

# Habilitative Mental Health CLIP facility

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## Habilitative Mental Health CLIP facility standup

Engrossed Substitute Senate Bill 5092; Section 215(70); Chapter 334; Laws of 2021

June 30, 2023

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## Executive summary

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Washington State Health Care Authority (HCA) is submitting this report as directed by ESSB 5092; Section 215(70); Chapter 334; Laws of 2021:

\$260,000 of the general fund—state appropriation for fiscal year 2022, \$3,028,000 of the general fund—state appropriation for fiscal year 2023, and \$3,028,000 of the general fund—federal appropriation are provided solely for the authority to contract for a twelve bed children's long-term inpatient program facility specializing in the provision of habilitative mental health services for children and youth with intellectual or developmental disabilities who have intensive behavioral health support needs. The authority must provide a report to the office of financial management and the appropriate committees of the legislature providing data on the demand and utilization of this facility by June 30, 2023.

### Overview

In July 2021, HCA received funding for a Neurodevelopmental Behavioral Treatment Center (NBTC) program for youth, formerly known as the Habilitative Mental Health (HMH) program. Once implemented the NBTC program will be the only publicly funded, long-term inpatient program for youth, 5-17 in Washington State to specialize in serving children and youth with co-occurring mental health (MH) and Intellectual Developmental Delay (I/DD), including autism spectrum disorder (ASD) diagnoses.

A Children's Long-Term Inpatient Program (CLIP) NBTC provides twenty-four (24) hour per day, seven (7) days per week intake, treatment and supervision of children and youth in a safe and therapeutic environment.

The NBTC Program is currently funded as a twelve bed CLIP facility specializing in the provision of habilitative mental health services for children and youth who have intensive behavioral health support needs.

### Current status of implementation

A Request For Information (RFI) to solicit interest from the provider community was issued in January 2022. However, due to workforce shortages, a lack of specialized skills for the population and the unavailability of capital funding, potential applicants did not feel equipped to provide this level of service.

A stakeholder workgroup made up of experts from various state agencies and hospitals who treat this population, convened monthly to develop the program components, and ensure staffing and cost modeling are at par with the need for the scope of treatment the program will provide to a specialized population. HCA submitted a decision package for consideration and an increased daily rate was included in the governor's budget for this past legislative session.

The workgroup is also focusing on rebranding the program and determining a new name/title that provides a clearer description of the expectation that children and youth with co-occurring conditions do make progress and return to their home and community with a higher level of functioning.

## Background

Initially, work was done to inform the project stakeholders, which included [power point presentations](#) and an [information sheet](#). A Request For Information (RFI) was released on January 14, 2022. The RFI phase included dates for vendors to ask questions and application submission. The RFI included a draft contract and program expectations.

HCA received no responses/interest from the RFI. HCA convened a stakeholder group to get feedback and determine next steps. After speaking with Residential Treatment Facilities (RTFs), Psychiatric Residential Treatment Facilities (PRTFs), Behavioral Health-Administrative Service Organizations (BH-ASOs), and individual providers in the state, the barriers include ongoing challenges with staffing, hiring, and retention. These challenges are largely due to workforce shortages as well as the intensity and complexity of the population. Community programs, statewide, struggle to meet the needs of this population for the following reasons:

- They do not have access to specialized assessment and training needed to ensure proper care.
- There is a lack of training for caregivers as individuals transition home.
- There is a lack of access to enhanced community services or placement resources once treatment is completed.

A potential solution to these identified needs is a more intensive and specialized course of behavioral health treatment to better serve this specific population that does not currently exist in Washington State.

## Key Findings

The stakeholder workgroup was composed of experts from various state agencies and hospitals who treat this population of children and youth with Intellectual and Developmental Disabilities (I/DD) and/or Significant Developmental Delays (SDD). The workgroup convened monthly from December 2021 through November 2022, to develop program components and ensure staffing and cost modeling are on par with the need for the scope of treatment the program will provide. HCA submitted a [decision package](#) for consideration. The decision package included an increased daily rate which was included in the governor's proposed budget for the FY24 session.

The results of the stakeholder work group clearly express that additional funding is needed for the program to meet the needs of this population. One recommendation suggested that HCA create a partnership with a local University to provide training and education. The partnership would help the program to provide training and education while developing a workforce. Complex discharge planning includes work training caregivers for the child or youth's return home or to the community, where they can be successful.

The following experts participated in the HMH program planning meetings:

- Dr. Eric Boelter (Seattle Children's Hospital Autism Clinic)
- Dr. Gary Stobbe (UW Professor, Adult Autism Center)
- Dr. Jack McClellan (CSTC Medical Director)
- Dr. Chris Varley (CLIP Medical Director)
- Dr. Phillip Diaz (DDA Clinical Director)
- Kashi Arora (UW)
- Hugh Ewart (UW),

- Kacie Smarjesse (DDA)
- Kathleen Donlin (HCA)
- LaRessa Fourre (CLIP Administrator, HCA)
- Lisa Daniels (CLIP Coordinator, CLIP Administration Office)
- Mandy Huber (HMH Lead, HCA)

The workgroup is working on rebranding the program and determining a new name/title that provides a clear description. The goal of the rebranding is to highlight the expectation that children and youth with co-occurring conditions do make progress and return to their home and community with a higher level of functioning. The workgroup has proposed that the name be changed from Habilitative Mental Health Facility to Neurodevelopmental Behavioral Treatment Center (NBTC).

## Key Recommendations

The workgroup identified key findings which resulted in actionable recommendations. The recommendations are:

- Change name Habilitative Mental Health (HMH) to Neurodevelopmental Behavioral Treatment Center (NBTC) to better articulate the expectation that children and youth with co-occurring conditions do make progress and return to their homes and community with a higher level of functioning.
- A provider establishes an official affiliation with a university that can provide psychiatric, neurodevelopmental, and medical expertise and training to ensure provider workforce have the specialized training needed to serve this population.
- Child Study and Treatment Center (CSTC) would be the most effective facility to implement a NBTC.
- Consider [rate increase](#) to adequately support the needs and ensure quality of care needed to serve complex population.

These recommendations work in partnership. The workgroup recommended the rate increase, determining that it would be necessary whether the program is at CSTC or with a contracted provider. The increase was based on the complexities around staffing model, training, supervision, and retention in the current staffing climate.

## Conclusion

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During the FY24 legislative session, funding for this project was shifted to the Department of Social and Health Services for a state operated program to serve children with these needs.

# Appendix: Linked resources

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## Eligibility requirements

Children and youth admitted to the NBTC have been diagnosed with a co-occurring serious psychiatric illness with I/DD and/ or ASD and need significant behavioral health supports. Most have been served by various systems, have past hospitalizations, and complex needs. Many have histories of suicidal/self-injurious behavior, intense aggression or sexualized behavior and medical needs.

All children and youth admitted to NBTC qualify for Medicaid due to their categorical need. For voluntary admission to NBTC, applicants must be legal residents of Washington and under the age of 18.

## Services offered

- An initial treatment plan listing initial goals will be created with the family, treatment team, young person as able and participating agencies/providers. The treatment plan shall identify youth and family goals of care that will facilitate the readiness for supports and services in a community-based settings or other appropriate services.
- Complex case management/coordination services to convene treatment team meetings driven and informed by parent/guardian participation or other adult caregivers and ensure proactive discharge and treatment planning that includes work with Developmental Disabilities Administration (DDA) and multiple other agencies who may be involved in each child and youth's care.
- A daily routine of well-supervised therapeutic activities consistent with a trauma-informed approach. Evidenced-based practices will be used to promote wellness and psychological and physical safety to support the development of emotional regulation and daily living skills. Milieu based programming, individual, group, family/natural support therapy, skilled behavior management, and other treatment supports and services will be offered.
- Safety and discharge planning with each youth and their family/guardian to identify interventions to develop and demonstrate strengths of the youth and family to build on.
- Opportunities for the individual to engage in age-appropriate structured recreational activities that support activity-based learning and the development of positive social and interpersonal skills.
- Education will be offered through the local school district or educational staff hired by the program.
- All discharge best practices as outlined shall be integrated into all elements of care from admission.

## Staffing credentials

Staff to be present, on call, or on contract:

- MD, Psychiatrist, prescriber
- Clinical Director
- Board Certified Behavior Analyst
- Behavior Technicians
- Advanced Registered Nurse Practitioner
- Registered Nurse (psych. Certified)
- Licensed Practical Nurse
- Licensed Mental Health Professional

- Licensed Social Worker
- Bachelor Counselors
- Recreation Therapist
- Certified Nurse Assistant
- Family Peer Liaison
- Program Coordinator

## **Budget**

- \$260,000 of state funds was budgeted for July 1, 2021 through June 30, 2022 to support startup.
- \$3,028,000 of state and federal funds are available July 1, 2022 through June 30, 2023 for HCA to contract for a 12 bed facility.

## **Estimated rates**

- Estimated daily rate: \$1,700.00

## **Key partners**

Department of Social Health Services (DSHS)

Developmental Disability Administration (DDA)

Department of Child Youth and Families (DCYF), Behavioral Health Organization (BH-ASO), Managed Care Organization (MCO), and other community partners.

Health Care Authority

## **Oversight**

NBTC will be licensed by the state Department of Health (DOH) under licensing requirements for Residential Treatment Facility (RTF) Licensing, RCW 71.12.455, WAC 246-337

To ensure quality of care oversight and access to Medicaid match funding, if the program is contracted in the community, the program receives Psychiatric Residential Treatment Facility (PRTF) Designation by CLIP Inspection of Care Team, combined with required accreditation by the Joint Commission for Accreditation of Hospitals Organizations.

# Neurodevelopmental Behavioral Treatment Center (NBTC)\*

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## Overview

- Contract for a 12 bed children's longterm 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.

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## Implementation

- Request for Information (RFI), January 2022
- Advisory Stakeholder Committee
  - Specialist, providers, and partners
  - Build a program within the current legislative funding language

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## Challenges

- Find a provider to create a new, innovative scope of work
- Provider program work and details continue to provide treatment to specialized population

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\*Formerly Habilitative Mental Health (HMH)

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