

Children and Youth Behavioral Health Work Group (CYBHWG)

Friday, May 14, 2021
8:00 – 11:00 a.m.
First hour: Orientation

Zoom link: <https://zoom.us/j/92133488896?pwd=aHJ1SWE0Qlo5L1F3aWhyYzJTTHJXQT09>
(see end of document for more details)

CYBHWG Members					
<input type="checkbox"/>	Representative Lisa Callan, Co-Chair	<input type="checkbox"/>	Dr. Robert Hilt	<input type="checkbox"/>	Michele Roberts
<input type="checkbox"/>	MaryAnne Lindeblad, Co-Chair	<input type="checkbox"/>	Kristin Houser	<input type="checkbox"/>	Joel Ryan
<input type="checkbox"/>	Dr. Avanti Bergquist	<input type="checkbox"/>	Avreayl Jacobson	<input type="checkbox"/>	Noah Seidel
<input type="checkbox"/>	Tony Bowie	<input type="checkbox"/>	Kim Justice	<input type="checkbox"/>	Mary Stone-Smith
<input type="checkbox"/>	Representative Michelle Caldier	<input type="checkbox"/>	Nichole Jensen (non-voting)	<input type="checkbox"/>	Representative My-Linh Thai
<input type="checkbox"/>	Senator Jeannie Darneille	<input type="checkbox"/>	Andrew Joseph, Jr.	<input type="checkbox"/>	Jim Theofelis
<input type="checkbox"/>	Jamie Elzea	<input type="checkbox"/>	Michelle Karnath	<input type="checkbox"/>	Dr. Eric Trupin
<input type="checkbox"/>	Representative Carolyn Eslick	<input type="checkbox"/>	Judy King	<input type="checkbox"/>	Senator Judy Warnick
<input type="checkbox"/>	Dr. Thatcher Felt	<input type="checkbox"/>	Sarah Kwiatkowski	<input type="checkbox"/>	Mandy Weeks-Green
<input type="checkbox"/>	Tory Gildred	<input type="checkbox"/>	Amber Leaders	<input type="checkbox"/>	Lillian Williamson
<input type="checkbox"/>	Camille Goldy	<input type="checkbox"/>	Laurie Lippold	<input type="checkbox"/>	Dr. Larry Wissow
<input type="checkbox"/>	Dorothy Gordor	<input type="checkbox"/>	Lauren Magee	<input type="checkbox"/>	Jackie Yee
<input type="checkbox"/>	Summer Hammons	<input type="checkbox"/>	Cindy Myers	<input type="checkbox"/>	

#	Agenda Items	Time	Lead
Pre	Zoom Meeting Active for Early-Sign On & Technical Troubleshooting	7:45 – 8:00 a.m.	Kimberly Harris/ Rachel Burke
1.	Orientation	8:00 – 9:00	Representative Lisa Callan & MaryAnne Lindeblad
	Break	9:00 – 9:05	
2.	Agenda Review & Updates	9: 05 – 9:25	Representative Lisa Callan & MaryAnne Lindeblad
3.	Update: Recommendations for 2021 Session – Passed Legislation	9:25 – 9:45	Representative Lisa Callan MaryAnne Lindeblad (Next steps)
4.	Update: Emergency Declaration – Surge Planning	9:45 – 9:55	Mary Beth Brown, Department of Health
5.	Review/Discussion: Vision and Mission	9:55 – 10:15	Representative Lisa Callan & MaryAnne Lindeblad
6.	Subgroup reports <ul style="list-style-type: none"> • Framing for 2021 interim (5 minutes per subgroup, incl. questions) 	10:15 – 10:40	Subgroup leads
7.	Public comment	10:40 – 10:55	
8.	Closing	10:55 – 11:00	Representative Lisa Callan

Children and Youth Behavioral Health Work Group

Join Zoom Meeting

<https://zoom.us/j/92133488896?pwd=aHJ1SWE0Qlo5L1F3aWhyYzJTTHJXQT09>

Meeting ID: 921 3348 8896

Passcode: 153844

One tap mobile

+12532158782,,92133488896# US (Tacoma)

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Dial by your location

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Children and Youth Behavioral Health WorkGroup

Update: Recommendations for the 2021 legislative session

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.)
Senate Bill 5092 (operating budget):
 - *\$6.5M General Funds-State (GFS)/\$17.509M total (includes federal funding through Medicaid). For children and adults, increases provider rates for behavioral health services by 15% (not to exceed the Medicaid rate) for individual, family and group therapy related to a primary medical diagnosis; assessment, and other behavioral health supports, effective October 1, 2021.*
 - *\$17.016M GFS/\$55.041M total. Continue 2% increase in Medicaid reimbursements that was provided in April 2021 to community behavioral health providers contracted through managed care organizations, with HCA employing mechanisms such as directed payment to assure that providers receive these increases.*
- ✓ Continue funding the “Washington State Mental Health Referral Service for Children and Teens” which helps families find providers that accept their insurance, and PAL for Moms, which supports physicians treating post-partum depression.
House Bill 1325 establishes these services as permanent programs.
Senate Bill 5092 provides funding:

✓ **Priority 2:** Expand youth mobile crisis services statewide and ensure existing teams can meet increased demand.
Senate Bill 5092: \$25.848M GFS/\$38.579M total for adult and youth mobile crisis services.*
A minimum of 6 new youth teams will be established so each region has at least one by June 30, 2022.

✓ **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.
House Bill 1325 and Senate Bill 5092 (funding): \$1.079M GF/\$1.257M Total.

✓ **Priority 4:** Establish a workgroup to develop a behavioral health teaching clinic enhancement rate.
Senate Bill 5092: \$150K GFS/Total. HCA to convene a work group to develop a recommended teaching clinic enhancement rate for behavioral health agencies training and supervising students and those seeking their certification or license.

Priority 5:

- ✓ Expand the Student Loan Repayment Program and reduce existing barriers within the program.
Senate Bill 5092: \$8.25M GFS/Total. Provides additional funds for behavioral health students.
- ✓ Preserve and expand existing investments in infant and early childhood mental health consultation.
Senate Bill 5092 and the Fair Start Act (Senate Bill 5237): \$2.4M GFS/Total. Adds 6 additional mental health consultants.
- ✓ Establish a complex needs fund to expand access to consultant support for behavioral health challenges of children ages 0-5.
Senate Bill 5092 and the Fair Start Act (Senate Bill 5237): \$5.07 GFS/\$9.674 Total. Includes support for childcare and ECEAP, and early ECEAP providers.

- ✓ **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).
Senate Bill 5092: \$150,000 GFS/Total.
- **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.
Senate Bill 5092 provides the following (with no specifications around adult vs. children, youth and family peer services):
 - *\$1.762M in one-time funding to maintain and increase resources for peer support programs (adult and youth) and for HCA to contract with an organization to assist with recruitment with a specific focus on black, indigenous and people of color communities.*
 - *\$250,000 for HCA to contract for the development of a specialized 40-hour crisis response training curriculum and conduct at least one statewide training session in FY 2022 and one statewide training session in FY 2023.*
 - *\$500,000 to establish an emotional support program for individuals employed as peer specialists.*

Statements of support and CYBHWG work *(not prioritized)*

- ✓ Work with the Behavioral Health Apprenticeship Coalition to develop and implement a registered behavioral health apprenticeship model.
Senate Bill 5092: \$1.6M GFS/Total for Labor and Industries, in coordination with the Washington State Apprenticeship Training Council, to establish behavioral health apprenticeship programs.
- Engage with and support the Workforce Training and Education Coordinating Board's efforts to address barriers to employment created by background checks.
Senate Bill 5092: \$100,000 GF-Federal for HCA to convene a task force to examine impacts and changes proposed to the use of criminal background checks in behavioral health settings, with the goal of reducing barriers to developing and retaining a robust behavioral health workforce while maintaining patient safety measures.
- Remove clinical barriers to postpartum mood and anxiety screening by supporting the Washington Chapter of the American Academy of Pediatrics' "learning collaborative".
Legislation not required; work is underway.
- Support the Multi-tiered Systems of Support (MTSS) decision package submitted by the Office of Superintendent of Public Instruction (OSPI).
Senate Bill 5092: \$760K GFS/Total (partial funding).
- Increase staffing levels in schools to support students' social-emotional health by supporting the "Building Staffing Capacity to Support Student Well-Being" decision package submitted by OSPI.
Senate Bill 5092: \$51.568M (partial funding). Funding for an additional .5 FTE per prototypical school for high-needs schools, beginning in the 2022-2023 school year.
- Improve transitional care for youth discharging from inpatient behavioral health and juvenile justice settings by supporting the work of the Senate Bill 6560 work group.
No legislation introduced in 2021 legislative session.
- ✓ Support efforts to ensure that quality, affordable childcare is available and accessible (workforce issue).
Senate Bill 5092 and the Fair Start Act (Senate Bill 5237):
 - *Progressively expand eligibility for families for the Working Connections Child Care Program (WCCC) over a six-year period.*
 - *Progressively lowers families' copayments based on income for WCCC over a two-year period.*
 - *As of July 1, 2021, increases childcare subsidy base rates to the 85th percentile of market for licensed or certified providers.*
 - *As of July 1, 2026, expands eligibility for the Early Childhood Education and Assistance Program (ECEAP).*
 - *For the 2021-22 school year, ECEAP rates must be set at a level at least 10% higher than 2019-21 rates.*

- ✓ Support development of a state implementation plan for the national 988 behavioral health crisis line, scheduled to go live in Washington in July 2022.
House Bill 1477 and Senate Bill 5092 (funding). Most funding provided through a telecommunications excise tax. Includes: Development, technology, and operations costs; development and operations of a tribal crisis line; and a requirement, beginning in 2023, that health plans and medical assistance programs provide coverage for next day appointments for enrollees experiencing urgent, symptomatic behavioral health conditions.
- ✓ Support current efforts to assess and improve telehealth, including audio-only, to reduce racial and income disparities in behavioral health service access and ensure that virtual services are clinically effective and provide relief to children and families. Recommend review of data and research focused on prenatal to age 25 and development of standards of practice, with stakeholders, as well as a requirement that providers publicize the Washington Lifeline. (The Washington Lifeline program offers free wireless services and cell phones to low-income families and individuals.)
Senate Bill 5092: \$410,000 GFS/Total for HCA to contract with the Washington State Behavioral Health Institute to review current and emerging data and research and make recommendations related to standards of care and best practices for virtual behavioral health services to children from prenatal stages through age 25.
- ✓ Support legislation requiring continuing education for behavioral health professionals in the provision of culturally responsive treatment.
Senate Bill 5229 and Senate Bill 5092 (funding): \$187K GFS/Total. Requires professions licensed under Title 18 RCW to complete health equity continuing education training at least once every 4 years, using standards and criteria based on available research and evidence.
- Support Representative Lauren Davis' bill to create a Peer Support Specialist credential, allowing peers to serve individuals with commercial insurance and work directly for hospitals and correctional institutions.
- ✓ The CYBHWG continues to support learning from the current partial hospitalization (PH) and intensive outpatient (IOP) pilot about how they may become part of the service continuum. (Added 12/23/2020.)
Senate Bill 5092: 8.5M GFS/Total to expand capacity for the Intensive Outpatient/Partial Hospitalization pilots.

Youth Behavioral Health

Available Resources

- 1) [COVID-19 Behavioral Health Toolbox for Families](#)
- 2) [Behavioral Health Group Impact Reference Guide](#): section on [families and children](#)
- 3) Infographics:
 - a. [Helping kids to wear cloth face coverings](#)
 - b. [Supporting kids and teens during coronavirus](#)
 - c. [Young adults](#)
- 4) Supporting Young Adults in College through COVID-19: A Guide for Parents, Educators, Mentors and Counselors
 - a. English, [8.5x11](#) or [11x17](#)
 - b. Spanish, [8.5x11](#) or [11x17](#)
- 5) Blog: [Coming of age in a pandemic \(August 7, 2020\)](#)
- 6) *Coping with COVID* Podcast:
 - a. [Exhausted Families](#) (also a [blog](#))
 - b. [Developing Resilience](#) (also a [blog](#))
 - c. [Healthy Communication](#) (also a [blog](#))
 - d. [Grief and loss](#) (also a [blog](#))
 - e. [Depression and anxiety](#) (also a [blog](#))
- 7) [COVID-19 Guidance for Educators: Recognizing and Reporting Child Abuse and Neglect in Online Education Settings](#): Updated March '21
- 8) Provider alert regarding increased concern of suicide risk in youth during COVID-19 (attached pdf)
- 9) Monthly youth situation reports:
 - a. [April 2021](#)

In Progress Resources

- 1) **Back-to-School THINK Toolbox - Teaching with Healthcare Informed Neurological Strategies for Kids**: This toolbox will provide behavioral health tips and resources on how to navigate some of the emotional responses that educators, coaches, parents, caregivers, and students may experience as they return to in-person school during the COVID-19 pandemic. This resource will help educators and other school staff with their own adjustment to returning to in-person school, as well as parents and caregivers.

Planned Activities

- 1) DOH Youth Behavioral Health Communications Campaign
- 2) Offer PsySTART to schools
- 3) Train and deploy graduate students to offer Trauma-Focused Cognitive Behavioral Therapy
- 4) Seek funding to implement other BH Youth Surge recommendations

Presentations

The Behavioral Health Strike Team offers presentations upon request.

Training

- 1) **Health Support Team (HST):** Designed to enhance peer support for the general public and among all types of workers, including healthcare, behavioral health, social work, customer service, support staff, etc. It provides a behavioral health curriculum specific to disaster response. The training is 3 hours long and can help colleagues provide more informed support to their team.
 - a. 3 pilot youth trainings offered in Dec '20. 23 total participants.
 - b. Offering 2 trainings for young adults in May '21. Conducted outreach to community and technical colleges and 4-year universities.
- 2) **anticipate. plan. cope. (APC):** APC is a 30-minute training designed to assist parents beyond fact sheets as they cope during the COVID-19 pandemic. This training helps inoculate against stress by empowering parents to map and manage challenges proactively.
 - a. 3 pilot train-the-trainer trainings offered Jan-Feb 2021. Attended by K-12 school counselors and social workers. 68 total number of attendees.
 - b. Additional APC train-the-trainer trainings planned for Aug-Sept '21

Youth Mental Health Awareness Campaign

Washington State Coronavirus Response (COVID-19)



Background

The COVID-19 pandemic has deeply impacted the health and well-being of Washingtonians—and young people are most vulnerable. Many are feeling higher levels of stress, anxiety, and hopelessness. Because their brains are still developing these emotions can feel stronger, and because they haven’t had many life experiences yet to put things into perspective, it may feel even more overwhelming. In addition, COVID-19 has forced youth to be apart from important emotional supports like friends, extended family, teachers, and coaches who can help them work through their feelings in healthy ways.

The Washington State Department of Health (DOH) launched campaigns to help youth, ages 12 to 17, through this difficult time by supporting their mental health. These efforts reach youth directly, as well as through their parents/guardians.



Instagram/Snapchat ad

Youth

This campaign recognizes that it’s “okay to not be okay” right now, encourages healthy ways to cope (e.g., meditation, get outdoors, journaling, body movement, etc.), and provides resources for those who need more help. Ads take youth to the *You Can* website, which has blogs on [COVID-19 and mental health](#), [healthy ways to take on stress](#), and [helping a friend in need](#), as well as [videos and other materials for managing stress](#). DOH also developed ads to promote [Teen Link](#), a Washington-based organization that has a free, confidential help line for young people. Youth who are struggling with feelings of stress, anxiety, isolation—or just want to talk with someone—can connect with a trained youth volunteer.

The statewide ad buy reaches youth while they use social media, watch videos, listen to streaming radio, and search for information online.

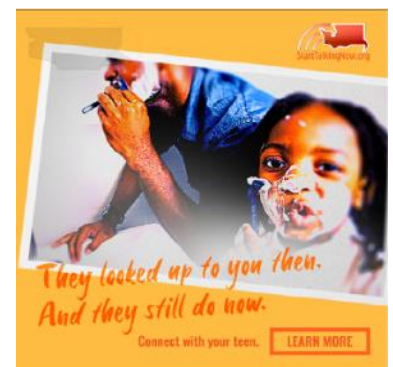
Parents/Guardians

This campaign encourages parents to check in with their teens, talk with them, and help them manage their emotions and deal with stress in healthy ways.



Creative for pizza box topper

The website shares signs of when a teen is struggling, reminds parents to take care of themselves too, and gives resources for additional help. Outreach includes a mix of English and Spanish ads across broadcast and digital radio, social media, digital video platforms, and websites popular with parents.



Facebook ad

To encourage having fun conversations, the campaign partnered with pizza restaurants to share conversation starters on pizza box tops. All ads take parents to [Start Talking Now](#) for more information. Social content and a flyer with campaign messaging will be available in multiple languages.

Children and Youth Behavioral Health Work Group (CYBHWG)

Vision

Washington's children, youth and young adults have access to high-quality behavioral health care.

Mission

The CYBHWG's work is focused on identifying barriers to and opportunities for accessing behavioral health services and strategies for children, youth and young adults (prenatal to age 25) and their families that are:

- Accessible,
- Effective
- Timely,
- Culturally and linguistically relevant,
- Supported by evidence, and
- Incorporate tailored innovations, as needed.

Authority

The Children and Youth Behavioral Health Work Group is authorized through December 30, 2026 to identify barriers to and opportunities for accessing behavioral health services for children and their families, and to advise the Legislature on statewide behavioral health services for this population.