Prevention Alliance

BEHAVIORAL HEALTH & CRISIS RESPONSE SYSTEMS IN WASHINGTON

January 2022

Executive Summary

Behavioral health issues facing many Washingtonians were a growing concern prior to the COVID-19 pandemic. The public health emergency has only further exacerbated both the behavioral health issues themselves as well as the insufficiencies in the system, which results in people not getting adequate help when and where they need it. Washington ranks sixth in the country for percentage of adults with a diagnosable mental, behavioral, or emotional disorder with 22.2% of adults experiencing such issues[1]. Almost 1.3 million adults in our state have a diagnosable mental health condition, and 300,000 adults have a serious mental illness. Youth are also facing behavioral health challenges with an estimate 82,000 Washingtonians aged 12-17 experiencing depression.[2]

While behavioral health concerns are pervasive across the state, Washingtonians are struggling to access the help and treatment they need. In the last year, an estimated 410,000 adults in Washington did not receive the mental health care they needed, 1,252 lives were lost to suicide, and 52% of youth experiencing depression did not receive any care.[3]

While this data provides just a snapshot of the behavioral health concerns in our state, it helps paint a stark picture of the extent of the issue, and the consequences of inadequate response and resources available to individuals and families. And while efforts have been made in recent years to bolster and improve the behavioral health and crisis response systems in Washington, significant barriers remain.

This policy brief provides an overview of behavioral health and crisis response systems, core components of each system, and the respective roles they play in being responsive to the behavioral health needs of individuals, families, and communities. The brief also discusses some of the barriers facing behavioral health and crisis response systems in Washington and an overview of anticipated efforts to address these barriers during the 2022 legislative session.

It is important to note that behavioral health is a complicated and multifaceted issue that has intersections with other systems such as law enforcement, the courts, housing and homelessness, and physical health care. When we talk about behavioral health, this can take us to community behavioral health and crisis response (as this brief does), but also could take us to inpatient long-term hospitals, state hospitals (Western State and Eastern State), step-down facilities, diversion in the criminal justice system, the mental health of children and youth,

[1] The State of Mental Health in America. *Mental Health America.* 2021. https://mhanational.org/sites/default/files/2021%20State%20of%20Mental%20Health%20in%20America_0.pdf

[2] Mental Health in Washington. *NAMI Washington.* Based on data available in February 2021. *https://www.nami.org/NAMI/media/NAMI-Media/StateFactSheets/WashingtonStateFactSheet.pdf*

[3] Ibid.

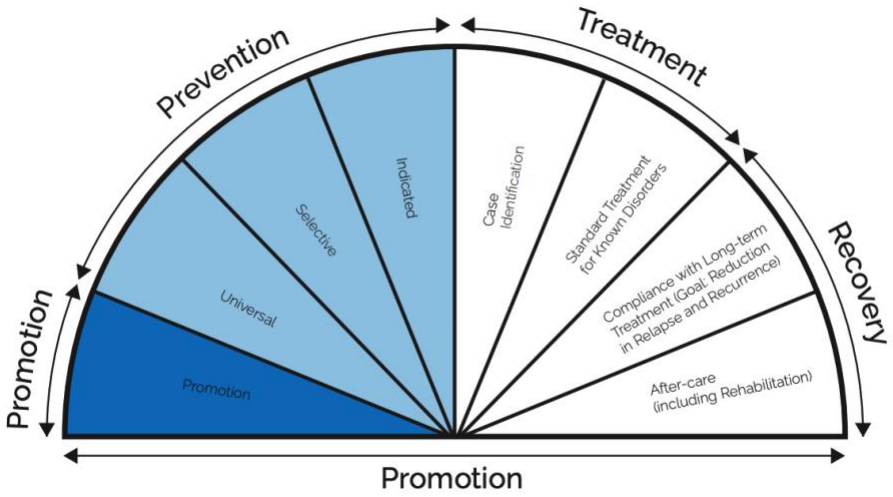
detox, evaluation and treatment facilities, and more. While this brief focuses on the community behavioral health and crisis response systems, there are critical discussions to be had about all these components and the barriers amongst them.

Behavioral Health Continuum of Care

A comprehensive behavioral health system involves not just providing treatment to people experiencing behavioral health issues, but also supporting and maintaining healthy behavior and prevention services that intervene before a behavioral health problem or disorder occurs. First introduced in a 1994 Institute of Medicine report, the *Behavioral Health Continuum of Care (see Figure 1)* outlines the multiple opportunities for addressing behavioral health concerns. This continuum of care contains four key components:[4]

- **Promotion**: These strategies are designed to create environments and conditions that support behavioral health and the ability of individuals to withstand challenges. Promotion strategies also reinforce the entire continuum of behavioral health services.
- **Prevention**: Delivered prior to the onset of a disorder, these interventions are intended to prevent or reduce the risk of developing a behavioral health problem. Interventions can be applied at the universal level (communities, schools, workplaces), selectively (high risk populations or subgroups), or at the individual level.
- **Treatment**: These services are provided for individuals diagnosed with a substance use or other behavioral health disorder.
- **Recovery**: These services support individuals' abilities to live productive lives in the community. Recovery (or maintenance) involves any needed rehabilitation as well as long-term treatment to reduce the risk of recurrence.

Figure 1: Behavioral Health Continuum of Care



Source: www.samhsa.gov/prevention

[4] Behavioral Health Continuum of Care Overview. *Center for the Application of Prevention Technologies.* https://www.mass.gov/doc/samhsa-behavioral-health-continuum-of-care-overview-9232019/download

When looking to build a robust and responsive behavioral health system in Washington, all these components need to be established and integrated with each other in order to both prevent behavioral health problems from occurring in the first place while also being responsive when they arise.

Community Behavioral Health System

Overview of Community Behavioral Health System

As we look at the *Behavioral Health Continuum of Care,* it is widely accepted that the best way to treat patients and support them with recovery and maintenance is in the community and in smaller facilities that help them stay closer to home rather than in an institutional setting. Community-based treatment enables people with behavioral health concerns to maintain family relationships, friendships and jobs while receiving treatment, which helps support early treatment, rehabilitation, and increased adherence to treatment. Having access to robust behavioral health services in local communities can help with earlier diagnosis and treating behavioral health issues as early as possible. Early intervention can help prevent crisis events or severe behavioral health issues, which in turn can reduce the need for hospitalization or other more intensive treatment. It also helps ensure there are adequate treatment and recovery options in the community when those who do end up placed in an institutional setting are discharged.

Establishing a comprehensive community behavioral health system requires a robust set of services be available to people in local communities in a way that they are accessible when and where they need it. Some key elements of a comprehensive behavioral health system include:[5]

- 24-hour crisis response and stabilization services
- Outpatient mental health treatment and rehabilitation
- Case management, outreach, and assertive community treatment (PACT/ACT)
- Substance use disorder treatment and rehabilitation
- Peer support services
- Inpatient and residential care
- Specialized services for children, youth, and families
- Safe schools and school-based behavioral health programs
- Jail diversion and offender reentry services
- Housing and employment services

While the benefits of community-based behavioral health care are clear, there are currently not sufficient community-based treatment options in Washington, largely due to both a lack of community-based facilities, especially those that can accommodate people with complex behavioral health conditions, as well as a shortage in the behavioral health workforce.

Transforming Washington's behavioral health system to have a greater focus on community-based treatment has been a priority of Governor Jay Inslee in recent years. Starting in 2019, Governor Inslee has been advancing his plan to increase investments in smaller, community-

[5] Washington Council for Behavioral Health. https://www.thewashingtoncouncil.org/our-members/

based behavioral health facilities in an effort to shift patients, especially civil patients, away from Western and Eastern State Hospitals and also improve the broader behavioral health system to meet the full behavioral health continuum of care.

The Role of Behavioral Health Administrative Service Organizations (BH-ASO)
Behavioral Health Administrative Service Organizations (BH-ASO) play a key role in community behavioral health and crisis response in Washington. As the state transitioned in recent years to integrated managed care for Medicaid, most behavioral health services for Apple Health clients are now provided through managed care organizations. However, some services in the community, such as services for people experiencing a behavioral health crisis, must be available to all individuals, regardless of their insurance status or income level. To ensure these key services are provided, the Health Care Authority contracts with ten regional Behavioral Health Administrative Service Organizations (BH-ASO) across Washington.

Services that may be provided by the BH-ASO to anyone in the region who is experiencing a mental health or substance use disorder (SUD) crisis include:

- A 24/7/365 regional crisis hotline for mental health and SUD crises.
- Mental health crisis services, including the dispatch of mobile crisis outreach teams, staffed by mental health professionals and certified peer counselors.
- Short-term SUD crisis services for people intoxicated or incapacitated in public.
- Application of mental health and SUD involuntary commitment statutes, available 24/7/365, to conduct Involuntary Treatment Act assessments and file detention petition.[6]

BH-ASOs may also provide non-crisis behavioral health services, such as outpatient SUD and/or mental health services, or residential SUD and/or mental health services to low-income individuals not eligible for Apple Health and who meet other eligibility criteria. The availability of non-crisis services provided by a BH-ASO vary by region and are often dependent on available resources.

Gaps & Recommendations for a Comprehensive Community Behavioral Health System
While some progress has been made in building out a robust community behavioral health system in Washington, there are still gaps in resources and services in the community. Some of the most significant gaps are in the areas of workforce, facilities, and ongoing support services.

> **Workforce**: The current Medicaid rate for has been drastically low for many years, and low wages combined with the impacts of the COVID-19 pandemic (increased costs, lost revenue, stress, and burnout) have resulted in challenges with recruiting and retaining behavioral health providers. According to a survey conducted by the Washington Council for Behavioral Health, there is a statewide average of 26% vacancy rate for master's level clinical staff and the all-staff vacancy rate increased 38% between May to

[6] Behavioral health administrative service organization (BH-ASO) fact sheet. *Health Care Authority.* https://www.hca.wa.gov/assets/program/bhaso-fact-sheet.pdf

October 2021. While workforce capacity is clearly shrinking, the need for behavioral health outreach and treatment has been increasing. Crisis contacts increased 200% between March 2020 and July 2021 and ongoing treatment demand increased 34% during the same period.[7] This increased demand while wrestling with a struggling and shrinking workforce exacerbates burnout and people exiting the field, which then further compounds pressure on the behavioral health workforce.

There are several strategies that could be considered to address behavioral health workforce concerns including:

- An increase in Medicaid behavioral health rates.
- Funding to help stabilize the workforce, which could include an infusion of dollars to address COVID costs and related loss of revenue.
- Strategies to help retain the existing workforce, which could include training, incentives, student loan repayment, and other supports.
- Alternative payment models/prospective payments as a longer-term strategy for addressing chronically low Medicaid rates.
- Strategies to help facilitate more people entering the behavioral health workforce such as through fellowships, internships, and residencies.

Facilities: Having a comprehensive community behavioral health system requires having sufficient facilities and beds to direct people to for treatment and recovery. Strategies to address behavioral health facility gaps in Washington could include providing additional beds for patients with mental, behavioral health, and substance use disorders, and increasing short- and long-term bed capacity such as increased funding for behavioral health facility grants.

Ongoing Support Services: When considering recovery and maintenance on the behavioral health continuum of care, it is important to build out resources that support longer-term treatment and service needs. This includes both direct behavioral health care as well as other support services such as housing. An example of this type of ongoing support service is Permanent Supportive Housing (PSH), which is an evidence-based model that combines affordable housing with 24/7 services so that people living with complex behavioral and physical health conditions and longtime experiences of homelessness can live independently in their home communities. While progress has been made in recent years for increasing both capital and operating dollars for PSH, there is still insufficient funding to meet demand.

[7] The State of the Community Behavioral Health System. *Washington Council for Behavioral Health.* October 2021. https://app.leg.wa.gov/committeeschedules/Home/Document/236559#toolbar=0&navpanes=0

Crisis Response System

Overview of Crisis Response System

While all elements of a comprehensive behavioral health system are critical, crisis response was a major focus in the past session and is expected to be again during the 2022 session. Crisis services provide intervention to anyone, anywhere, and anytime when they are at the point of behavioral health crisis. The goal of crisis response is to quickly stabilize individuals and prevent further deterioration by providing immediate treatment and intervention. Once a person is stabilized, the patient should be connected as needed to other short- and longer-term treatment and rehabilitation services.

A comprehensive crisis response system includes the following key components:

> **Crisis call lines** that accept calls, provide crisis telephone support, and dispatch support based on the assessed need of the caller and coordinate response in real time.
>
> **Mobile crisis teams** that are available 24/7 and are dispatched to wherever the assessed need is in the community and provide crisis stabilization services such as crisis outreach, behavioral health stabilization, peer support, detoxification services, and emergency involuntary detention.
>
> **Crisis receiving and stabilization centers** that serve everyone that comes through their doors from all referral sources.

A strong and well-resourced crisis response system is beneficial to individuals, families, and communities as it can help with all the following:[8]

- An effective strategy for suicide prevention.
- Tailoring care to the unique needs of the individual.
- Offering services that are focused on resolving mental health and substance use crisis.
- Reducing psychiatric hospital bed overuse.
- Eliminating psychiatric boarding in hospital emergency departments.
- Reducing unnecessary or inappropriate engagement with law enforcement.
- Reducing the fragmentation of mental health care.

Without a strong crisis response system, not only are people not connected with behavioral health crisis care, but they also often end up with unnecessary engagement with law enforcement, being dropped-off at hospital emergency departments that are not equipped to address a person in mental health crisis, or are left with no intervention which could put the health and safety of themselves and those around them at risk.

[8] National Guidelines for Behavioral Health Crisis Care. *Substance Abuse and Mental Health Services Administration.* https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf

988 Crisis Response System

One of the many reasons that the crisis response system emerged as a key topic during the 2021 session was the recent passage of federal legislation that designates the phone number '988' as the universal telephone number within the United States for the purpose of accessing the National Suicide Prevention and Mental Health Crisis Hotline system. This national hotline is connected to a national network of crisis centers that are available to people in suicidal or emotional crisis. When a person calls the national hotline, they are routed to their local crisis center and are assessed for suicidal risk, provided crisis intervention and counseling services, engage other emergency services as needed, and offered referrals to behavioral health services.

The national hotline has been in place since 2004 and as mentioned above, the BH-ASOs also crisis hotlines. However, while the idea of having a crisis number to call isn't new, the transition to having a '988' number that is more accessible and easy-to-remember phone number is anticipated to significantly increase use of the hotline. Efforts during the 2021 session were not only about the logistics needed for implementing the 988 line in Washington (e.g. establishing revenue sources to support operation of the hotline and leverage existing infrastructure to connect existing crisis lines in the 988 system), but also were about ensuring there are sufficient crisis outreach and stabilization services located in communities throughout the state for responding to calls to the hotline. An analogy that was frequently used in discussions is when there's a fire and you call 911, there are fire stations, firetrucks, and firefighters established in every community and they are ready to respond immediately when a call comes in. Similarly, before the 988 line goes live in July 2022, an adequate crisis response system needs to be built out, integrated, and available 24/7/365 to ensure people who call the hotline are adequately connected with crisis outreach and stabilization services.

Gaps & Recommendations for a Comprehensive Crisis Response System

The crisis response system in Washington is drastically underfunded and needs significant investments to build up services to adequately meet the behavioral health needs of people who experience a behavioral health crisis. While implementation of the 988 line creates an easier access point, there needs to be adequate services behind the number ready to respond.

> **Mobile Crisis/Crisis Response Teams:** There are several models of mobile crisis response teams such as teams that provide community-based behavioral health assessments and acute crisis intervention services, social workers that go out with law enforcement, peer co-responders, specialty teams for youth, pre-crisis outreach teams who try to provide services before a person reaches crisis level, etc.
>
> **Post-Crisis Stabilization:** Providing engagement and treatment immediately following a crisis is critical for helping prevent a recurrence of a crisis and also transitioning into longer-term treatment and/or recovery and maintenance. Examples of post-crisis stabilization include ensuring there are next-day appointments available, establishing crisis stabilization units, connecting people with housing or shelter, etc.

While investments were made in both areas in the 2021 session, there is still significant need for growth and implementation of innovative approaches to crisis outreach and post-stabilization care.

2022 Legislative Session – Governor's Budget and Other Anticipated Efforts

Governor's Proposed Budget

Governor Inslee introduced his proposed 2022 supplemental budget in mid-December. Below is a list of some of the big investments included in Inslee's budget proposal related to behavioral health and crisis response. Please note that this is not a comprehensive list of all items that were funded in these areas, but rather a selection that shows the range of proposals.

Health Care Authority

Behavioral Health Provider Rates: $10.749 mil GFS[9] ($31.46 mil total)

Funds are provided for a 4.5 percent increase in Medicaid reimbursement for community behavioral health providers contracted through managed care organizations, effective January 2023.

Behavioral Health Provider Relief: $50 mil GFS

Funding is provided on a one-time basis solely for the Health Care Authority to provide assistance payments to behavioral health providers that serve Medicaid and state-funded clients and have experienced revenue loss or increased expenses as a result of the COVID-19 pandemic. This amount supplements the provider relief that was provided in the 2021-23 biennial budget.

Community Behavioral Health Sustainability CCBHC Model: $300k GFS ($600k total)

Funding is provided to explore alternate service delivery models, such as Certified Community Behavioral Health Clinics (CCBHCs) and to develop behavioral health comparison rates. The CCBHC program has demonstrated significantly improved access to quality mental health and substance use care in community-based settings.

PACT Team Rates: $3.87 mil GFS

This funding will align rates between existing and new providers for the Program of Assertive Community Treatment (PACT). PACT is for people with severe mental health disorders, who frequently need care in a psychiatric hospital or other crisis service. These clients often have challenges with traditional services and may have a high risk or history of arrest and incarceration.

Tribal Crisis Responders: $137k GFS

Funding is provided to support implementation of the Tribal Designated Crisis Responder program statewide. Tribal-designated crisis responders are appointed by the

[9] GFS means 'General Fund-State', which is the primary state fund from which the ongoing expenses of state government are paid. When there is a 'GFS' amount listed and also a 'total' amount, the GFS is the amount the state is funding, and the total amount is anything funded by the state plus other sources, such as federal fund.

Health Care Authority and provide culturally appropriate evaluations of American Indians and Alaskan Natives. They have the same authority as other designated crisis responders within the Superior Court system for tribal and non-tribal members.

Prenatal to 25 BH Facilitation: $300k GFS
This funding will help facilitate the Children and Youth Behavioral Health Workgroup to develop a strategic plan for the delivery of behavioral health services for prenatal to age 25.

Provide Crisis Response: $3.679 mil GFS ($4.905 mil total)
Funds are provided for regional behavioral health mobile crisis response teams focused on supported housing.

Department of Social and Health Services – Long Term Care

Behavioral Health Transitions: $3.188 mil GFS ($6.376 mil total)
Funding is provided for 19.3 FTE staff to reduce the average number of clients per case manager from 42 to 35 clients. This will improve care for clients served under the residential support waiver and help people transition from state hospitals to home and community settings.

Department of Health

School-based Health Center Grants: $814,000 GFS
Funding is provided to expand grants to establish new school-based health centers and add behavioral health capacity to existing school-based health centers.

Mental Health Access Project: $1.68 mil GFS
Funding is provided for youth behavioral response teams to conduct behavioral health therapy and trauma-focused cognitive behavioral health therapy, screening, and assessments for youth. The teams would be drawn from volunteers in psychology graduate programs.

Youth Behavioral Health Program: $90k GFS
Funding is provided for 4.1 FTE staff to lead a new youth behavioral health program, which includes the mental health access project and youth suicide prevention efforts.

Youth Suicide Prevention: $1.354 mil GFS
Funding is provided to address gaps in strategies to prevent suicide. This includes funding for staffing to manage and implement youth suicide prevention campaigns.

In addition to efforts to secure operating and capital dollars to expanding the community behavioral health and crisis response systems, it is also anticipated that there will be several pieces of legislation introduced related to community behavioral health and crisis response.

Conclusion

Building a statewide, comprehensive community behavioral health system that includes a robust and well-resourced crisis response is critical to addressing the vast behavioral health needs of individuals and families in communities throughout Washington. While some progress was made during the 2021 legislative session, significant gaps remain, especially in the areas of workforce, facilities, and resources to have the ability to provide a true 24/7/365 crisis response in every community. It is anticipated that many of these issues will be discussed throughout the 2022 legislative session.

Prepared for the Prevention Alliance by:
Carrie Glover
Carrie Glover Consulting
carrie@carriegloverconsulting.com

For more information about the Prevention Alliance, contact:
Julie Peterson
Executive Director
Foundation for Healthy Generation
juliep@healthygen.org

This publication was supported by National Center for Chronic Disease Prevention and Health Promotion of the Centers for Disease Control and Prevention under award number NU58DP004830. The content of this publication is solely the responsibility of the authors and does not necessarily represent the official views of the Centers for Disease Control and Prevention.