

# CCORS and King County BH-ASO

## Contracting with the King County BH-ASO to maintain Children's Crisis Outreach Response System (CCORS) services previously funded through the Department of Children, Youth, and Families

Engrossed Substitute Senate Bill 5092; Section 215(52); Chapter 334 Laws of 2021

December 1, 2021

### Legislative summary

In consultation with the behavioral health administrative services organization (BH-ASO), Medicaid managed care organizations (MCO), and the actuaries responsible for developing Medicaid managed care rates, work to maximize federal funding for the program.

### Background

In July 2021, the Health Care Authority (HCA) executed a contract with King County BH-ASO to continue the Children's Crisis Outreach Response System (CCORS) in King County. Prior to this date, the CCORS-Intensive Stabilization contract was held by the Department of Children, Youth, and Families (DCYF) and utilized general state funds. During the contract transition to HCA, DCYF and King County BH-ASO completed a memorandum of understanding to ensure the ongoing care coordination and monitoring of DCYF involved youth. The Y Social Impact Center is subcontracted for the CCORS program. As directed by the BH-ASO contract, the Y Social Impact Center is providing crisis services available 24 hours a day, 7 days a week with the capacity to respond within two hours of an emergent crisis and within 24 hours of an urgent crisis referral.

In order to do so, the Y Social Impact Center staffs approximately 40 FTEs scheduled on a rotation basis in "pod" teams that can effectively be deployed throughout the region. When a pod is not on their crisis duty rotation, the team members maintain a caseload of individuals for whom they provide community-based crisis stabilization services for up to 90 days.

CCORS, by design, offers more than mobile crisis response to single episodes of crisis. CCORS has the capacity to enroll families for up to 8 weeks of intensive stabilization services providing an urgency, frequency, and intensity of services to meet the needs of the youth and families' current situation. During enrollment in CCORS, services are intended to increase coping skills, coach parents/caregivers, increase natural supports and connect youth and families to longer-term resources and supports.

In response to the legislative mandate, HCA started consultation sessions with the BH-ASO and MCOs, requested and received data on CCORS from the BH-ASO, and contacted the actuary to begin a review for maximizing federal funding for this program.

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## Preliminary findings

King County BH-ASO provided CCORS programmatic details, including the number of referrals received in 2019, insurance coverage breakdown and historical funding sources. This general data assists with informing the process with the goal of identifying ways to leverage Medicaid funding.

The Children's Crisis Outreach & Response System is funded through a braiding of federal block grant, King County's MIDD 0.1% behavioral health sales tax, the HCA contract, and Medicaid.

- In 2019, CCORS received 1,020 total unduplicated referrals. Of these referrals:
  - 48% had Medicaid
  - 39% had private insurance
  - 2% had both Medicaid and private insurance
  - 3% had no insurance
  - 8% had unknown coverage
    - Insurance information is based on the youth's insurance coverage. The parent may have different coverage.
    - For those who choose not to enroll, the BH-ASO may not have the information.
- The "typical" funding structure for CCORS is:
  - 40% from DCYF (now HCA)
  - 40% from the SAMHSA mental health block grant
  - 20% from MIDD funding (King County 0.1% behavioral health sales tax)
- 40.5 FTE work directly for CCORS.

## Next steps

We will continue consultation with the BH-ASO to further identify services, unit costs, and funding sources along with payment mechanisms. Data will be shared with the actuary to inform review. A completed review by the actuary is required for identifying next steps for maximizing Medicaid funding under the CCORS model.

HCA has requested further information from the BH-ASO regarding services to ensure all Medicaid-eligible services are recorded and to ensure federal funds are maximized. It is expected that the information will be reviewed by the actuaries to determine eligibility for all services during rate updates, as necessary and appropriate.

## Contact

Should you have any questions, please contact Keri Waterland, Director, Division of Behavioral Health and Recovery, at (360) 725-5252 or email [keri.waterland@hca.wa.gov](mailto:keri.waterland@hca.wa.gov).