

Children and Youth Behavioral Health Work Group (CYBHWG)

Friday, October 8, 2021
10:00 – 11:00 a.m.

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

Staff: Cindi Wiek (HCA) & Zach Hall (Legislative staff)
Legislator: Representative Lauren Davis

Agenda Items	Notes
Agencies share budget requests (aka decision packages, DPs)	<p>Health Care Authority (HCA) <i>See TVW recording (3:03); see page 2 for decision package information.</i></p> <p>Office of Superintendent of Public Instruction (OSPI) <i>See TVW recording (11:40); see page 4 for decision package information.</i></p> <p>Department of Children, Youth and Families (DCYF) <i>See TVW recording (15:21); see page 5 for decision package information.</i></p> <p>Department of Health (DOH) <i>See TVW recording (22:24); see page 7 for decision package information.</i></p> <p>Dept. of Commerce – Office of Homeless Youth (OHY) <i>See TVW recording (29:02); see page 8 for decision package information.</i></p>
Public comment	<p>Penny Quist, Parent advocate</p> <ul style="list-style-type: none"> In the current funding model, youth in the juvenile justice system and inpatient treatment are not eligible for Medicaid funding until the date they are discharged. You can't just have a child in treatment; you must have a family in treatment. For successful transition and recovery, families need to begin working with a care coordination team and receiving wrap-around services 60-90 days before their child is discharged. Need to address this Medicaid funding gap so an actual warm handoff can occur when a child or youth is released - so the child/youth, their parents, and their siblings can have healthy outcomes.

Budget requests for 2022 legislative session

Decision packages that impact behavioral health services for children and youth

Related to Children & Youth Behavioral Health Work Group recommendations

Community behavioral health sustainability – CCBHC model

FY 2023: \$300,000 General Funds-State (GF-S)

The Health Care Authority (HCA) requests funding for actuarial work to explore transformative financial models to finance Washington's network of Behavioral Health Agencies (BHAs) like the Certified Community Behavioral Health Clinic (CCBHC). HCA is also requesting an additional year of funding for fiscal year (FY) 2023 actuarial work supporting the development of behavioral health comparison rates.

For more information, see Policy Level - GC-CBH Sustainability CCBHC Model

Continuum of Care – Youth experiencing acute mental health challenges

FY 2023: 65,000 GF-S

2023-25 biennium: \$10,351,000 GF-S

HCA requests ongoing and operational funding to develop a short-term Residential Crisis Stabilization Program (RCSP) for youth experiencing acute mental health challenges, including co-occurring Substance Use Disorder (SUD), behavioral management needs (due to Autism Spectrum Disorder), or Intellectual/Developmental Disorder (I/DD). Currently there are not short-term crisis stabilization services available for children and youth in Washington state outside of acute care settings.

For more information, see Policy Level – GF- Continuum of Care

Children's Long-Term Inpatient Program (CLIP)

2021-2023 biennium: \$15,040,000 GF-S

2023-2025 biennium: \$15,040,000 GF-S

HCA requests funding to expand CLIP and reduce wait times. CLIP is the most intensive inpatient psychiatric treatment available to children and youth in Washington state and is less expensive than hospital settings. Currently, a significant number of children and youth who need these services must receive them at out-of-state facilities. Additional funding will support expanded contracted CLIP bed capacity, statewide CLIP system operations to support current and future utilization, and enhanced training opportunities for staff, leadership, and family/caregivers.

For more information, see Policy Level – GT – Children's Long-Term Inpatient Program

Other proposals aimed at improving mental health and substance use services for children, youth and young adults

School-based Health Care Services (SBHS)

2021-2023 biennium: \$6,798,000 GF-S

2023-2025 biennium: \$6,650,000 GF-S

Retroactive to the start of FY 2022, HCA requests funding to eliminate the need for school districts to cover 30 percent of the health care service costs – including counseling and psychological assessments – they provide to the state's Medicaid-eligible, special education children. It is becoming increasingly hard for participating school districts to come up with their matching funds, especially as they struggle to recover from the effects of the COVID-19 pandemic. This proposal removes financial and administrative barriers to participation by fully reimbursing school districts for the cost of providing health care services to children enrolled in Medicaid and reestablishes the payment parity between community providers and school-based providers that existed prior to 2011. It also streamlines the reimbursement processes to relieve the administrative burden that the current reimbursement process places on school districts.

For more information, see Policy Level – GB – SBHS Funding

Peer Respite Start Up

2021-2023 biennium: \$2,404,000 GF-S

2023-2025 biennium: \$2,376,000

In the 2021-2023 biennial budget, the Department of Commerce received capital funds for two new peer respites. As these may be operational before the end of the biennium, HCA is requesting funding for implementation/start-up and operational costs. Peer respites are voluntary, short-term 24-hour home-like facilities where Medicaid-eligible individuals 18 or older in psychiatric distress can receive services and avoid more intensive levels of services. Peer respites are part of the Governor’s Plan to transition individuals under civil commitment from state hospitals and divert individuals from higher levels of care.

For more information, see Maintenance Level – FK – Peer Respite Start Up

Outreach/Intensive Case Management

FY 2023: \$5,000,000 GF-S

2023-2025 biennium: \$10,000,000

HCA requests ongoing funding for the statewide Recovery Navigator Program to fully fund the programmatic requirements in Engrossed Senate Bill 5476. Recovery navigators, situated in regional Behavioral Health Administrative Organizations (BH-ASOs), provide intake and referral services, conduct assessments, deliver intensive case management, and make warm handoffs to treatment and recovery support services.

For more information, see Maintenance Level – GL – Outreach/Intensive Case Management

Periodic Screening

2021-2023 biennium: \$664,000 GF-S

2023-2025 biennium: \$870,000 GF-S

HCA requests funding to provide nine additional preventive care visits for all children and youth enrolled in Apple Health (Medicaid) to align the current Early Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit, often referred to as well-childcare, with the best practice standards recommended by the American Academy of Pediatrics through their Bright Futures guidelines.

For more information, see Policy Level – FB – Periodic Screening

Family Centered Care

2021-2023 biennium: \$66,606,000

2023-2025 biennium: \$66,606,000

Funding for 2-3 county pilot to test effectiveness of evidence-based interventions that build on families’ strengths aimed at moving the needle on disparities and improving outcomes for pregnant persons, infants, young children, and their families. The pilot, focused on individuals and families enrolled in Apple Health/Medicaid, will have a tiered approach that includes universal interventions (through an expansion of the “Family Connects” intensive home visiting program), targeted and intensive interventions. The targeted intervention is to embed Family Navigators within and integrated with primary care teams for pregnant and postpartum persons and pediatric care. The intensive intervention is to increase the number of slots for more intensive, longer-term, evidence-based home visiting programs; these programs are run out of DCYF and supported by a braided funding stream, the largest of which is federal Maternal, Infant and Early Childhood Home Visiting dollars.

For more information see – Policy Level – HA – Family Centered Care

OSPI Decision Package for 2022 Session

Appropriately resource schools so that every student has access to a school nurse.

Washington state voters requested increased staffing supports for students in all K-12 grades in 2014 through Initiative 1351, which include significantly increasing access to school nurses.

OSPI's request makes good on the request by Washingtonians regarding school nurses. By the 2025-26 school year, schools would be funded to have a school nurse for every 684 elementary students, 486 middle school students, and 728 high school students.

2022-23 \$26,950,000 2023-24 \$62,813, 000 2024-25 \$100,146,000

How many students per school nurse? (Current vs OSPI request)

	Current	2022-23 School Year	2023-24 School Year	2024-25 School Year
Elementary	5,263	1,626	692	684
Middle	7,200	1,286	706	486
High	6,250	1,770	1,031	728

In a related policy request, OSPI will be advancing the Staffing Enrichment Workgroup's recommendation that funding for school counselors, school nurses, psychologists, social workers, family engagement staff, and student/staff safety staff must be used to employ those staff. This will require districts to employ, at a minimum, the number of staff they are funded for across these categories.



DCYF Combined In-Home Services Rate Increase 2022 Decision Package

DCYF has identified significant gaps in the [Combined In-Home Service](#) (CIHS) service array due to an inadequate rate structure. This program is crucial for both the prevention of out-of-home placement as well as the facilitation of successful family reunification, contributing to widespread service inadequacy. In many parts of the state, families are forced to delay or forego these pivotal services due to limited supply preventing them from the use of this powerful tool to learn to safely parent their children.

Request for a rate increase in CHIS. Exact amount TBD (pending results of current rate study).

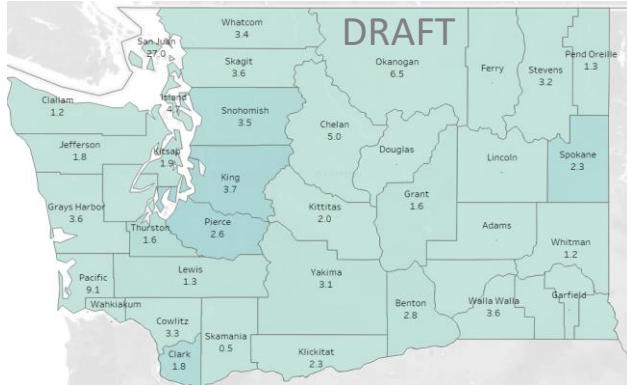
Increasing CIHS rates will:

- Support increased capacity and service availability by allowing providers to offer a living wage.
- Improve service in regions where a high number of cases apply ICWA.
- Deliver resources to families for preservation or timely permanency.
- Reduce racial disproportionality in service provision.

Paid Services (CIHS Service Array) – CY 2019

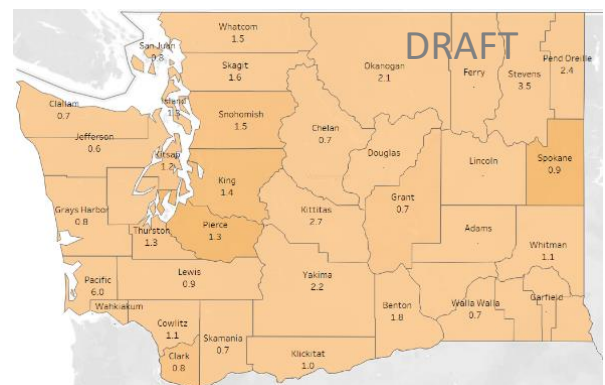
Front End Concentration of Paid Services

Ratio of Children in Screened-in Intakes to Front-end Paid Services



CFWS Concentration of Paid Services

Ratio of Children in Out-of-Home Care to CFWS Paid Services



Service ratio 1.0 would indicate N children in screened-in intakes and front-end paid services were the same. Higher ratio indicates potentially greater gap in services. This analysis is preliminary and data is still being refined.

Lack of capacity in CIHS disrupts our ability to prevent out of home placement and to reunify families involved in the child welfare system.

- There is a reduction in the number of CIHS contractors and in the service capacity of active contractors, causing delays in connecting parents to services. Providers are scarce in rural areas and in areas with high case counts of Indian children.
- The 2018 Child & Family Services Review statewide assessment showed that existing providers are unable to meet the current demand for CIHS.
- An overwhelming increase in service demand is anticipated with the implementation of HB 1227 (2021) and of DCYF's Family First Prevention Services Act.
- The most culturally diverse areas of WA are most impacted by loss and lack of service capability.

WHAT ARE CIHS?

CIHS are tailored services that increase a parent's ability to safely parent their child. An average of 2,800 families receive CIHS every year.

CIHS can prevent the need for out-of-home placement and support timely reunification, and include services such as: Family Preservation, Intensive Family Preservation Services, Crisis Family Intervention, and other Evidence-Based Practices.

There are currently 44 contracted CIHS providers across the state, and an additional 23 under the Family Impact Network (FIN) that serve only Regions 1 & 2, for a total of 67 providers.

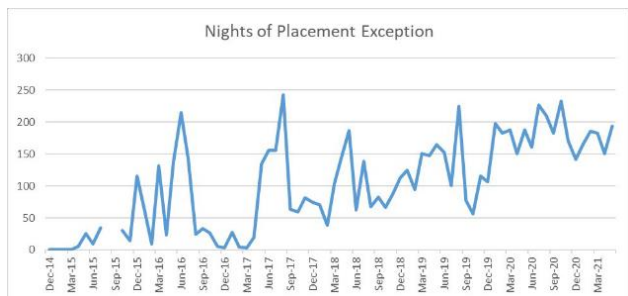
CIHS are provided by both private and nonprofit orgs.

DCYF Placement Continuum Exceptional Placements 2022 Supplemental Decision Package

Starting in 2014, DCYF had increasing difficulty finding stable placements for youth, with rising use of emergency placements such as hotels, offices, & night-to-night foster homes. This results in trauma for both youth & staff.

DCYF is losing capacity in BRS & case aides. This capacity is critical in meeting placement needs of foster youth with more support needs. Youth are disproportionately impacted by this practice. Black, indigenous, and youth of color are more likely to experience a hotel stay and youth located in King and Clark Counties. Finding stable placement for youth of all races and locations is a critical first step in addressing disproportionality. DCYF is partnering closely with HCA and DSHS to ensure that youth in dependency and at-risk of dependency are being appropriately served by each system.

DCYF is being sued in federal court by Disability Rights WA over use of these placements, and will end use of hotels by Nov. 1, 2021. The Placement Continuum Exceptional Placement 2022 DP includes the following:



Increase Behavioral Rehabilitation Service (BRS) Rates *\$24.8 million in the 2021-23 biennium*

BRS is a temporary intensive wraparound support and treatment program for youth with complex, high level service needs used to safely stabilize youth and assist in achieving a permanent plan or a less intensive service. These services can be provided in an array of settings including in the home, in residential care facilities, treatment foster homes and short-term care facilities.

Over the last few years, the number of out of home placement settings (in residential care facilities and treatment foster care homes) with BRS have declined. Staff turnover in BRS residential care facilities is extremely high. A 2017 cost study found that the turnover rate for direct care staff was 44%, and DCYF has received notice from several providers stating that they were unable to fill their beds or were closing group homes due to an inability to find staffing. The current BRS rate is only sufficient to pay direct care staff minimum wage. A rate increase will stabilize this crucial line of service for youth.

Family Team Decision Making (FTDM) Case Management *\$1.2 million in the 2021-23 biennium*

Shared planning meetings (SPMs) and Family Team Decision Making (FTDM) are an effective strategy for helping stabilize youth in the least restrictive setting possible. DCYF is proposing six new FTE to provide case management and to conduct high-quality, consistent FTDMs, which are crucial in moving cases forward toward reunification and/or placement. Additionally, the current temporary order issued in the D.S. lawsuit brought by Disability Rights Washington required DCYF to conduct more FTDM meetings.

Increase Case Aide Hourly Rate *\$350,000 in the 2021-23 biennium*

Foster homes taking youth with high behavioral or personal care needs would benefit from being able to have in-home help. DCYF accomplishes through use of positions called case aides. However, capacity is declining in this line of service.

Pay for case aides has not kept pace with increases to minimum wage and compensation for jobs that compete for the same employees. The current rate is \$26 an hour (which is all-inclusive for supervision, insurance, fringe benefits, etc.). This was not sufficient to see a significant increase in availability of the service. In response to stakeholder request, DCYF has requested a rate increase to help stabilize youth in foster homes.

Increase Treatment Foster Care Rate *\$8.6 million in the 2021-23 biennium*

Treatment Foster Care settings are foster homes licensed to provide a higher level of care for children and youth with high behavioral health service needs. DCYF has seen a decline in the number of treatment foster homes. Funding provided to treatment foster homes is insufficient to allow for foster parents to provide the high-level care and support necessary without holding down other full-time employment. DCYF is proposing to increase funding to provide adequate reimbursement to foster families and other necessary support services.

Pilot for Adolescent Housing Program (ages 16-17) *\$1.2 million in the 2021-23 biennium*

Many older adolescents in foster care are ready for greater levels of independence however DCYF does not have placement settings appropriate for these youth. This Fall and Winter, DCYF will be piloting a program for adolescents that provides a heavily supported housing option that will allow youth to gain skills for ultimate independence. DCYF anticipates the new placement option could serve approx. 15-20 youth in three sites across the state in SFY 2023.

Department of Health Youth Behavioral Health Decision Package

Young Adult Behavioral Health \$17.8 million General Fund State

Death by suicide among adolescents and transition-age is rising across Washington, even prior to the pandemic. Especially alarming is the rapid increase of suicide among young people ages 18-24.

In addition, and in response to the Emergency Proclamation of the Governor 21-05, March 15, 2021 declaring a youth mental health emergency, the Health Care Authority (HCA) and Department Of Health (DOH) worked to craft a set of recommendations to triage and to address the surge of acute mental health needs on emergency departments, pediatrician offices, and inpatient psychiatric hospitals serving youth.

To address this growing epidemic, the department requests funding to expand and improve behavioral health screening, referral and care for youth in both academic and non-academic settings. It also seeks funding to address both the workforce shortage and improved coordination and allocation of limited youth behavioral health services that are available

Adolescent Behavior Health Supports through School Based Health Centers

DOH is asking for funding to:

- Offer grants to support School Based Health Centers to start a new behavioral health program
- Offer grants to support School Based health Centers to advance behavioral health integration in their clinics
- Offer grants to support School Based Health Centers to strengthen and sustained integrated behavioral health services in their clinics.

School based health centers will be asked to integrate their new or strengthening BH programs with other BH supports and staff in the school, school district and ESD to avoid duplication of effort and ensure coordination of BH offerings.

Also of note, DOH is requesting funding for a manager at DOH to provide strategic development of youth suicide prevention and partnership development for a multi-agency approach to youth prevention and intervention.

In order to implement the recommendations made to address the Governor's Emergency proclamation. DOH is requesting funding for:

- **Regional Behavioral Health Response Staffing.**
 - Regional response Teams for 9 regions
 - Regional Crisis Consultation Teams linked to Seattle Children's Hospital
- **Stepped Care Mental Health Access Project.**
 - TF-CBT virtual clinic operations and program management
 - Graduate Student Stipends for delivering TF-CBT – 150 Students
 - TF-CBT training, consultation, and clinical supervision
- **Support communications, collaboration, and metrics.**
 - Youth BH Initiative Program and Project Management including tracking metrics and the queue, piloting and bringing to scale regional response teams, convening community partners, and establishing local governance of coordinated youth BH response.

Office of Homeless Youth

2022 Policy and Funding proposals

The Department of Commerce has submitted the following proposals as part of state agencies' process for requesting funding and policy changes for the 2022 legislative session.

Summary:

1. Independent Youth Housing Program (IYHP) eligibility changes (Implementation of SSB 6560 from 2018)
 2. Expand System of Care grants (Implementation of SSB 6560 from 2018)
 3. Equitable compensation for community expertise
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Proposal Details:

1. Independent Youth Housing Program (IYHP) eligibility changes

Implementation of SSB 6560 from 2018

Youth who have spent time in foster care are at higher risk of experiencing homelessness later in life. Nationwide, 50 percent of the homeless population spent time in foster care.¹ In Washington state, one third of foster kids become homeless within a year of aging out of the system.²

In 2018, the Legislature passed Substitute Senate Bill 6560 which set the goal that the state would ensure that youth exit public systems of care into safe and stable housing.

The Independent Youth Housing Program was created by the legislature in 2007 to provide housing and support services for youth who have exited foster care. The program is a critical intervention to ensure youth who were previously in foster care are provided housing, support, and stability to prevent experiences of homelessness.

This Agency Request Legislation (ARL) modifies the IYHP to improve its effectiveness and remove barriers for youth to access the program. Changes include:

- **Remove the restriction on youth in Extended Foster Care from being eligible for the program.** Youth in Extended Foster Care receive a monthly stipend amount of approximately \$800, which is insufficient to afford rent in many areas of the state, let alone pay for other basic living expenses. Because youth in Extended Foster Care are ineligible for the Independent Youth Housing Program, they are forced to choose between housing and financial support.
- **Expand eligibility to youth who have previously been in foster care at any time**, rather than just during the 4 months before they turn 18. Research from Chapin Hall's Voices of Youth Count in-depth interviews indicate

¹ National Foster Youth Institute; <https://nfyi.org/>

² *Homelessness Among Youth Exiting Systems of Care in Washington State*, RDA/DSHS; July 2020; <https://www.dshs.wa.gov/sites/default/files/rda/reports/research-11-254.pdf>

that aging out is not the only pathway from foster care to homelessness. About half of the young people interviewed who spent time in foster care exited through reunification or adoption. These young people achieved permanency in the eyes of the child welfare system, but still found themselves on pathways into homelessness.³

- **Align the age eligibility of the program with the age eligibility of other programs in OHY serving young adults.** Changes the age eligibility of the program from 18 through 22 to 18 through 24, aligning with the statutory definition of young adults in RCW 43.330.702.

2. Expand System of Care grants

Implementation of SSB 6560 from 2018

More than 1,400 young people experience homelessness within one year of exiting foster care, inpatient behavioral health treatment, or a juvenile rehabilitation institution.

In 2018, the Legislature passed Substitute Senate Bill 6560 which set a goal that the state would exit youth from publicly funded systems of care into safe and stable housing.

The Office of Homeless Youth currently funds three “System of Care” grants to community based organizations and public systems to address the housing and stability needs of youth transitioning from care. The program is small and has limited reach.

This Decision Package (DP) requests \$1,500,000 in additional funding in FY 23. Expanded resources may support geographic expansion into new regions of the state, incorporation of peer navigators into the model, and/or expanding the scope of systems served to be inclusive of foster care, juvenile rehabilitation, juvenile detention, and inpatient behavioral health treatment. The funding also purchases 1.0 FTE to oversee the System of Care grants.

These services will ensure that youth who are transitioning from services are provided the necessary support through dedicated staff, housing and financial resources, and other navigation support to secure safe and stable housing.

3. Equitable compensation for community expertise

Those most impacted by funding, policy, and practice decisions in state government are also the ones most often the farthest removed from those decisions.

State-level boards, councils, and committees exist to involve a broad range of stakeholders in advising the efforts of state agencies, yet RCW 43.330.220 prohibits any compensation other than reimbursement of customary expenses

³ Dworsky, A., Gitlow, E., Horwitz, B., & Samuels, G.M. (2019). Missed opportunities: Pathways from foster care to youth homelessness in America. Chicago, IL: Chapin Hall at the University of Chicago. https://www.chapinhall.org/wp-content/uploads/Chapin-Hall_VoYC_Child-Welfare-Brief_2019-FINAL.pdf

to individuals who participate on such boards. This favors involvement from professionals who are paid through their employment to participate and those who have the financial resources to volunteer their time.

This Agency Request Legislation (ARL) allows agencies to provide a stipend to people with lived experience who participate on advisory boards and committees.

Bill language:

1. Independent Youth Housing Program (IYHP) eligibility changes

RCW 43.63A.307

Independent youth housing program—Definitions.

The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

(1) "Department" means the *department of community, trade, and economic development.

(2) "Eligible youth" means an individual who:

(a) On or after September 1, 2006, is at least eighteen, was a dependent of the state under chapter **13.34** RCW at any time ~~during the four-month period~~ before his or her eighteenth birthday, and has not yet reached the age of twenty- five ~~three~~;

(b) Except as provided in RCW **43.63A.309**(2)(a), has a total income from all sources, except for temporary sources that include, but are not limited to, overtime wages, bonuses, or short-term temporary assignments, that does not exceed fifty percent of the area median income;

~~(c) Is not receiving services under **RCW **74.13.031**(10)(b);~~

(d) Complies with other eligibility requirements the department may establish.

(3) "Fair market rent" means the fair market rent in each county of the state, as determined by the United States department of housing and urban development.

(4) "Independent housing" means a housing unit that is not owned by or located within the home of the eligible youth's biological parents or any of the eligible youth's former foster care families or dependency guardians.

"Independent housing" may include a unit in a transitional or other supportive housing facility.

(5) "Individual development account" or "account" means an account established by contract between a low-income individual and a sponsoring organization for the benefit of the low-income individual and funded through periodic contributions by the low-income individual that are matched with contributions by or through the sponsoring organization.

(6) "Subcontractor organization" means an eligible organization described under RCW 43.185A.040 that contracts with the department to administer the independent youth housing program.

2. Equitable compensation for community expertise

RCW 43.03.220

Sec. 1. RCW 43.03.220 and 2011 1st sp.s. c 21 s 55 and 2011 c 5 s 902 are each reenacted and amended to read as follows:

(1) Any part-time board, commission, council, committee, or other similar group which is established by the executive, legislative, or judicial branch to participate in state government and which functions primarily in an advisory, coordinating, or planning capacity shall be identified as a class one group.

(2) Absent any other provision of law to the contrary, no money beyond the customary reimbursement or allowance for expenses may be paid by or through the state to members of class one groups for attendance at meetings of such groups, except as provided in (a) of this subsection.

~~((3))~~ (a) An agency may provide a stipend to individuals with lived experience who are not otherwise compensated for their attendance at meetings to support their participation in class one groups when the agency determines such participation is desirable in order to implement principles of equity as outlined in RCW 43.06D.020.

(b) No person designated as a member of a class one board, commission, council, committee, or similar group may receive an allowance for subsistence, lodging, or travel expenses if the allowance cost is funded by the state general fund. Exceptions may be granted under RCW 43.03.049. Class one groups, when feasible, shall use an alternative means of conducting a meeting that does not require travel while still maximizing member and public participation and may use a meeting format that requires members to be physically present at one location only when necessary or required by law.

~~((b))~~ (c) Class one groups that are funded by sources other than the state general fund are encouraged to reduce travel, lodging, and other costs associated with conducting the business of the group including use of other meeting formats that do not require travel.

(3) For purposes of subsection (2)(a) of this section, "participation" means attendance at meetings or attendance at meetings and performance of duties as may be approved by the agency convening the class one group.