

**Children and Youth Behavioral Health Work Group (CYBHWG)**

Friday, October 15, 2021  
8:00 am - Noon

**Zoom link:** Zoom | <https://zoom.us/j/92918647394?pwd=eThwR1gzOW5tTGM4dnhkZ0VldnUvUT09>  
(see end of document for more details)

Members					
<input type="checkbox"/>	Representative Lisa Callan, Co-Chair	<input type="checkbox"/>	Summer Hammons	<input type="checkbox"/>	Michele Roberts
<input type="checkbox"/>	Keri Waterland	<input type="checkbox"/>	Dr. Robert Hilt	<input type="checkbox"/>	Joel Ryan
<input type="checkbox"/>	Hannah Adira (non-voting)	<input type="checkbox"/>	Kristin Houser	<input type="checkbox"/>	Noah Seidel
<input type="checkbox"/>	Javiera Barria-Opitz	<input type="checkbox"/>	Avreayl Jacobson	<input type="checkbox"/>	Mary Stone-Smith
<input type="checkbox"/>	Dr. Avanti Bergquist	<input type="checkbox"/>	Kim Justice	<input type="checkbox"/>	Representative My-Linh Thai
<input type="checkbox"/>	Jane Beyer	<input type="checkbox"/>	Andrew Joseph, Jr.	<input type="checkbox"/>	Jim Theofelis
<input type="checkbox"/>	Tony Bowie	<input type="checkbox"/>	Michelle Karnath	<input type="checkbox"/>	Dr. Eric Trupin
<input type="checkbox"/>	Representative Michelle Caldier	<input type="checkbox"/>	Judy King	<input type="checkbox"/>	Senator Judy Warnick
<input type="checkbox"/>	Diana Cockrell	<input type="checkbox"/>	Amber Leaders	<input type="checkbox"/>	Lillian Williamson
<input type="checkbox"/>	Lee Collyer	<input type="checkbox"/>	Bridget Lecheile	<input type="checkbox"/>	Senator Claire Wilson
<input type="checkbox"/>	Representative Carolyn Eslick	<input type="checkbox"/>	Laurie Lippold	<input type="checkbox"/>	Dr. Larry Wissow
<input type="checkbox"/>	Dr. Thatcher Felt	<input type="checkbox"/>	Cindy Myers	<input type="checkbox"/>	Jackie Yee
<input type="checkbox"/>	Dorothy Gorder	<input type="checkbox"/>		<input type="checkbox"/>	

Staff: Rachel Burke, Cindi Wiek & Theresa Dew (HCA); Zach Hall (Legislative staff)

No	Agenda Items	Time	Lead
Pre	<b>Zoom Meeting Active for Early-Sign On &amp; Technical Troubleshooting</b>	7:45 – 8:00 a.m.	Cindi Wiek & Rachel Burke
1.	<p><b>Welcome / agenda review</b></p> <p>For those who are not official members of the work group (including subgroup members):</p> <ul style="list-style-type: none"> <li>• If you are interested in speaking during the public comment period, please let us know any time in Chat. Start your message with COMMENT.</li> <li>• Otherwise, please keep your cameras turned off and do not comment or ask questions in the Chat box until the Comment period.</li> <li>• Some non-members will be called on to share information and answer questions related to specific recommendations.</li> </ul>	8:00 – 8:10	Representative Lisa Callan & Keri Waterland
2.	<p><b>Member introductions</b></p> <p>When you introduce yourself, please let us know:</p> <ul style="list-style-type: none"> <li>• Where you work or who you represent (parents, young people), and</li> <li>• Whether you are a voting or non-voting member                             <ul style="list-style-type: none"> <li>○ Alternates (legislators, youth/young adult) do not vote unless the voting member(s) for their position are not available.</li> <li>○ Depending on their agency’s policy, some agency representatives do not vote.</li> </ul> </li> </ul> <p>For members who are on the phone only:</p> <ul style="list-style-type: none"> <li>• We will be calling on you for the votes that will be done by raising hands.</li> </ul>	8:10 – 8:30	Keri Waterland

	<ul style="list-style-type: none"> <li>The prioritizing votes will be done using Mentimeter. Please let us know if you would prefer a text rather than e-mail to receive the Mentimeter code.</li> </ul>		
3.	<p><b>Overview: Candidates for overarching recommendations</b></p> <ul style="list-style-type: none"> <li><b>Medicaid rate increase for behavioral health</b> Laurie Lippold &amp; Ann Christian</li> <li><b>Compensation for work group/subgroup members with lived experience</b> (parents and young people) Laurie Lippold</li> <li><b>0-25 behavioral health strategic plan</b> Kashi Arora (for Hugh Ewart)</li> </ul>	8:30 – 8:55	Representative Lisa Callan & invited speakers
	BREAK	8:55 – 9:00	
4.	<p><b>Overview of subgroup recommendations</b></p> <ul style="list-style-type: none"> <li><b>Prenatal through Five Relational Health</b> Bridget Lechiele &amp; Kristin Wiggins</li> <li><b>School-based Behavioral Health &amp; Suicide Prevention</b> Lee Collyer &amp; Mark McKechnie</li> <li><b>Youth &amp; Young Adult Continuum of Care</b> Representative Lauren Davis, Representative Carolyn Eslick, Michelle Karnath &amp; Lillian Williamson</li> <li><b>Behavioral Health Integration</b> Kristin Houser &amp; Sarah Rafton</li> <li><b>Workforce &amp; Rates</b> Laurie Lippold &amp; Hugh Ewart</li> </ul>	9:00 – 10:15	Subgroup leads
5.	<p><b>Public comment</b></p> <ul style="list-style-type: none"> <li>Members of the public and subgroup members, please let us know in Chat if you would like to speak – or raise your hand and turn your camera on.</li> <li>During this period, the Chat box is open to anyone present to share their comments.</li> </ul>	10:15 – 10:30	Keri Waterland
	BREAK	10:30 – 10:40	
6.	<p><b>Members agree on and prioritize 2022 recommendations</b> <i>See page 4 for a step-by-step guide to the decision-making process.</i></p>	10:40 – 11:50	Representative Lisa Callan & Keri Waterland
7.	<p><b>Next steps &amp; other business</b></p> <ul style="list-style-type: none"> <li>What happens next with the recommendations</li> <li>Update: CYBHWG mission and vision <i>See page 6 for the updated mission and vision statement.</i></li> <li>Future CYBHWG meetings</li> </ul>	11:50 – Noon	Representative Lisa Callan

Join Zoom Meeting

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## Finalizing 2022 recommendations – Step-by step decision-making process

	Decision	Type	Process
1.	Do we want to submit one or more recommendations as overarching top priorities? <i>10:50 – 11:05 a.m.</i>	Consensus, if possible.  Majority vote, if not.	<ul style="list-style-type: none"> <li>Ask for any objections. Discuss as need.</li> <li>If no objections, begin proposal process for individual overarching priorities. If there are objections, do show of hands and voice vote for those on the phone. If measure fails, overarching recs are added to subgroup recs for prioritization vote.</li> </ul> <p>For each overarching candidate:</p> <ul style="list-style-type: none"> <li>Have a member propose the recommendation as over-arching.</li> <li>Ask for any objections. Discuss as needed.</li> <li>If a candidate fails, vote on whether to prioritize it along with the subgroup recommendations; ask for any objections.</li> </ul>
2.	Do we want to accept all remaining recommendations (9)? <ul style="list-style-type: none"> <li>Accept all? Yes/No</li> <li>If no, do we want to ensure there is one rec from each subgroup? Yes/No</li> <li>If no, what is the total # of recommendations the group will move forward?</li> </ul> <i>10:05 – 11:20 a.m.</i>	Consensus, if possible.  Majority vote, if not.	<ul style="list-style-type: none"> <li>Ask for any objections. Discuss as needed.</li> <li>If no objections, all recommendations are adopted. If there are objections, Yes/No vote through show of hands and voice vote for those on the phone.</li> </ul> <p>If the vote fails:</p> <ul style="list-style-type: none"> <li>Use same process to answer the question, “Do we want to ensure there is one recommendation from each subgroup?”</li> <li>Discuss and use same process to determine the total # of recommendations the group will submit (counter-proposal).</li> </ul>
3.	Prioritize remaining recommendations. <i>10:20 – 11:35 a.m.</i>	Mentimeter vote	Members will vote using Mentimeter. Staff will send them the code by e-mail or text (for those on cell phones only).
4.	Review and discuss poll results. <i>11:35 – 11:50 a.m.</i>	Consensus, if possible.  Majority vote, if not.	Make adjustments, if needed, by consensus/majority vote.

Final recommendations will be prioritized as follows:

- All approved over-arching recommendations will be listed as **Priority #1**.
- Subgroup recommendations will be listed according to the number of votes they received, starting with Priority #2.
- If two or more recommendations get the same number of votes, they will share a priority level; there might, for instance, be two Priority #2 recommendations.

*See last year’s recommendations (next page) for an example.*

# Children and Youth Behavioral Health Work Group

## *Recommendations for the 2021 legislative session*

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### Prioritized recommendations

#### Priority 1:

- Inclusion of the 2020 budget proviso [SB 6168, Sec. 211(78), 2020] to increase Medicaid rates for behavioral health services to retain workforce and ensure access. (Passed in 2020 legislative session for 2021 fiscal year; then vetoed as part of pandemic response.) *All of the recommendations for improving access and quality of services rely on the ability to recruit and retain a skilled workforce. An increase in existing Medicaid rates for behavioral health services is critical to achieving this goal.*
- Continue funding the “Washington State Mental Health Referral Service for Children and Teens” which helps families find providers that accept their insurance. *Current funding ends July 1, 2021.*

**Priority 2:** Expand youth mobile crisis services statewide and ensure existing teams can meet increased demand.

**Priority 3:** Change Medicaid policy to match best practices for mental health assessment and diagnosis of children 0-5, including allowing 3-5 sessions for intake/assessment, in children’s homes and other natural settings.

**Priority 4:** Establish a workgroup to develop a behavioral health teaching clinic enhancement rate. *The rate would apply to Behavioral Health Agencies that are training and supervising students and those seeking their certification or license.*

#### Priority 5:

- Expand the Student Loan Repayment Program to serve 100 additional individuals and reduce existing barriers within the program.
- Preserve existing investments in infant and early childhood mental health consultation, *and*
- Establish a complex needs fund to expand access to consultant support for behavioral health challenges of children ages 0-5.

**Priority 6:** Direct the Health Care Authority (HCA) to explore Medicaid waiver options for respite care for youth with behavioral health challenges, without adversely impacting the respite waivers for children and youth in the foster care system and for children and families enrolled with the Developmental Disabilities Administration (DDA).

**Priority 7:** Expand availability of youth and family peer services across the continuum of care, reduce barriers to entry and retention, enhance diversity, and ensure peers are supported in their recovery.

## Children and Youth Behavioral Health Work Group (CYBHWG)

***What's changed?*** Changes made in response to feedback at 9/17 work group meeting are italicized.

### Vision

Each and every Washington child, youth and young adult, and their families are thriving.

### Mission

Identify barriers and develop solutions and opportunities for equitable, high quality behavioral health services and strategies for children, youth and young adults (prenatal to age 25) and their families through seeking deep and significant engagement of those receiving, delivering and funding the services. *Working to* ensure that all children, youth, and families have access to high-quality, equitable, well-resourced behavioral health education, care and supports when and where they need it.

### Objectives

Recommending legislation and other changes to ensure that behavioral health services for all of Washington's children, youth, young adults (prenatal to age 25) and their families are:

- Accessible,
- Affordable,
- Effective,
- Timely,
- Culturally, linguistically, *and developmentally* relevant
- *Supportive and affirming of gender orientation in care and services*
- Engaging,
- Supported by evidence,
- Incorporate tailored innovations, as needed,
- Coordinated across sectors, *and tailored and aligned with communities' strengths and needs*
- Integrated whole-person care,
- Normalized as part of everyone's healthcare,
- Sustainable, with robust capacity and funding,
- Hold the promise of measurably improving health and outcomes, and
- Are amply resourced for all children, youth, and young adults.