of hospital beds for those who do need a hospital-level of care. Additionally, the lack of community behavioral health services can allow these conditions to go untreated and worsen, resulting in avoidable hospitalizations.

Statewide Strategic Plan for Behavioral Health: Complex problems require comprehensive solutions. The entire behavioral health system of care requires thoughtful reform and public investment.

Partial Hospitalization/Intensive Outpatient Treatment: This evidence-based treatment model for people with severe mental illness is covered by 29 states' Medicaid programs and many commercial health plans in Washington State. It is not currently covered by Apple Health, leaving low-income children in Washington without equitable access to this important treatment model.

Children's Long-Term Inpatient Program (CLIP): CLIP serves children with the highest psychiatric needs in our state, and we have insufficient beds to serve all children eligible for this program. As a result, a number of Washington children lack access to the appropriate level of care for their needs or are sent out of state to receive inpatient mental health services.

Washington Health Corps Program: The nationwide health care workforce shortage has not spared the behavioral health system or Washington State. We need to strengthen and fund the Washington Health Corps loan repayment program to incentivize students to enter the behavioral health service provision workforce.

Proposed Solution

WSHA supports additional public investment to increase access to behavioral health services. Access to behavioral health services is lacking across the continuum of care. We need legislative investments in the behavioral health system, including behavioral health workforce development, expanded coverage of services, and additional step-down options to ensure access to services before people are in crisis and after hospitalization. Specifically, we support the following general fund-state investments in the 2022 legislative session:

- Developing a statewide strategic plan for improving the behavioral health system of care (\$2 million)

- Expanding the children’s partial hospitalization and intensive outpatient treatment programs (PHP/IOT) to a third pilot site at MultiCare’s Navos facility. (\$4.4 million)
- Expanding CLIP beds for children and youth (\$15 million)

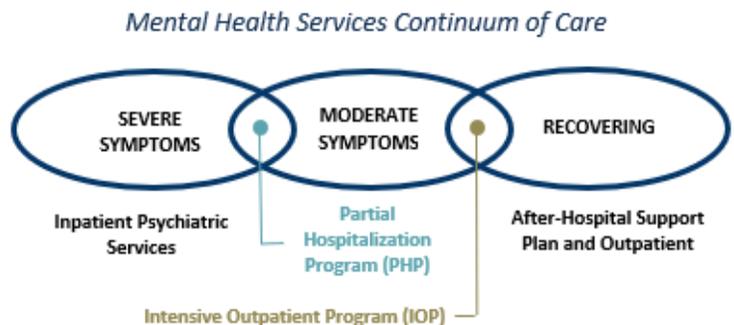
Behavioral Health Strategic Plan

One of the Children and Youth Behavioral Health Workgroup recommendations for the 2022 session is to develop a statewide behavioral strategic plan for services directed to people ages 0-25. We support this proposal but also believe the entire behavioral health system of care—for people of all ages—deserves a comprehensive strategic plan for investment and improvement. This plan should build on the work of the 988 crisis system of care workgroup.

Partial Hospitalization (PHP)/Intensive Outpatient Treatment (IOP)

As a vital part of the mental health continuum of care, PHPs and IOPs focus on teaching and building effective coping skills to improve self-management of care, enabling participants to continue treatment in a family and community setting.

PHP and IOP patients generally meet several times a week and work with a multidisciplinary team of professionals, such as psychiatrists, psychiatric nurse practitioners, masters-level licensed therapists and mental health technicians. Each follows treatment regimens tailored to the patient’s specific needs. Participants also engage in motivational group and individual therapy sessions, develop cognitive and dialectical behavior therapy skills, and receive medication management consultations.



- IOPs are usually part-day programs (up to 3 hours a day, 2-to-3 days a week).
- PHPs are usually full-day programs (anywhere from 3-to-8 hours a day, up to 5 days a week).

In the 2020 legislative session, the legislature funded a children’s PHP/IOP pilot program for Medicaid members at two of the state’s three largest children’s hospitals: Seattle Children’s Hospital and Sacred Heart Children’s Hospital in Spokane. Both hospitals have developed PHP/IOP programs and find them to be helpful to patients. Ultimately, we believe these services should be available to all who would benefit from them. **At a minimum, this means expanding the pilot to the Navos Lake Burien campus.**

MultiCare proposes to pilot a PHP for adolescents aged 13-17 for mood disorders using a dialectic behavioral therapy (DBT) mode beginning in Q4 of 2022 at the Navos Lake Burien campus. The pilot would serve 12 patients at a time, with a plan for eventual expansion to 18 patients at a time. Duration of treatment would be six weeks. They estimate serving 90-160 patients in a single year depending on when they increase the census to 18 patients and whether patients repeat treatment.

Children’s Long-Term Inpatient Program

The Children’s Long-Term Inpatient Program (CLIP) is the most intensive inpatient psychiatric treatment available to children ages 5-17 in Washington State. WSHA supports the Health Care Authority’s agency budget request to increase the number of CLIP beds to decrease the wait time for the services, allow children

currently served outside of Washington to receive in-state treatment and decrease inpatient costs by an estimated \$7 million.

Washington Health Corps Program

The Washington Health Corps program supports licensed health professionals in providing care at approved sites in critical shortage areas. Many types of health care providers are eligible, in a variety of clinical settings. In exchange for loan repayment, participants commit to serving in certain communities for a set period of time. This repayment program should be significantly expanded, including for the behavioral health workforce.

Budget Ask

At least \$21.4 million general fund-state (\$36.5 million total) to support this package of initiatives to bolster the behavioral health system of care. This number will increase after negotiations with other stakeholders and legislators regarding funding for the Washington Health Corps Program.

Initiative	Summary	Total state funds per biennium (all dollar amounts in thousands)	Total federal funds per biennium (all dollar amounts in thousands)
Behavioral Health Strategic Plan	Develop a statewide comprehensive behavioral health strategic plan.	\$2,000	\$0
PHP/IOT Expansion	Expand the children’s PHP/IOT pilot to Navos Lake Burien.	\$4,400	\$0
CLIP Beds	Expand in-state CLIP beds to meet current need.	\$15,040	\$15,040
Washington Health Corps Program	Expand the health care loan repayment program to behavioral health providers.	<i>TBD</i>	<i>TBD</i>

Other Initiatives WSHA Supports

Additionally, there are several agency decision packages and other group proposals that WSHA supports in an effort to bolster the behavioral health system of care.

Initiative	Summary	Total state funds per biennium (all dollar amounts in thousands)	Total federal funds per biennium (all dollar amounts in thousands)
Increased Community Behavioral Health Provider Rates	Both the Behavioral Health Workforce Advisory Committee (BHWAC) and the Children and Youth Behavioral Health Work Group (CYBHWG) are recommending a 7% increase in community behavioral health provider rates. The governor’s budget proposes funding a 4.5% rate increase instead.	\$44,790	\$99,690
Residential Crisis Stabilization Program	HCA requests funding to develop a short-term Residential Crisis Stabilization Program (RCSP) for youth with severe behavioral health diagnoses.	\$65 (Increases to \$10,351 in subsequent biennia)	\$66
Child Study and Treatment Center	DSHS requests funding for the Child Study and Treatment Center (CSTC) for additional staff to open an additional 18-bed cottage (San Juan), resulting in a 33% increase to census.	\$55 (Increases to \$506 in subsequent biennia)	\$392

Key Messages

Behavioral Health Strategic Plan

- Just like physical health care, **Washingtonians deserve access to necessary behavioral health services across the continuum of need and throughout their lives.** Currently, our state is unable to provide the right level of care when and where residents need behavioral health services.
- The pandemic has exacerbated behavioral health issues across the country. It has also resulted in additional federal investment in health care services. **The time is ripe for strategic investment in the statewide behavioral health system of care.**

Partial Hospitalization/Intensive Outpatient Treatment Programs

- **PHP/IOP are also critical services in the continuum of mental health care.**
 - It is “**step up**” care for adults and children who have mental health illnesses that are too severe for community providers but not severe enough to meet admissions criteria for inpatient psychiatric care. It is also “**step down**” care for patients who are discharged from inpatient psychiatric care but still need intensive mental health services.
 - For low-income Washingtonians on Medicaid, accessing PHP/IOP is about **health equity.** Washingtonians who have Medicare or commercial coverage may access these programs. Individuals who have Medicaid coverage should be able to access the same mental health care.
- For hospitals, **broader patient access to PHP/IOP** will likely:
 - **Reduce hospitalizations** by helping stabilize patients outside of inpatient care settings;
 - **Ease discharge** issues if patients can continue their mental health care by transitioning to an intensive outpatient care program once they no longer meet inpatient admissions criteria;
 - Help **reduce psychiatric readmissions** because patients can access medication management and therapies; and
 - **Provide options** for individuals who come to the emergency room in psychiatric distress but do not meet inpatient admissions criteria.

Children’s Long-term Inpatient Program

- **CLIP is one program for children that we know is underfunded in our state.** We must send children who are Medicaid members in need of CLIP services to out-of-state programs because we do not have an adequate supply of CLIP beds in our state. This level of care must be funded in-state.

Washington Health Corps Program

- The behavioral health workforce in Washington State faces critical shortages. As with other health care professions, most notably nursing, the state must take immediate action to build a workforce to serve all Washingtonians. Loan repayment is one way to incentivize students to enter the workforce.

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