

Children and Youth Behavioral Health Work Group

2022: Recommendations and resulting legislation

Overarching recommendations

✓	<p>Medicaid rate increase</p> <p>To stabilize the community behavioral health safety net and improve access to care, implement a 7% Medicaid rate increase directed to community behavioral health agencies retroactive to January 1, 2022.</p> <p><i>Legislation</i></p> <ul style="list-style-type: none"> Funds are provided for a 7% increase in Medicaid reimbursement for community behavioral health providers contracted through managed care organizations (MCOs), effective Jan. 2023. <p><i>Funding: \$17.128M General Funds-State (GFS), 32.861M General Funds-Federal (Federal) – FY 2023</i> [ESSB 5693, Sec. 215 (58)]</p>
✓	<p>Prenatal to Age 25 Behavioral Health Strategic Plan</p> <p>Develop a strategic plan to ensure that all Washington’s children, youth, and young adults (prenatal through 25 years), and their families, have timely access to high-quality, equitable, well-resourced behavioral health education, care and supports across the continuum when and where they need it, including prenatal care.</p> <p><i>Legislation</i></p> <p><i>The Children & Youth Behavioral Health Work Group (CYBHWG) shall:</i></p> <ul style="list-style-type: none"> Create a strategic plan advisory group to develop a behavioral health landscape analysis and strategic plan for children, youth transitioning to adulthood, and their parents and caregivers. Contract with a public agency or independent contractor for facilitation, stakeholder work, research, and data analysis. Submit the strategic plan to submitted to the Legislature by November 1, 2024. <p><i>Funding: \$563K GFS – FY 2023</i> [2SHB 1890 and ESSB 5693, Sec. 215 (118)]</p>
✓	<p>Compensation for people with lived experience</p> <p>Change RCW 43.330.220 to allow people with lived experience with system services who participate in work groups to be compensated; provide funding to compensate youth and family members who participate in the CYBHWG and its subgroups.</p> <p><i>Legislation</i></p> <ul style="list-style-type: none"> Subject to available funding, agencies may provide a stipend not to exceed \$200 and allowances for child/adult care, lodging and travel expenses to people who are low income or have lived experience and participate as members of boards, committees, and similar groups. [2SSB 5793] People with lived experience who participate in the CYBHWG and/or its subgroups, including the strategic plan advisory group are eligible for a stipend not to exceed \$200 for their participation. Some funding for stipends is provided. [2SHB 1890 and ESSB 5693 (118)] <p><i>Funding: Some funding provided in implementation funds for 2SHB 1890.</i></p>

Behavioral Health Integration

Prioritized recommendations	
✓	<p>Provide funding for startup activities for behavioral health integration in primary care clinics</p> <p>Provide start-up funds to clinics which demonstrate readiness to build collaborative care behavioral health integration programs in primary care settings to expand access to early identification and treatment of mental health issues in children and youth.</p> <p><i>Legislation</i></p> <p><i>Provide one-time grants of \$200,000 for eligible clinics to establish behavioral health integration in primary care clinics for children and adolescents.</i></p> <ul style="list-style-type: none"> • <i>Eligible clinics must have at least 35% of their total patients enrolled in Medicaid and must meet readiness requirements, such as support at the highest levels of leadership and an arrangement for psychiatric consultation and supervision.</i> • <i>Grants may be used for, among other things, training, system development, and IT infrastructure.</i> <p><i>Funding: \$2M GFS – FY 2023</i> [ESSB 5693, Sec. 211 (110)]</p>
✓	<p>Reimbursement for non-licensed staff in primary care settings to support and coordinate care</p> <p>Allow reimbursement for non-licensed staff like Community Health Workers, navigators, and care coordinators to support kids' behavioral health in primary care settings.</p> <p><i>Legislation</i></p> <ul style="list-style-type: none"> • <i>Establish a two-year grant program for reimbursement for services to patients up to age 18 provided by community health workers in primary care clinics whose patients are significantly comprised of pediatric patients enrolled in medical assistance under chapter 74.09 RCW.</i> • <i>Community health workers can provide outreach, informal counseling, and social support for health-related social needs.</i> • <i>HCA shall seek a state plan amendment or federal demonstration waiver should they determine these services are eligible for federal matching funds.</i> <p><i>Funding: \$2.087M GFS – FY 2023</i> [ESSB 5693, Sec. 211 (103)]</p>

Workforce & Rates

Prioritized recommendations	
✓	<p>Provide funding to explore implementation of Certified Community Behavioral Health Clinics</p> <p>Develop a sustainable, alternative payment model for comprehensive community behavioral health services by studying the Certified Community Behavioral Health Clinic (CCBHC) model, conducting related actuarial analysis, and proposing a pathway for statewide implementation.</p> <p><i>Legislation</i></p> <ul style="list-style-type: none"> • <i>Explore the development and implementation of a sustainable, alternative payment model for comprehensive community behavioral health services, including the CCBHC model.</i> • <i>One-time funding to obtain actuarial expertise and resources, conduct research, and engage stakeholders.</i> <p><i>Funding: \$300,000 GFS – FY 2023</i> [ESSB 5693, Sec. 215 (106)]</p>

Workforce & Rates (cont'd.)

Prioritized recommendations	
X	<p>Create a clinical supervision work group to reduce barriers to certification</p> <p>This work group shall be made up of individuals with clinical supervision experience to make recommendations for all three masters level licenses on the number of supervision hours, and any specific specialty supervision hours needed. Some funding will be needed to support the workgroup.</p> <p><i>Other actions</i></p> <p><i>While no legislation was passed, the Workforce and Rates subgroup intends to provide an umbrella and support for convening a cross-profession work group to move this work forward.</i></p>

Statements of support	
✓	<p>Strengthen and fund loan repayment programs, including the established Washington Health Corps model, that incentivize direct (clinical) behavioral health service provision.</p> <p>Increase funds allocated to expand the number of behavioral health workers in Washington who receive loan support through the Behavioral Health Program. Additional funding sources should be explored, including private philanthropy and the private sector, and a dedicated funding source should be established.</p> <p><i>Legislation</i></p> <ul style="list-style-type: none"> <i>Funds provided for behavioral health loan repayment program grants.</i> <p><i>Funding: \$1M GFS – FY22 & \$1M GFS– FY23</i> [ESSB 5693, Sec. 610 (8)]</p>
✓	<p>Increase rates by 7% for services that are not funded by Medicaid, primarily those related to crisis response and crisis-related services.</p> <p>Non-Medicaid funding for these services has tended to remain stagnant, thus increasing the imbalance over time and diluting the value of Medicaid rate increases.</p> <p><i>Legislation</i></p> <ul style="list-style-type: none"> <i>Funds are provided solely for persons and services not covered by the Medicaid program in the following priority order: crisis and commitment services, community inpatient services, and residential care services, including personal care and emergency housing assistance.</i> <p><i>Funding: \$95.822M GFS – FY 22 and \$116.633M GFS – FY 23</i> [ESSB 5693, Sec. 215 (7)]</p>
✓	<p>Provide bridge funding for the current Certified Community Behavioral Health Clinics (CCBHCs) In our state to accompany the CCBHC study for a statewide initiative.</p> <p>There are 12 CCBHCs in Washington, funded through SAMHSA expansion grants; these programs currently receive \$2 million/year. Estimates for providing bridge funding for these programs over the next two years while Washington state pursues a statewide planning process for CCBHCs are 6 to 12 million dollars.</p> <p><i>Legislation</i></p> <ul style="list-style-type: none"> <i>Provide bridge funding grants to community behavioral health agencies participating in federal certified community behavioral health clinic expansion grant programs.</i> <i>Funds are provided to sustain current operations during the planning process for adoption of the CCBHC model statewide.</i> <p><i>Funding: \$5M GFS – FY 23</i> [ESSB 5693, Sec. 215 (123)]</p>

Workforce & Rates (cont'd.)

Statements of support	
✓	<p>Grants for pandemic-specific retention incentive bonuses for behavioral health workers</p> <p><i>Legislation</i></p> <ul style="list-style-type: none"> • <i>One-time grants to nonhospital based community behavioral health providers receiving payment for Medicaid services through Medicaid MCOs for immediate workforce retention and recruitment needs.</i> • <i>Funds must be used for immediate retention and recruitment needs and may include, but are not limited to, childcare stipends, student loan repayment, tuition assistance, relocation expenses and other recruitment efforts to rebuild lost capacity.</i> • <i>Funds must be distributed by October 1, 2022.</i> <p><i>Funding: \$100M Coronavirus state fiscal recovery fund-Federal appropriation – FY 23</i> [ESSB 5693, Sec. 215 (104)]</p>

Prenatal through Five Relational Health

Prioritized recommendation	
✓	<p>Expand the Parent Support Warm Line to better support expectant and new parents</p> <p>Invest in the Perinatal Support Washington's Parent Support Warm Line (the Warm Line) so un- and underserved expectant and new parents have greater and more equitable access to mental health services through peer- to-peer engagement and increased public awareness.</p> <p><i>Legislation</i></p> <ul style="list-style-type: none"> • <i>Funds are provided for the perinatal support warm line to provide peer support, resources, and referrals to new and expectant parents.</i> <p><i>Funding: \$500K GFS – FY 23</i> [ESSB 5693, Sec. 211 (78)]</p>
Statement of support	
✓	<p>Stabilize three infant and early childhood mental health consultation FTEs</p> <p>The grant funding for these three FTE consultants expires in December 2022.</p> <p><i>Legislation</i></p> <ul style="list-style-type: none"> • <i>Continued funding for three infant and early childhood mental health consultants.</i> <p><i>Funding:</i> [ESSB 5693, Sec. 229]</p>

School-based Behavioral Health & Suicide Prevention

Prioritized recommendation	
X	<p>Provide grants to put more behavioral health clinicians in schools to meet urgent needs of students</p> <p>Provide base-level funding grants for 100 school-based licensed behavioral health clinicians in 2022 at \$65,000/FTE. To be eligible, school districts would need to designate matching funds from another source to fund full-time positions, including other district funds, grants, Medicaid billing, etc.</p> <p><i>2nd statement of support provides increases in staffing ratios for behavioral health professionals in schools, beginning in the 2022-2023 school year.</i></p>

School-based Behavioral Health & Suicide Prevention (*cont'd.*)

Statements of support	
✓	<p>Support the expansion of the School-Based Health Center (SBHC) program to increase access to behavioral health care in academic settings</p> <p>The SBHC program was established in 2021 through passage of HB 1225.</p> <p><i>Legislation</i></p> <ul style="list-style-type: none"> • <i>Funding to expand grants to establish new school-based health centers and add behavioral health capacity to existing school-based health centers.</i> <p><i>Funding: \$814K GFS – FY 23</i> [ESSB 5693, Sec. 222 (71)]</p>
✓	<p>Support the increase to staffing ratios for school nurses detailed in Initiative 1351 and endorsed by Washington state voters in 2014.</p> <p><i>Legislation</i></p> <ul style="list-style-type: none"> • <i>Increases minimum allocations for school nurses, social workers, psychologists, and counselors in the prototypical school funding model, beginning in the 2022-2023 school year and increasing incrementally over the next two years.</i> • <i>Every two years, beginning February 1, 2023, OSPI must submit a report comparing staffing units provided for nurses, social workers, psychologists, counselors, staff providing student and staff safety, and parent involvement coordinators with actual school district staffing levels for these positions, disaggregated by school district.</i> <p><i>Funding: Based on allocations</i> [HB 1664 and ESSB 5693, Sec. 504 (2)(d)(i)]</p>

Youth & Young Adult Continuum of Care

Prioritized recommendations	
✓	<p>Funding to ensure stable housing and care coordination for youth exiting inpatient settings</p> <p>Potential solutions include (1) implementing peer bridgers for transition age youth (TAY), (2) expanding behavioral health housing vouchers and earmark for TAY, (3) grant funding to develop TAY-specific SUD and mental health recovery housing, (4) flexible funds to prevent TAY homelessness upon discharge, (5) amending managed care contracts to require housing-related care coordination along with funding a position at HCA to provide oversight, (6) creating performance measures related to TAY housing stability, and (7) expanding behavioral health supports in youth shelters.</p> <p><i>Legislation</i> HB 1905</p> <ul style="list-style-type: none"> • <i>Requires Department of Children, Youth and Families (DCYF) to work with the Office of Homeless Youth (OHY) to develop and implement a rapid response team that appropriately responds to support youth and young adults exiting a publicly funded system of care.</i> • <i>Requires the OHY to provide flexible funding and system of care grants to support the housing needs of youth exiting a publicly funded system of care.</i> • <i>Requires the OHY to select, monitor, and provide funding and assistance for a minimum of six counties that implement Housing Stability for Youth in Crisis Programs for a period of three years.</i>

Youth & Young Adult Continuum of Care (continued)

	<p>2SHB 1860</p> <ul style="list-style-type: none"> Requires HCA to include a requirement in MCO contracts to provide housing-related care coordination services to enrollees being discharged from inpatient behavioral health settings. Requires psychiatric hospitals to inform MCOs that an enrollee will be discharged no later than 24 hours before discharge – or no later than the day of departure for unanticipated discharge. <p>Budget</p> <ul style="list-style-type: none"> \$50K in funding for HCA to provide information and support related to safe housing and support services for youth exiting inpatient behavioral health facilities to young people, stakeholders, inpatient treatment facilities, and other community providers serving youth and young adults. An additional \$600,000 in funding for grants to youth shelters to provide behavioral health support services. <p><i>Funding: Multiple agencies and initiatives</i></p> <p>[SSH 1905, 2SHB 1860 and ESSB 5693, multiple sections]</p>
✓	<p>Provide a parent portal and tool kit to make it easier for families in crisis to get information</p> <p>Convene stakeholders including parents/caregivers and youth and young adults to develop a work plan to design the Parent Portal, look for funding partners, and send out an RFP for ongoing care and management of the portal.</p> <p><i>Legislation</i></p> <ul style="list-style-type: none"> Requires HCA to convene stakeholders to design, further define, and implement a parent portal. Parent portal is a method for connecting families to their community's service and education infrastructure related to behavioral health services for minors. <p><i>Funding: Provided as part of SHB 1800 implementation</i></p> <p>[SHB 1800 and ESSB 5693, Sec. 215 (116)]</p>
✓	<p>Invest in a communications/outreach position at HCA to share information with providers and families</p> <p>Fund a full-time staff person at HCA to connect families, providers, educators, and others with current information about behavioral health care legislation.</p> <p><i>Legislation</i></p> <ul style="list-style-type: none"> Requires HCA to dedicate a fulltime employee focused on connecting families, providers, educators, and other stakeholders with current information about law and policy. <p><i>Funding: Provided as part of SHB 1800 implementation</i></p> <p>[SHB 1800 and ESSB 5693, Sec. 215 (116)]</p>

Statements of support

✓	<p>Convert youth partial hospitalization/intensive outpatient pilots into a covered service by requiring their inclusion in the state Medicaid plan</p> <p><i>Legislation</i></p> <ul style="list-style-type: none"> Directs HCA to add coverage for partial hospitalization and intensive outpatient services for persons under 21 years of age to the Medicaid State Plan by January 1, 2024. Allows MCOs and behavioral health administrative services organizations to provide partial hospitalization and intensive outpatient services to persons under age 21 within allocated funding. <p><i>Funding: \$61K GFS – FY 23 and \$183K – GF-Federal</i></p> <p>[2SSB 5736]</p>
	<p>Certification of peer counselors to expand their use to more settings</p>

2022: Additional legislation benefiting children, youth & families

- Funding to increase the number of Children’s Long-term Inpatient Program (CLIP) beds on a phased-in basis to 62 beds by the end of fiscal year 2022 and 72 beds by the end of fiscal year 2023, and increase the Medicaid rates for CLIP by 4.5%, effective Jan. 1, 2023. [*ESSB 5693, Sec. 215 (59)*]
- Funding to increase Medicaid reimbursement rates for Parent Child Assistance Program (PCAP) providers by 4.5%, effective Jan. 1, 2023. [*ESSB 5693, Sec. 211 (60)*]
- Funding is provided for a third Intensive outpatient and partial hospitalization pilot program. [*ESSB 5693 (40)*]
- Funding is provided to align reimbursement (fee-for-service and managed care) for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services with the American Academy of Pediatrics’ Bright Futures guidelines. Effective Jan. 1, 2023. [*SB 5912 and ESSB 5693, Sec. 211 (88)*]
- Funding to establish a Lifeline for Independent Living program (Lifeline) for youth and young adults who have experience or are at risk of entering into public systems of care. Four regional centers across the state to be established by January 1, 2023. [*HB 1883 and ESSB 5693, Sec. 128 (157)*]
- Funding is provided to increase provider training for the current version of the diagnostic classification: 0-5 classification system of mental health and developmental disorders of infancy and early childhood. [*2SHB 1325 (2021) and ESSB 5693, Sec. 215 (69)*]
- Funding for two full time employees to review and maintain the Developmental Disabilities caseload of clients not currently receiving paid services, and provide case resource management services, including informing them of available service options and assisting them with the assessment and service authorization process. [*SSB 5819 and ESSB 5693, Sec. 203 (4)(jj)*]
- Funding provided to contract for Youth IP navigator services in four regions. Services will be provided through clinical response teams that receive referrals for children and youth inpatient services and manage a process to coordinate placements and alternative community treatments. [*ESSB 5693, Sec. 215 (113)*]
- Funds are provided for a new Behavioral Rehabilitation Services (BRS) facility in Vancouver [*ESSB 5693, Sec. 227 (32)*]
- Funds are provided for the Department of Children, Youth and Families, in consultation with federally recognized tribes, to implement an infant and early childhood mental health consultation initiative to support tribal child care and early learning programs. [*ESSB 6793, Sec. 227 (29)*]
- Funds are provided for the Department of Health to coordinate and lead a multi-agency approach to youth suicide prevention and intervention. [*ESSB 5693, Sec. 222 (72)*]
- Funds are provided for wraparound with intensive services for youth ineligible for Medicaid as outline in the settlement agreement. [*ESSB 5693, Sec. 215 (88)*]