

Children and Youth Behavioral Health Work Group (CYBHWG)

Friday, December 10, 2021
9:00 – 11:00 a.m.

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

Staff: Rachel Burke, Cynthia Wiek, and Cesar Zatarain, Jr. (HCA)

Agenda Items	Notes
Cross-agency work group for children's services	<p>Jason McGill, Kathleen Donlin, Health Care Authority (HCA) Jenny Heddin, Department of Children Youth and Families (DCYF) Nichole Jensen, Beth Krehbiel, Department of Social and Health Services (DSHS)</p> <p><i>See page 4 and TVW recording (7:19).</i></p> <p>Highlights:</p> <ul style="list-style-type: none"> • Cross-agency teams have dedicated attention to looking at gaps in the continuum of care with potential solutions • Currently around 2 million Washingtonians are covered by Medicaid <ul style="list-style-type: none"> ○ Medicaid covers long term care and DD services. ○ 700,000 children currently covered with 66,000 children above 138% poverty level regarding Medicaid • <i>Updated data for slide #10-</i> Currently 28 youth have moved from multi-agency rounds <p>Proposed Agency Decision Packages: <i>See pages 12-14 and TVW recording (22:29).</i></p> <ul style="list-style-type: none"> • Continuum of Care: Residential Crisis Stabilization Program (RCSP) (HCA) • CLIP: Expansion of the CLIP System (HCA) • CCBHC Model: potentially help fund a model to help fund an outpatient behavioral health system (HCA) • Transitional age youth and work related to 115 waivers (HCA) • Placement Stabilization for Youth with High Levels of Service Needs (DCYF) • Intensive Habilitation Services (IHS) (DSHS/DDA) • Enhanced Out-of-home Services (DSHS/DDA)

	<p>Chat: U.S. Surgeon General Issues Advisory on Youth Mental Health Crisis Further Exposed by COVID-19 Pandemic</p>
<p>Continuum of care graphic model</p>	<p>Kashi Arora, Seattle Children’s Hospital</p> <p><i>See page 17 and TVW recording (49:18).</i></p> <ul style="list-style-type: none"> • Graphic is still in early stages and will undergo further revisions. • If you have any feedback contact Kashi Arora at kashi.arora@seattlechildrens.org
<p>Update: Behavioral health forecast for children & youth/ Behavioral health strike team update</p>	<p>Dr. Tona McGuire, Department of Health</p> <p><i>See page 18 and TVW recording (1:08:20).</i></p> <p>Highlights:</p> <ul style="list-style-type: none"> • Emergency Departments (ED) and Med Surge beds are overwhelmed with MH needs • Started tracking mental health (MH) orders in the ED, which highlighted the incredible impact of the patient surge in primarily suicide ideation or suicide attempts • Sacred Heart created an alternative care facility in their gym because they were overwhelmed with kids and unable to discharge timely • <i>Point in time</i> – 1 month ago – Seattle Children’s had 50% of beds are taken with MH orders • <i>Point in time</i> – 1 week ago 30% of Seattle Children’s hospital beds were taken with MH orders, with 1 patient waiting in the ED for ten days
<p>Statements of support</p>	<p><i>See page 29 and TVW recording (1:20:57).</i></p> <p>Statements of support:</p> <ul style="list-style-type: none"> • Proposed statements of support from the 5 subgroups were presented to be voted on by members. • Additional statements of supports were presented by members to be voted on.
<p>Public comment</p>	<p><i>See TVW recording (1:38:25).</i></p> <ul style="list-style-type: none"> • Mary Stone-Smith, Catholic Community Services of Western Washington (CCSWW) - Support given for workforce retention and rate increase. Lost 58 master level clinicians and 11 masers level clinical supervisors, and 30 people in behavioral health CCS lost due to vaccine mandate. We have never had anything like this. Workforce situation becoming frightening. Crucial to keep the behavioral health services strong. • Mary McGauhey, Foster Parent / Advocate - Most of the problems I hear about on the foster parent hot line around these issues are that foster parents /relative care / bio family have no support once the short-term services IHS and e-ohs are done. Transitions are rushed and once child is placed all the help goes away. Additionally - if supports are provided to current placements quickly and sufficiently, we will greatly reduce the motel stays, hospital admissions and out of state placements • Kashi Arora, Seattle Children’s - Would like to echo Laurie's Statement of Support regarding Intensive Outpatient and Partial Hospitalization Program coverage. These are critical supports in the "middle" of the continuum of care that can support step-down from inpatient settings and sometimes prevent the need for hospitalization by stepping up to IOP/PHP level of care instead of inpatient. We know these programs work and having them as a part of the state Medicaid plan is critically necessary. • Liz Nelson, Social Worker - School social workers appreciate your efforts to get more BH support in schools. Thank you.

	<ul style="list-style-type: none"> • Marie Sohl, Child’s Place - agency, also agree loss of therapist staff on WISE team of 50% in the last year and unable to re-hire as a non-profit not being able to match private agency salaries.
<p>Members vote on submitting statements of support</p>	<p><i>See TVW recording (1:47:51).</i></p> <p>Statements of support from the subgroups pass: 15 votes of approval</p> <ul style="list-style-type: none"> • Voting members further voting on statements of support that have originated from members of the work group <ul style="list-style-type: none"> ○ Grants for pandemic-specific retention incentive bonuses for behavioral health workers: 14 hands of approval ○ Intensive outpatient pilot into permanent program: 10 hands of approval ○ Certification of peer counselors to expand use to more settings: 13 hands of approval ○ Stabilize three infant and early childhood mental health consultations FTE’s: 11 hands of approval

Attendees

Allen, Elizabeth Allen, Tacoma-Pierce County Health Department
Kashi Arora, Seattle Children’s Hospital
Kelsey Beck, Kaiser Permanete
Rachel Burke, Health Care Authority (HCA)
Dr. Phyllis Cavens, Child and Adolescent Clinic
Erica Chang
Mary Clogston, Legislative Staff
Matt Davis, Office of the Homeless Youth
Davis, Representative Lauren Davis, Washington State Legislator
Kathleen Dolin, HCA
Carrie Glover, Advocate
Camille Goldy, Attorney General’s Office
Erica Hallock, Fight Crime
Jenny Heddin, Department of Children, Youth & Families (DCYF)
Marissa Ingalls, Coordinated Care
Mark James, Rod’s House
Nichole Jensen, Department of Social Health & Services (DSHS)
Colette Jones, HCA
Val Jones, FYSVRT Representative
Beth Krehbiel, DSHS
Laurie Lippold, Partners for Our Children
Cameron Long, Legislative Staff
Mary McGauhey, Foster Parent / Advocate
Jason McGill, HCA

Joan Miller, Washington Council
Liz Nelson, Advocate
Corban Nemeth, Legislative Staff
Sarah Rafton, Washington Chapter of the American Academy of Pediatrics (WCAAP)
David Rodriguez, Washington Association for Community Health
Janice Schultz, Department of Health (DOH)
Representative Tana Senn, Washington State Legislator
Sharon Shadwell, DCYF
Daniel Smith
Marie Sohl, Child’s Place
Maureen Sorenson, University of Washington (UW)
Christian Stark, Office of Superintendent of Public Instruction (OSPI)
Mary Stone-Smith, Catholic Community Services of Western Washington (CCSWW)
Sheela Tallman, UnitedHealth Group
Maddy Thompson, Governor’s office
Roz Thompson, Association of Washington School Principles (AWSP)
Beth Tinker, UW
Andrew Toulon, Legislative Staff
Amber Ulvenes, WCAAP
Liz Venuto, HCA
Cynthia Wiek, HCA
Kristin Wiggins, Advocate
Cesar Zatarain, HCA

A man with dark hair, wearing a bright green ribbed sweater, is holding a young child with curly hair up in the air. The child is wearing a light blue corduroy jacket over a purple top and denim shorts. They are both smiling and looking at each other. The background is a bright, out-of-focus outdoor setting, possibly a beach or park.

Cross-Agency Workgroup for Children's Services

Work group building off prior work such as HHS subcabinet and legislation from 2021:

- ▶ **HHS Sub cabinet** work led to substantial organization and policy/program framework
- ▶ **CLIP HMH** (Habilitation Mental Health) - Expands the scope of CLIP by offering a specific inpatient unit designed to serve youth with behavioral health diagnoses and Intellectual and Developmental (I/DD) needs
- ▶ **ECHO (Extension for Community Health Outcomes) I/DD** - Designed to provide training using experts from University of Washington and Seattle Children's Autism Center and other organizations, for community health providers who work with children and youth with I/DD and behavioral health needs.
 - ▶ Three ECHO offerings:
 1. WISe (Wrap Around with Intensive Services)
 2. Medication Management for youth with I/DD and co-occurring behavioral health diagnoses (new to begin early 2022)
 3. Resources and Resource Navigation (new to begin January 2022)



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Multi-system “rounds” for children/youth

Under the oversight of the cabinet members within the Governor’s Health and Human Services Subcabinet, the team convened to address service delivery issues for children and youth who were in or at risk of placement within the child welfare system

- Representatives from:
 - Health Care Authority (HCA)
 - Department of Children Youth and Families (DCYF)
 - DSHS/Developmental Disabilities Administration (DDA)

Agency	Role
Health Care Authority (HCA)	Washington State's Medicaid agency purchasing and providing behavioral and physical health care for eligible Washington State residents, typically provided through Apple Health (Medicaid) Managed Care Organizations (MCOs) (700K+ children and 66K SCHIP coverage = 42% total population of 2.1M under 19 yo/ 10% 19-25 yo)
Department of Children Youth and Families (DCYF)	Cabinet-level agency focused on safety and well-being of children, including foster care
Developmental Disabilities Administration (DDA)	Agency serving individuals throughout their lifespan with developmental or intellectual disabilities

Goals of Cross-Agency Work

- ▶ Identify barriers to care and solutions to removing them
- ▶ Multi-agency involvement to close any gaps which exist between child-serving agencies: DCYF, DDA, HCA
 - ▶ Develop working relationships to partner closely at all levels of each of the organizations (field level, regional, headquarters)
 - ▶ Develop escalation processes to support quick resolution at the lowest level
 - ▶ Ensure partnerships and expertise as needed (HCA = health care system; DCYF child welfare; DDA = I/DD system)
- ▶ Leverage the information identified from children and youth currently experiencing barriers to improve the system and prevent reoccurrence for future children and youth

Multi-Agency Rounds



- ▶ HCA, DCYF, DDA, and MCOs attend weekly case presentations
- ▶ Children/youth-specific barriers presented to identify both system-level and child/youth-level solutions:
 - ▶ System-level work targets barriers and solutions to prevent reoccurrence for future children/youth
 - ▶ Child/youth-level work focuses on problem-solving across the agencies to reduce barriers to timely and appropriate care and supports
- ▶ Types of situations presented: Children with complex service and support needs across multiple systems (i.e., DCYF, DDA, and Medicaid), who may be in a dependency with DCYF or at risk of being in a dependency, and who are experiencing extreme or unusual barriers to care where field level problem-solving has not removed barriers so escalation to leadership is recommended.
- ▶ Frequency: HCA, DCYF, DDA, and applicable MCO attend once a week. Multi-Agency Rounds are in addition to existing case staffing's and other care coordination meetings occurring.

Multi-Agency Rounds: Accomplishments to date

- ▶ Child/youth level resolution:
 - ▶ Cases have resulted in the provision of supports and services individualized and appropriate for the youth in crisis.
 - ▶ Currently 15 youth have moved from Multi-Agency Rounds as resolution has occurred as a result or youth no longer require this level of escalation due to multiagency work
 - ▶ Individual story: Kathleen will present individual story.

HCA



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Multi-Agency Rounds: Accomplishments to date

▶ System level ideas and solutions:

- ▶ List of system challenges identified and updated/ revised weekly
- ▶ The team creates subgroups and additional workstreams to address
- ▶ Cross-team communication about related legislation and multi-agency supported decision packages in process
- ▶ Charter between DCYF-DDA-HCA with interagency collaboration for children and youth, which is intended to:
 - Identify children and youth who require cross-agency services and collaborate and provide support in a timely manner
 - Identify solutions which may involve single-case agreements, client specific contracts or other innovative focused to utilize cross-agency systems
- ▶ Expanded escalation processes/pathways developed within DCYF and DDA
 - Work in process to ensure expectations/communications are aligned across each agency
 - Keep work at lowest level possible to ensure quicker resolution

▶ Agenda topics include the use of “Parking Lot” items to:

- ▶ Target system solutions
- ▶ Led to decision packages
- ▶ Service Level Agreements between agencies targeted on system solutions

Led to Multi-agency Proposed Decision Packages for 2022: *Continuum of Care*



▶ **Continuum of Care**

Residential Crisis Stabilization Program (RCSP). Supports short-term crisis stabilization with a no wrong door approach for children with multiple behavioral health needs

▶ **CLIP**

Expansion of the CLIP system, adding 42 additional contracted CLIP beds (non-CSTC) that allow CLIP treatment to be provided closer to children's and youth's homes and communities. It would be funding 51 additional community CLIP beds to address the current system overspend due to demand.

▶ **Other agency priorities:** DCYF and DDA have specific priorities and decision packages supporting Continuum of Care; HCA focusing on transitional age youth and work related to 1115 waiver e.g. continuous eligibility 0-6; integrated eligibility, K12 BH etc.

DP: Placement Stabilization for Youth with High Levels of Service Needs

- Additional resources to:
 - Increase rates to Behavioral Rehabilitation Services (BRS) providers to stabilize work force and increase availability of Treatment Foster Care Homes
 - Address the inadequacy of the case aide hourly rate
 - Provide regular shared planning meetings to address challenges and barriers for youth with high levels of service needs
 - Develop a supportive housing placement option for youth ages 16-17 which supports them to transition into independent living when they turn 18 (potential pilot program.)

DSHS/DDA DP: Support to WA's Continuum of Care for children and youth with I/DD

➤ Intensive Habilitation Services (IHS):

- Two contracted three bed facilities
- Short-term stabilization services (up to 90 days)
- DDA eligible clients between the ages of 8-20
- Support children to acquire, retain, and improve upon self-help, socialization, and adaptive skills.
- Supportive family model with a strong teaching and training component

➤ Enhanced Out-of-Home Services (E-OHS):

- Six contracted three bed facilities
- Long-term residential support for children and youth who are discharging from inpatient care such as CLIP, psychiatric hospitalization, or residential treatment facilities located out-of-state.
- Equipped with staff who have specialized training and expertise in positive behavior support principles, therapeutic de-escalation techniques, and treatment modalities such as Dialectical Behavior Therapy (DBT) or Applied Behavior Analysis (ABA).
- Model supports children receiving services in home and community-based settings, in lieu of institutional care.

Note: Additional community supports for children, whether it is short or long-term, are needed to continue to build the infrastructure in WA to promote a comprehensive continuum of care for individual with Intellectual and Developmental Disabilities and their families with a goal to reduce unnecessary admission to acute care hospitals, single night foster home placements, hotel stays, and out-of-state services.

Other Potential Areas of Focus (not developed for further action at this point)

- ▶ Increase Access to Applied Behavior Analysis (ABA) Providers (by increasing rates for Board Certified Behavior Analysts (BCBAs) who are trained/prepared to manage children with severe behavior disorders. Include contract dollars for training or classes by Seattle Children's Autism Center that are CEU eligible to prepare these professionals to meet the demand for access to these specialized services.
 - ▶ This includes those with self-injurious behaviors and soft tissue damage to others. Included contract dollars for training or classes that were Continuing Education Unit (CEU) eligible)
- ▶ Increase the rate for ABA technicians. There has been no rate increase since 2012 when the program was implemented, and we are in the lowest four payers of the state Medicaid agencies that now cover this service for kids.
- ▶ Developing continuum of care for the treatment of autism and self-injurious or assaultive behaviors: inpatient hospital setting, a Partial Hospitalization Program (PHP) and community center-based care for intensive behavioral assessment and treatment. Funding would be required for the partial hospitalization and the community center model. Inpatient care and home/clinic-ABA services are already a covered Medicaid benefit.
- ▶ Create Family Engagement Supports - requested funding for a contract with a consultant that would make recommendations for a program to support families.
- ▶ **Note:** More CLIP HMH beds will likely be necessary, but we need to implement the initial 12-bed authorization first, then assess; and we need to focus on the CLIP package.



Questions?

Jason McGill, Assistant Director, HCA

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Kathleen Donlin, Occupational Nurse Consultant, HCA

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Jenny Heddin, Exceptional Placement Project Manager, DCYF

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Barb Putnam, Supervisor-Well Being Unit, DCYF

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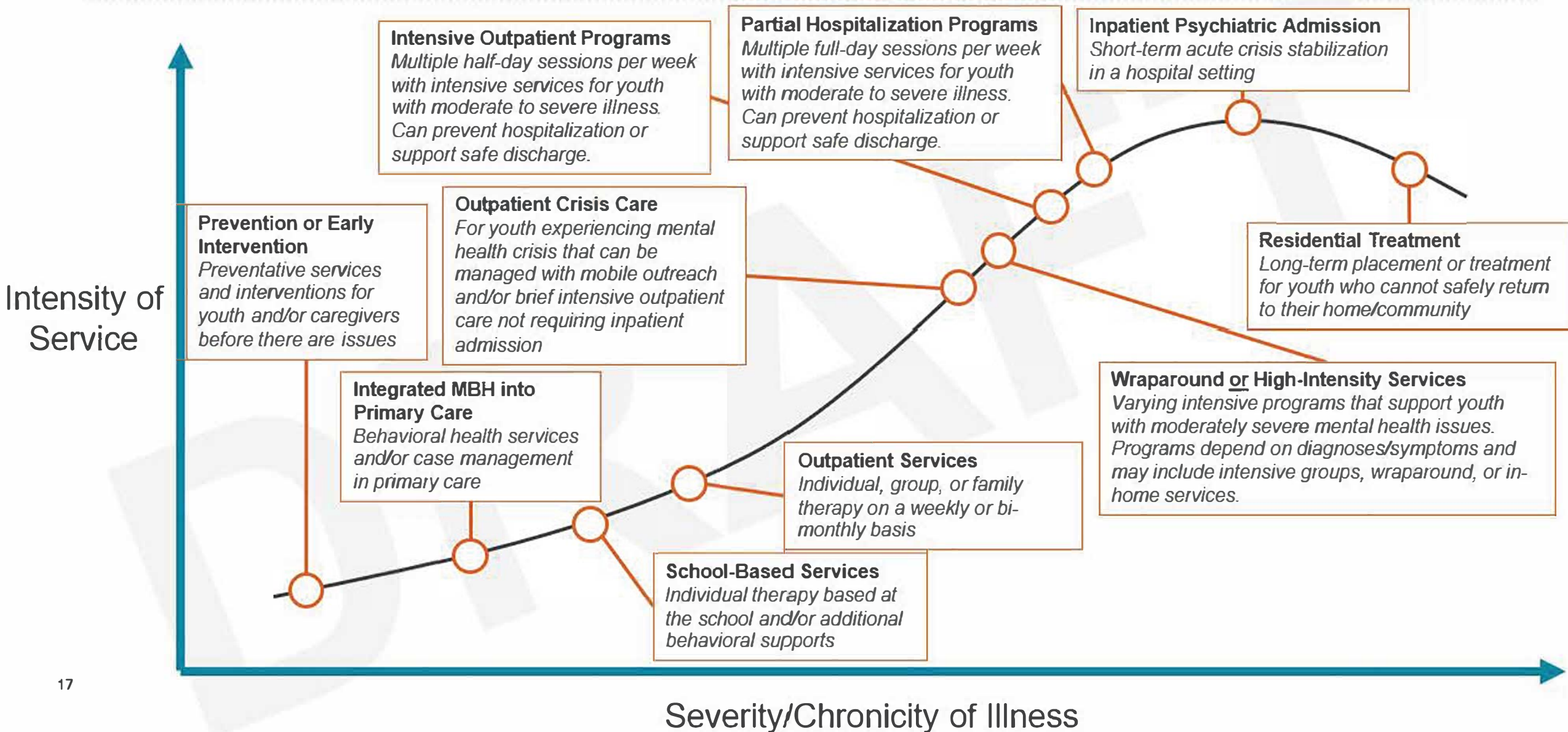
Nichole Jensen, Office Chief - Office of State Operated Programs, Transitions and Training, DSHS/DDA

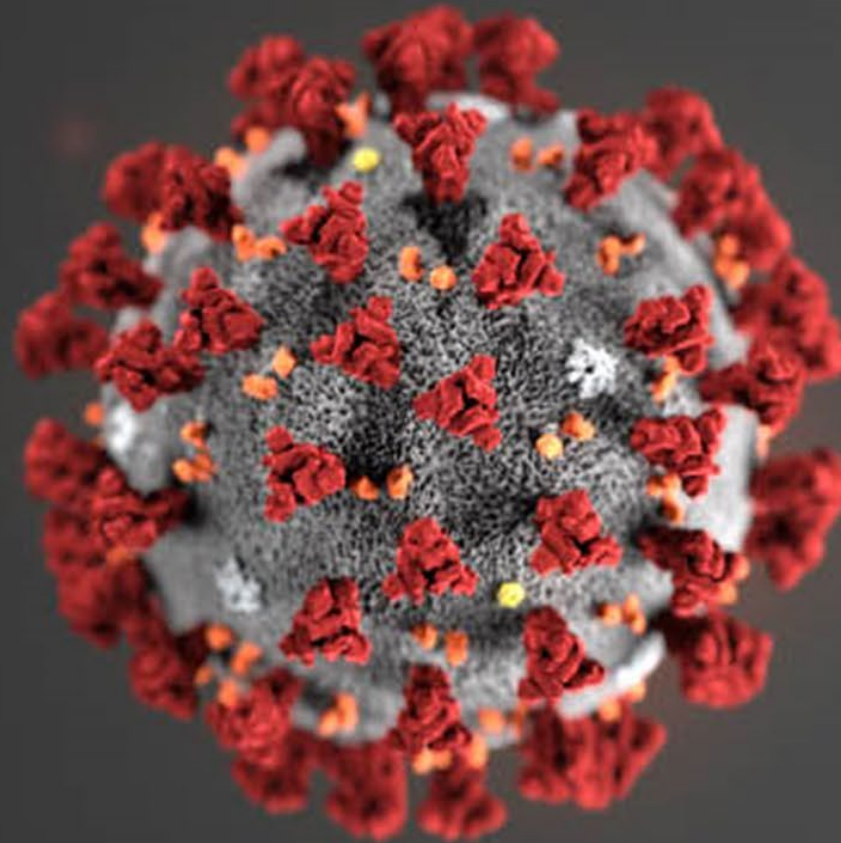
Nichole.Jensen@dshs.wa.gov

Beth Krehbiel, Interim Director, Division of Field Services, DSHS/DDA

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Washington's Pediatric Mental Health System of Care





BEHAVIORAL HEALTH IMPACTS OF COVID-19
November 2021 Forecast Update

Brief Overview: Development and Further Reading

Background:

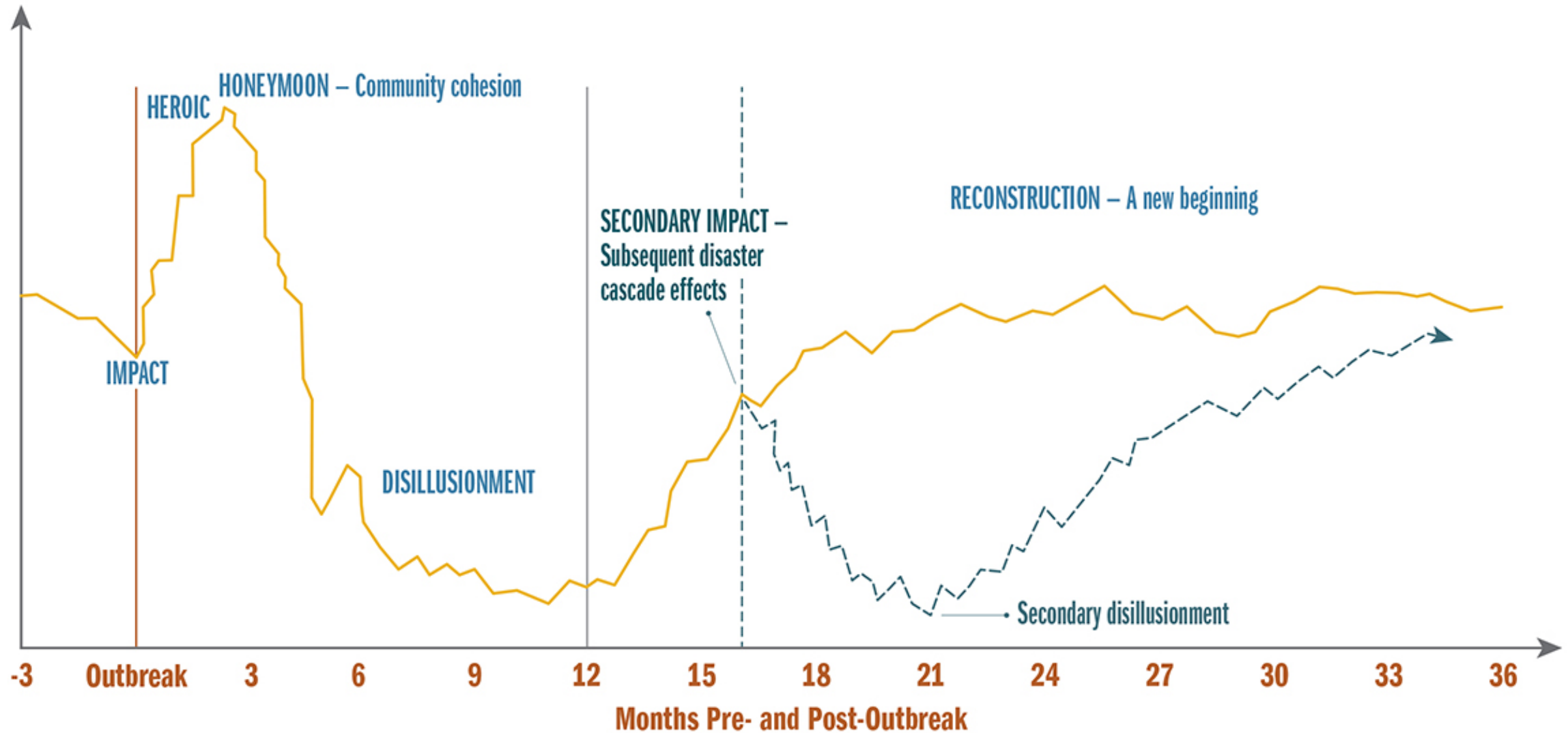
- Developed by combining academic literature, a wide variety of data sources, and the expertise of the DOH Behavioral Health Strike Team
- Highly subject to future waves, government actions, societal trends, social and economic impacts
- Continually informed by new research and data sources

Further reading:

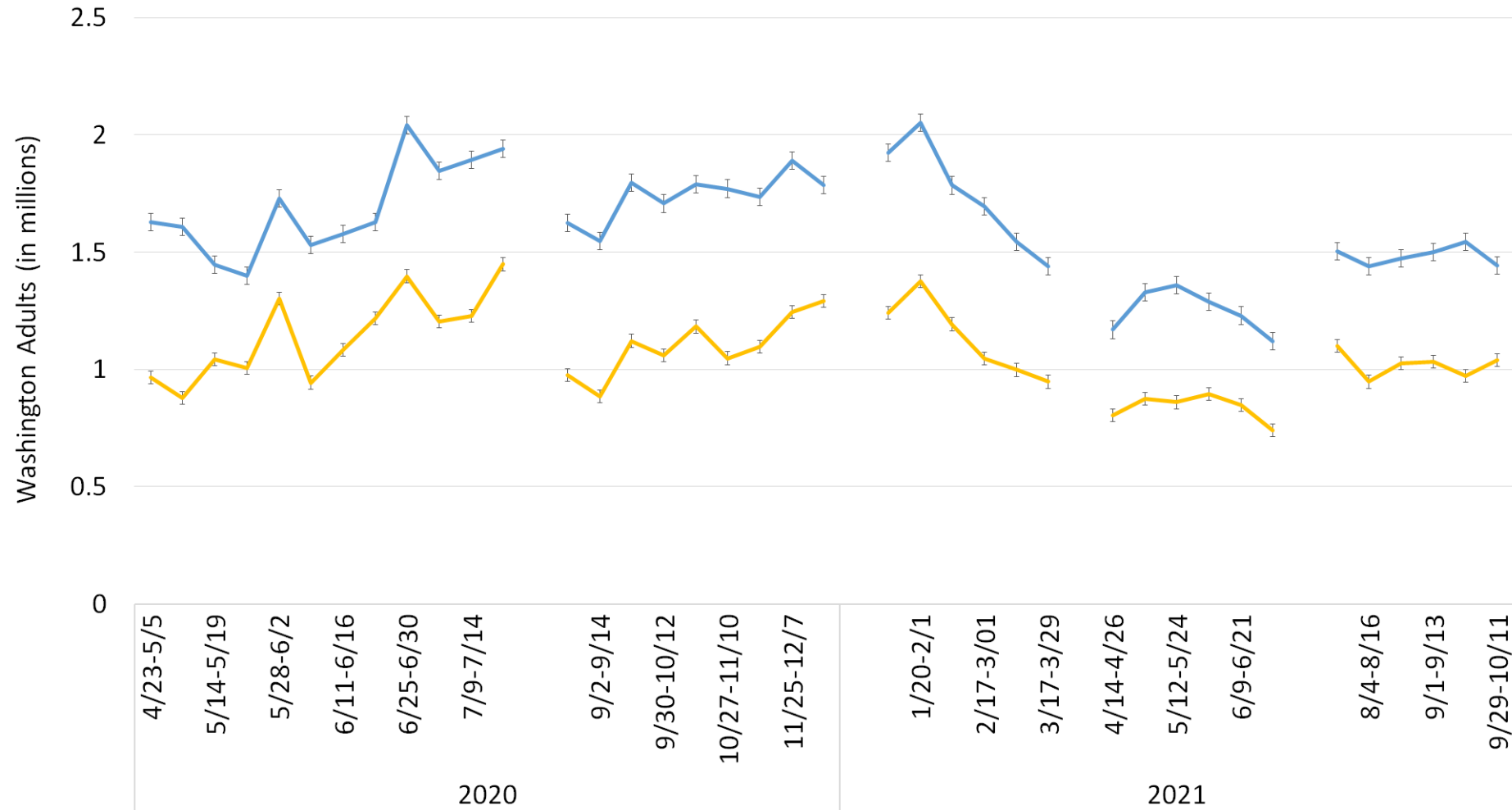
- Statewide Impact Forecast (*updated monthly*)
- Behavioral Health Situational Report (*updated weekly*)
 - Youth Sit-Rep (*monthly*)
 - Aging Sit-Rep (*monthly*)
- Regional Sit-Rep (*coming soon!*)

Reactions and Behavioral Health Symptoms in Disasters

Emotional Response – Lows to Highs



Anxiety and Depression- WA Adults



—Anxiety: Feeling nervous, anxious, or on edge

—Depression: Feeling down, depressed, or hopeless

Disaster Cascade effects

Delta and the impacts of this variant are resulting in the **experience of a “disaster cascade” in some form for most people heading into the winter.**

- A disaster cascade is defined as the experience of multiple disaster “Impacts” within a 12-18 month time frame (multiple waves of the same disaster, or different types – floods, hurricanes, etc)
- ***Disaster cascades further tax already depleted emotional, physical, social and economic resources.***
- As a function of the cascade effects, risks related to increased behavioral health symptoms go up for many people.
- The winter months of 2021 into 2022 are also taking place simultaneously with a ***secondary disillusionment phase***. “I thought I would (should) be feeling better by now, so why don’t I?”
- The holiday season brings with it more questions about economic, occupational and social impacts for families and businesses. Concerns about how (and with whom) to spend the holiday season as well as financial resources and stability add significant stressors.

Update on Behavioral Health Impacts of COVID for Youth

- We have had an uptick in warnings and alerts for the last couple of months regarding ages 5-17 presenting to ED for suspected suicide attempts. Girls in particular seem to be struggling. Alerts were issued Week 44 for under 18 with suspected drug overdoses.
- WA hospitals which admit pediatric patients have begun twice weekly huddles where they have gathered data on bed availability, uncovering the extent to which youth with Behavioral Health issues have impacted ED and Acute bed capacity.
- Schools are reporting significant emotional and behavioral symptoms as youth returned to in-person school. They also report school staff are exhausted.
- Surgeon General has declared an emergency for BH in youth

Areas of Focus

Areas of focus for November 2021 for Youth and Families:

- Behavioral Health surge for youth is taxing already overloaded healthcare system. Bed shortages, staffing, and children in crisis are influencing placements for pediatric patients of all types.
- Family stresses remain high, uncertainties around quarantine / exposure and juggling home / work / school issues adds to behavioral health pressures for youth.
- Academic delays are being reported by teachers for many children.

Areas of focus for November 2021 for Businesses and Workers:

- Vaccine mandates and deadlines for vaccination are shifting group dynamics in the workplace and communication patterns amongst co-workers and friends.
- For companies and agencies where employees are leaving, there may be significant shifts in workloads, job roles and other responsibilities that may contribute to intense emotional and behavioral responses for some.
- Educators are managing behavioral health crises in the classrooms across K-12 levels and many public school districts are also struggling with staffing issues.
- Public health and healthcare workers are at higher risk for burnout, depression, and PTSD.

Key Takeaways

- There potential for violence and aggression increase with "hardening" of opinions, impulsivity, and sense (accurate or not) of being threatened (by changes, uncertainties, mandates, expectations, etc) in the workplace and in social settings.
- **De-escalation and active listening continue to be highly recommended techniques for supporting others.**
- **The development of active coping skills will help people reduce symptoms as we enter the winter and holiday season.**
- Planning, thinking through, and considering options ahead of time is a valuable part of the process as we move into the fourth quarter of 2021 and into 2022. Planning and identifying alternative options ahead of time reduces the likelihood of making impulsive, risky choices.
- More research every day on behavioral health related outcomes for covid survivors
- Developmental (neurocognitive delays) seen for children born during pandemic

Resources:

DOH - Forecast and situational reports, guidance and resources:

<https://www.doh.wa.gov/Emergencies/NovelCoronavirusOutbreak2020COVID19/HealthcareProviders/BehavioralHealthResources>

WA State – General mental health resources:

<https://coronavirus.wa.gov/information-for/you-and-your-family/mental-and-emotional-well-being>

Looking for support?
Call Washington Listens at
1-833-681-0211



Questions?





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Statements of support for the 2022 legislative session

At the CYBHWG meeting on December 10, 2021, members approved the following statements of support.

Submitted by subgroups

Workforce & Rates	
\$\$\$	Strengthen and fund loan repayment programs, including the established Washington Health Corps model, that incentivize direct (clinical) behavioral health service provision. 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. <i>Recommendation of the Workforce Board</i>
\$\$\$	Increase rates by 7% for services that are not funded by Medicaid, primarily those related to crisis response and crisis-related services. \$3,327,310 for FY 2022 and \$6.655 million for FY 2023. 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. <i>Recommendation of the Washington Council for Behavioral Health</i>
\$\$\$	Provide bridge funding for the current Certified Community Behavioral Health Clinics (CCBHCs) in our state to accompany the CCBHC study for a statewide initiative. There are 12 CCBHCs in Washington, funded through the 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. <i>Recommendation of the Washington Council for Behavioral Health</i>
School-based Behavioral Health & Suicide Prevention	
\$\$\$	Support the expansion of the School-Based Health Center (SBHC) program to increase access to behavioral health care in academic settings The SBHC program was established in 2021 through passage of HB 1225 . <i>Included in Department of Health decision package in support of Young Adult Behavioral Health.</i>
\$\$\$\$	Support the increase to staffing ratios for school nurses detailed in Initiative 1351 and endorsed by Washington state voters in 2014. <i>This strategy is included in the Office of Superintendent of Public Instruction (OSPI) 2022 decision package in support of resourcing schools so that every student has access to a school nurse.</i>

Proposed by members at the December 10 work group meeting

\$ TBD	Convert youth partial hospitalization/intensive outpatient pilots into a covered service by requiring their inclusion in the state Medicaid plan <i>Potential legislation</i>
\$ TBD	Grants for pandemic-specific retention incentive bonuses for behavioral health workers <i>Recommendation of the Washington Council for Behavioral Health</i>
\$ TBD	Certification of peer counselors to expand their use to more settings <i>Potential legislation</i>
\$\$	Stabilize three infant and early childhood mental health consultation FTEs The grant funding for these three FTE consultants expires in December 2022. <i>Recommendation from the October 2021 Project Education Impact report.</i>