

Children and Youth Behavioral Health Work Group

Friday, April 16
Noon – 2 p.m.

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

#	Agenda Items	Lead
1.	Updates	<p>Progress on CYBHWG recommendations for 2021 legislative session (Laurie Lippold) <i>See page 6 (summary), page 11 (detailed list), and TVW recording (0:05:36).</i></p> <p>Governor’s directive: Where we are in the process & recommendations shared with House budget team (MaryAnne Lindeblad) <i>See pages 7 and 8, and TVW recording (0:18:20).</i></p> <p>DOH Strike team update (Mary Beth Brown) <i>See page 27 and TVW recording (0:23:26) for details.</i></p> <ul style="list-style-type: none"> • Disaster response perspective: We have limited resources and unlimited needs - What can be expanded and put online quickly, with a limited budget? • Prioritized recommendations (designed to work together): <ul style="list-style-type: none"> ○ Seattle Children’s Crisis Clinic: ○ Hire 9 BH navigators (1 for each region), reporting to Seattle Children’s. ○ Extend workforce by hiring graduate students and training them in TF-CBT. ○ BH surge management. <p>Amber Leaders, Governor’s Office</p> <ul style="list-style-type: none"> • Working on recommendations with OFM, MaryAnne, Rep. Lindeblad – what can we do now? What can we look at for next session? • Looking at what we can scale up quickly for the upcoming school year.
2.	Feedback from CYBHWG and	CYBHWG members and subgroup members, as well as the public, provided feedback on the following questions.

Children and Youth Behavioral Health Work Group

	<p>subgroup members, and non-members</p>	<ol style="list-style-type: none"> 1. Which recommendations would best support children and youth in the next 6 to 12 months? 2. If funds are limited, which would you prioritize for immediate action? 3. Which recommendations should be considered for the 2022 legislative session? 4. What is missing from the list? <p>See:</p> <ul style="list-style-type: none"> • <i>Page 31 for a compilation of all feedback,</i> • <i>TVW recording (0:51:26) for subgroup reports, and</i> • <i>and the TVW recording (1:09:28) for all public responses.</i>
<p>3.</p>	<p>Public comment</p>	<p>See TVW recording (1:20:20).</p> <p>Dr. Phyllis Cavens: For universal screening, suggest increasing the number of school nurses and designate the school nurse to be the school BH manager for referrals.</p> <p>Carrie Syversten: I am a school social worker in Seattle. As school social workers, 31 of us are partnering with the UW SMART Center to deliver TF-CBT to students for the 2021-22 school year. We are also trained in universal screening and care coordination. Schools social workers are underutilized in WA state.</p> <p>Terry Pottmeyer, Interim Executive Director, Atlantic Street Center: As a provider in the HH ACH (King County) CBOs providing BH for children and youth have seen rates drop by 30% since October. We must address rates; we are losing providers for children and youth in our region, in the face of increasing needs. We are not sure how to alert the State to this concern, and to address it. Thank you for any ideas we can pursue.</p> <p>Janice Schutz, Executive Director, Washington State Community Connectors: I am very disappointed in the lack of funding for family and youth peer support. This is a proven effective and low-cost intervention that would be much more effective if brought on earlier in the process for families and youth.</p> <p>Deanna Russell: Recommendation to add early learning and 0 – 5 childcare, and social emotional needs and behavioral supports in childcare to your list.</p>
<p>4.</p>	<p>Closing</p>	<p>See TVW recording (1:23:40).</p> <p>Next CYBHWG meeting: Friday, May 14, 2021 – 8 a.m. to noon</p> <p>See page 37 for edited Chat log.</p>

Children and Youth Behavioral Health Work Group

April 16, 2021

Work Group Co-Chairs

Representative Lisa Callan

*Washington State Representative
5th Legislative District*

MaryAnne Lindeblad

*Medicaid Director
Health Care Authority*



Children and Youth Behavioral Health Work Group

Agenda review

Noon – 12:10	Agenda Review	MaryAnne Lindeblad
12:10 – 12:35	Share information	Laurie Lippold & MaryAnne Lindeblad Mary Beth Brown (DOH)
12:35 – 1:00	Members offer feedback, views	Subgroup leads
1:00 – 1:15	<ul style="list-style-type: none">• Breakout rooms by subgroup• Subgroups report to full group	
1:15 – 1:30	Non-members offer feedback, views	Stacy Buck & Rachel Burke MaryAnne Lindeblad
1:30 – 1:50	<ul style="list-style-type: none">• Menti exercise• Public comment period	
1:50 – 2:00	Closing thoughts	MaryAnne Lindeblad

Children and Youth Behavioral Health Work Group

Breakout rooms – CYBHWG subgroups

- Workforce & Rates
- Prenatal through Five Relational Health
- School-based Behavioral Health & Suicide Prevention
- Youth & Young Adult Continuum of Care (YYACC)
- Behavioral Health Integration

Please let us know in Chat which group you'd like to observe.

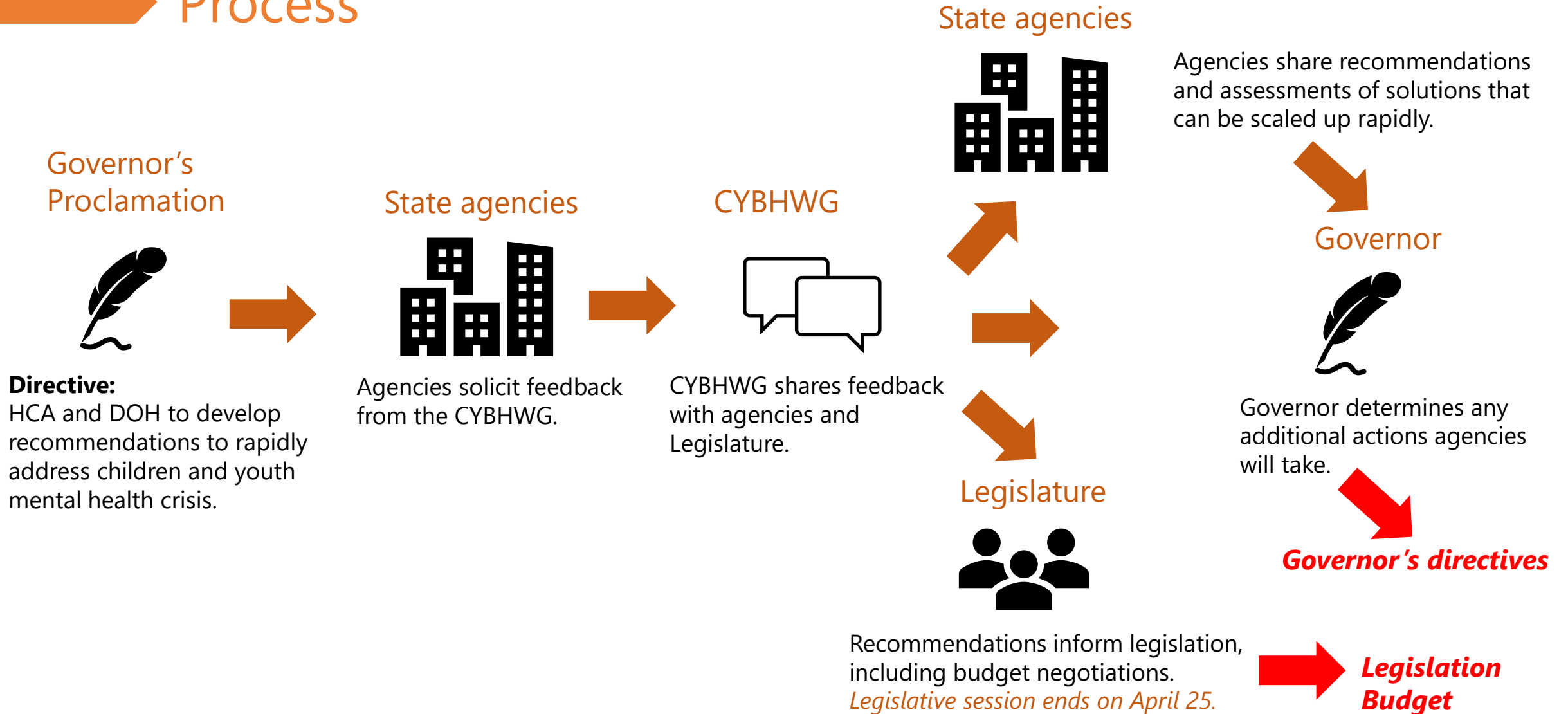
Children and Youth Behavioral Health Work Group

Recommendations for 2021 legislative session

Recommendation	Bill	House budget	Senate budget
Increase Medicaid rates (both)		✓	✓
Continue funding for Children's Referral Assistance and PAL for Moms	HB 1325 (passed)	✓	✓
Expand youth mobile crisis services (both)		✓	✓
Change Medicaid policy to best practices for mental health assessment for ages 0-5	HB 1325 (passed)	✓	✓
Workgroup to develop a Behavioral health teaching clinic enhancement rate			✓
Expand Student Loan Repayment program		✓	
Preserve and expand existing investments in infant and early childhood mental health (IECMH) consultation		✓	✓
Establish a complex needs fund to expand access to consultant support for behavioral health challenges of children 0-5	SB 5237	✓	✓
Explore Medicaid waiver options for respite care for youth with BH challenges		✓	✓
Expand availability of and supports for youth and family peer services			
Support efforts to assess and improve telehealth, incl. developing standards of practice focused on ages 0-25		✓	

Children and Youth Behavioral Health Work Group

Process



Children and Youth Behavioral Health Work Group

Recommendations sent to House budget team

\$\$\$\$	Statewide, rapid recruitment, training and placement of care coordinators/navigators across multiple settings
\$\$\$	Universal behavioral health screening for children/youth across multiple settings
\$\$	Expand the PALs in Schools program for psychological consultation to school counseling staff regarding high-risk students with complex needs
\$\$	Bulk purchase technology-based behavioral health interventions for anxiety, depression, and suicidality
\$\$	Incentivize providers for group therapy for youth with behavioral health needs
\$\$\$	Behavioral health enhancements for youth shelters
\$	Funding related to multi-tiered systems of support (MTSS) in schools
\$\$	Youth-built mental health promotion projects
\$	Behavioral health equity specialist (1 FTE)
\$\$\$	BIPOC behavioral health community engagement grants
\$\$\$	Training, curriculum purchase, and additional staff time for delivery of emotional regulation and distress tolerance curriculum within youth development and enrichment community-based providers
\$\$\$\$	Hiring of 50 recently retired behavioral health professionals at a regional level to serve youth with immediate needs of insurance coverage

Key:

\$	<\$1M
\$\$	\$1M – 2M
\$\$\$	>\$2M – \$5M
\$\$\$\$	\$10M or more

Children and Youth Behavioral Health Work Group

Questions for member and public feedback

Questions

1. Which recommendations would best support children and youth in the next 6 to 12 months?
2. If funds are limited, which would you prioritize for immediate action?
3. Which recommendations should be considered for the 2022 legislative session?
4. What is missing from the list?

Children and Youth Behavioral Health Work Group

Key dates

- Sunday, April 25 – Legislative session ends
- Saturday, May 15 – Governor must act on all bills passed by the Legislature
- *Next CYBHWG meeting:*
Friday, May 14, 8 a.m. to Noon

Please e-mail cybhwg@hca.wa.gov to be added to the mailing list for work group meetings or any of the subgroups.

Issue	Bill/Proviso/ Other	Status/Other	Gov's 21-23 Budget	Senate Budget	House Budget
Increase the Medicaid rates for BH services	Budget Proviso	Budget discussions are underway. No update.	Yes \$7.428m GFS \$12.584m Other \$20.012m Total	Yes \$6.5m GFS \$17.509m Total Effective 10/1/21	Yes MCO 2% inc: \$17.016m GFS \$55.041m Total; BH provider inc: \$5.571m GFS \$15.009m Total Same language as Senate
Expand Youth Mobile Crisis Services Statewide	Budget Proviso	Budget discussions are underway. The House request will be for 6 additional Crisis Teams and a shift of some existing funds from DCYF to the HCA.	Yes \$7.848m GFS \$10.470m Total Note: There is interest in adding an additional Team, which would increase the total somewhat.	Yes \$7.848m GFS \$10.470m Total 6 additional teams	Yes Seems to be incorporated into the 988 language and is part of the \$75.608m allotment; unsure how much or for how many teams Plus: Children's Crisis Response Team

Issue	Bill/Proviso/ Other	Status/Other	Gov's 21-23 Budget	Senate Budget	House Budget
					– move from DCYF to HCA \$2.250m GFS/Total
Establish a workgroup to develop a BH teaching clinic enhancement rate	Budget Proviso	Budget discussions are underway. No update.	Yes \$150,000 GFS/Total	Yes \$150,000 Total	No
Expand the Student Loan Repayment program and reduce the barriers that currently exist	Budget Proviso	Budget discussions are underway. No update.	No The ask is for \$8.250m GFS (Would fund 55 new slots.)	Does not appear to be included	Yes \$8.250m GFS/Total (Increases the number of awards within the BH Loan Repayment Program)
Preserving and expanding the investment in	Budget Proviso	Budget discussions are underway.	Funding to retain the existing	Yes \$2.4m Total	Yes \$2.496m Total

Issue	Bill/Proviso/ Other	Status/Other	Gov's 21-23 Budget	Senate Budget	House Budget
Infant and Early Childhood Mental Health Consultation		Included in the Fair Start Act (SB5237) that passed and is heading back to the Senate for concurrence.	consultants was included in the budget. The expansion funding was not and the ask is for \$2.4m GFS/Total	(Increase the number of MH consultants)	(6 additional Consultants)
Direct the HCA to explore Medicaid waiver options for respite care for youth with BH challenges	Budget Proviso	Budget discussions are underway. No update.	No The ask is for \$150,000 GFS/Total	Yes \$175,000 GFS \$200,000 Total (Medical and BH Respite Care – Also requires the development of an implementation plan around respite and Medicaid)	Yes \$150,000 Total
Support efforts to assess and improve telehealth/development of standards of	Budget Proviso	Budget discussions are underway. No update.	No The ask is for \$410,000 GFS/Total	No	\$410,000 Total

Issue	Bill/Proviso/ Other	Status/Other	Gov's 21-23 Budget	Senate Budget	House Budget
practice focused on prenatal to age 25					
Behavioral Health Apprenticeship	Budget Proviso	Budget discussions are underway. No update.	No The ask is for \$1.5m GFS or L and I fund	No	Yes \$1.6m (in L&I's budget)
Funding for the Early Childhood Intervention and Prevention Services (ECLIPSE)	Budget Proviso	Budget discussions are underway. No update.	\$2.152m GFS/Total The ask is: \$9.3m (GFS) Note: Of this, \$2.2m is new; the remainder is to backfill anticipated federal funding that did not materialize	Yes \$4.965m GFS/Total (500 slots in '22 and 1,000 in '24)	Yes \$2.905mm GFS/Total (100 slot expansion) Plus: \$2.152m Total (Backfill federal \$ that did not materialize)
Behavioral Health	Budget Proviso	Budget discussions are underway.	No	Yes	Yes

Issue	Bill/Proviso/ Other	Status/Other	Gov's 21-23 Budget	Senate Budget	House Budget
Enhancements for Youth Shelters		No update. Efforts are underway to increase and expand this using federal 1 time funding.	The ask is for \$800,000 GFS/Total	\$800,000 GFS/Total	\$800,000 GFS/Total
Partial Hospitalization/ Intensive Out-patient	Budget Proviso	Budget discussions are underway.	No \$5,803,079 GFS \$8,347,079 Total	Yes \$8.555m GFS/Total [Continue and expand pilots]	Yes \$6.754m GFS/Total [Implement 2 pilots]
Support MTSS Decision Package submitted by OSPI	Budget Proviso	Budget discussions are underway. No update.	Some funding was included; however, the amount is a bit unclear	No [Should confirm]	Yes \$760,000 GFS/Total
Support the OSPI Building Staffing Capacity to Support Student Well-Being OSPI Decision Package	Budget Proviso	Efforts are underway to retain the level of funding in the Governor's budget. No update.	Some funding for school counselors was included	\$32.765m GFS/Total [Should confirm] [School counselors]	\$43.982m GFS/Total [School counselors]

Issue	Bill/Proviso/ Other	Status/Other	Gov's 21-23 Budget	Senate Budget	House Budget
<p>Continue funding the WA State MH Referral Assist Service</p> <p>Change Medicaid policy to match best practices for MH, assessment and diagnosis of children 0-5</p>	<p>Bill and Budget</p>	<p>HB1325 – Rep. Callan</p> <p>Establishes the 2 PAL pilot lines (PAL for Moms and Referral Assist) as permanent lines;</p> <p>ADDITIONALLY:</p> <p>HB1325 requires the following:</p> <ul style="list-style-type: none"> • Allows for 3-5 assessments • Reimburses for travel for assessments in home and natural settings • Requires use of DC:0-5 <p>HB1325 passed unanimously in the Senate and will be on its way to the Governor soon!</p>	<p>Yes \$1.480m GFS \$1.7m Total</p> <p>The final fiscal note was available and presented prior to passage in Appropriations</p>	<p>Yes \$2.892m Total</p> <p>Yes \$3.062m GFS \$3.128m Total</p>	<p>Yes \$2.892m Total</p> <p>Plus....The House added \$370k to the budget in Appropriations in order to increase the number of Referral Assist Staff</p> <p>Yes \$1.079m GFS \$1.257m Total</p>

Issue	Bill/Proviso/ Other	Status/Other	Gov's 21-23 Budget	Senate Budget	House Budget
Require continuing education for BH professionals in the provision of culturally responsive treatment	SB5229 – Sen. Randall	<p>Bill only – Sen. Randall</p> <p>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.</p> <p>SB7229 passed the House and was sent back to the Senate for concurrence. Awaiting a vote.</p>	NA	NA	NA
Develop and implement a registered BH apprenticeship model	Bill	<p>HB1311 – Rep. Bronoske</p> <p>Allows individuals participating in apprenticeship programs to be issued a substance use disorder professional certificate.</p> <p>The House concurred with the Senate amendments and the bill will be heading to the Governor soon!</p>	NA	NA	NA
Address barriers to employment created by	TBD	Options are being explored. Just a reminder, the Governor's budget includes \$300k for the cost of supporting the Blue	\$300,000 GFS/Total	Does not appear to be included	\$300,000 GFS/Total

Issue	Bill/Proviso/ Other	Status/Other	Gov's 21-23 Budget	Senate Budget	House Budget
background checks		<p>Ribbon Commission on the Intersection of the Criminal Justice and Behavioral Health Crisis Systems that will be established in Governor's Executive Order 21-02.</p> <p>[See HB1411 below]</p>			
Expand the availability of youth and family peer services across the continuum of care, etc.	Bill? Budget Proviso?	<p>In the process of determining where this will live.</p> <p>No update.</p>	NA	<p>Yes \$500,000 GFS/Total [Provision of free community and school based mental health education and support programs.]</p> <p>\$1.762m GFS/Total [Peer support and recruitment.]</p>	<p>Yes \$200,000 Total [Recruitment of peers for work in BH.]</p> <p>Plus: \$250,000 Total [Peer crisis response training.]</p> <p>\$500,000 Total [Peer emotional support network.]</p>
Establish a complex needs	Bill	No ask at this point outside of the Fair Start for Kids Act (HB1213).	No	\$4.548m GFS \$9.096m Total	\$5.864m GFS \$8.331 Total

Issue	Bill/Proviso/ Other	Status/Other	Gov's 21-23 Budget	Senate Budget	House Budget
fund to address the behavioral challenges of children 0-5		<p>2SHB1213 did not advance beyond the ELK12 committee.</p> <p>ESSB5237, the Senate Fair Start for Kids Act, was passed by the House and will now go back to the Senate for concurrence.</p>		(Includes child care, ECEAP, and 0-3 ECEAP providers)	(Includes ECEAP and child care providers)
Health care workforce eligibility for persons with prior involvement with the criminal justice system	Bill	<p>SHB1411 – Rep. Simmons</p> <p>Prohibits the Department of Social and Health Services (DSHS) from automatically disqualifying a person convicted of certain crimes from having unsupervised access to, working with, or providing care to vulnerable adults or children.</p> <p>Directs DSHS to facilitate a work group to identify an informed choice process to allow older adults and people with disabilities to hire an individual with a criminal record that would otherwise disqualify the person from providing paid home care services.</p>	Funding was not included in the Governor's budget for this; however, \$300k was for a Blue Ribbon Commission to look at issues related to background checks and criminal history.	NA	NA

Issue	Bill/Proviso/ Other	Status/Other	Gov's 21-23 Budget	Senate Budget	House Budget
		<p>Authorizes DSHS to exercise its discretion regarding whether to permit or prohibit a person with a certificate of restoration of opportunity to have unsupervised access to children, vulnerable adults, or individuals with mental illness or developmental disabilities.</p> <p>SHB1411 is awaiting concurrence in the House.</p>			
988	Bill	<p>HB1477 – Implementing the National 988 System to Enhance and Expand Behavioral Health Crisis Response and Suicide Prevention Services -- Rep. Orwall</p> <p>E2SHB1477 has gone through a number of revisions throughout the process. It was heard in the Ways and Means Committee on April 5th and a new striking amendment passed out of the Committee, went to Senate Rules and is now on the 2nds reading calendar. E2SHB1477 is deemed Necessary to Implement the Budget and therefore was exempt from the April 11th cut-off for bills to be out of the opposite house.</p>	Need to determine	Need to determine	<p>\$9.680m GFS/Total</p> <p>Plus: \$75.608m Total</p> <p>[This includes funding to increase adult and youth mobile crisis response capacity, and development and implementation</p>

Issue	Bill/Proviso/ Other	Status/Other	Gov's 21-23 Budget	Senate Budget	House Budget
					of a BH crisis call center system.]
Behavioral Health Workforce	Bill	<p>HB1504 – Modifying the Workforce Education Investment Act – Rep. Chopp</p> <p>Components of the substitute bill include:</p> <p>Adds workforce education as an allowable use of the Workforce Education Investment Account.</p> <p>Requires the Health Care Authority to establish a behavioral health workforce pilot program and provide training support grants to community mental health and substance use disorder treatment providers.</p> <p>Appropriates \$900,000 for the Behavioral Health Workforce Pilot Program and training support grants.</p> <p>Appropriates \$4 million for the Behavioral Health Loan Repayment Program.</p> <p>Increases the cap on state match dollars for the Washington State Opportunity</p>	<p>No</p> <p>Note: The Governor's budget does include \$150,000 for the teaching clinic enhancement rate work, which relates to elements of the bill.</p>	No	<p>Yes</p> <p>\$1.0m</p> <p>GFS/Total</p>

Issue	Bill/Proviso/ Other	Status/Other	Gov's 21-23 Budget	Senate Budget	House Budget
		<p>Scholarship Advanced Degrees Pathways Account to \$2 million per biennium.</p> <p>The House concurred with the Senate amendments and the bill will be heading to the Governor soon!</p>			
Suicide Review Teams	Bill	<p>SHB1354 – Rep. Mosbrucker</p> <p>Establishes the Washington Youth Suicide Review Team to review the circumstances related to suicides occurring among youth up to age 25.</p> <p>Delineates the make-up and responsibilities of the group, the information to which they will have access, and the tie to the Children/Youth BH Workgroup.</p> <p>SHB1354 did not come up for a vote in the House and therefore was returned to the Rules committee.</p>	NA	NA	NA
Supportive Relationships with Family and	Bill	SSB5412 – Sen. Warnick	NA	NA	NA

Issue	Bill/Proviso/ Other	Status/Other	Gov's 21-23 Budget	Senate Budget	House Budget
Others Within the BH System		<p>Requires the Health Care Authority (HCA) and Department of Social and Health Services (DSHS) to manage their oversight functions in a manner that is mindful of protecting significant relationships in the lives of behavioral health system clients.</p> <p>Requires HCA and DSHS to review their policies in consultation with stakeholders, family members, and peers to eliminate policies that undermine the health of a family or discourage family engagement.</p> <p>The bill did not come up for a vote in the Senate.</p>			
Audio-only telemedicine	Bill	<p>HB1196 – Rep. Riccelli</p> <p>Requires reimbursement for audio-only telemedicine services.</p> <p>Expands the definition of telemedicine for purposes of hospital privileging to include audio-only telemedicine services.</p>	NA	No	Yes \$564,000 GFS/Total

Issue	Bill/Proviso/ Other	Status/Other	Gov's 21-23 Budget	Senate Budget	House Budget
		<p>Requires the Insurance Commissioner to study and make recommendations regarding telemedicine.</p> <p>Extends the termination date of the telemedicine collaborative. ESHB1196 was passed by the Senate and is now awaiting concurrence in the House.</p>			
Overdose and suicide fatality reviews.	Bill	<p>HB1074 – Rep. Peterson</p> <p>The bill allows local health departments to establish overdose and suicide fatality review teams to review overdose or suicide deaths and develop strategies to prevent future overdose and suicide deaths.</p> <p>SHB1074 is in Senate Rules.</p>	NA	NA	NA
Developing comprehensive school counseling programs	Bill	<p>SB5030 – Sen. Mullet</p> <p>The bill does the following: Requires school districts to develop and implement a written plan for a comprehensive school counseling</p>	NA	Yes \$27,000 Total	NA

Issue	Bill/Proviso/ Other	Status/Other	Gov's 21-23 Budget	Senate Budget	House Budget
		<p>program by the beginning of the 2022- 23 school year.</p> <p>Requires school counselors to implement the plan and spend at least 80 percent of their work time providing direct and indirect services to students.</p> <p>The Senate concurred with the House amendments and the bill will head to the Governor soon!</p>			
Confidential youth safety and well-being tip line	Bill	<p>SB5327 – Sen. Brown</p> <p>As amended in the House CYF Committee, the bill requires the Children and Youth Behavioral Health Work Group to convene a youth safety and well-being statewide reporting tool advisory group to review the youth safety and well-being statewide reporting tool work group report completed by the Attorney General's Office and provide a report to the Legislature and the Governor by November 1, 2022, that includes recommendations regarding a youth safety and wellbeing tip line.</p>	NA	Yes \$2.443m GFS/Total	No

Issue	Bill/Proviso/ Other	Status/Other	Gov's 21-23 Budget	Senate Budget	House Budget
		<p>The bill is in House Rules.</p> <p>Additionally, the Senate amended language in the budget in Ways and Means that removed references to SSB5327 and replaced it with the creation of a youth safety tip line within the office of the AG.</p>			
BH Workforce	Budget	The House included funding for a behavioral health workforce task force and a behavioral health workforce advisory committee.	No	No	\$450k GFS/Total Plus: \$300k GFS/Total
BH Services for Children and Youth	Budget	The House included a proviso in SB5092 (Senate budget) on the floor prior to passage that funds and directs the HCA to contract for a 12-bed Children's Long Term Inpatient Program facility specializing in the provision of habilitative mental health services for children and youth who have intensive BH support needs. The funding is also for a contract for BH Navigators for children, youth, and their families in two primary care settings.	No	No	\$3.5m GFS \$6.722m Total

Department of Health COVID-19 Behavioral Health Group
Recommendations to respond to the Youth Behavioral Health Emergency
April 16, 2021

1. Expand Crisis Consultation Clinic Capacity at Seattle Children’s

The CCC team includes a full time care manager/navigator (MSW level preferred), a part time psychologist supervisor (PhD level, with suicide prevention expertise), and 6 clinicians with .20 FTE each (MFT, MSW, PHD all acceptable with 5+ years experience, training, and consultation).

The capacity with this team now includes **9** families per month. In the first quarter of 2021, we received an average of 33 referrals per month, and were able to accept **27%** into the clinic. With an additional team of 1 care manager, and 1 clinical FTE, we could treat an additional **8** families a month.

Add an additional team	\$220,000
2 X .25 PhD Psychologists	
2 x .25 MHT	
1.0 Care Manager	

2. Fund Behavioral Health Navigators based in each region

Trained by Seattle Children’s Crisis Consultation Clinic to support children and families in their home communities. Can be based at a hospital or in a behavioral health agency. Can participate in the local Family System Youth Partnership Roundtable.

Role will be to facilitate triage, support families and clinicians in care navigation. May have capacity to link to schools and other regional interventions to respond to the Youth Behavioral Health Surge. May be able to manage referrals to TF-CBT training.

9 x 1.0 \$94,000 including fringe	\$846,000
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3. Offer Trauma Focused-Cognitive Behavioral Therapy (TF-CBT) Groups in Nine Regions

The Behavioral Health Navigators in each region, in addition to supporting youth referred to the Seattle Children’s Crisis Consultation Clinic, can triage youth referred by schools, primary care providers, pediatricians and emergency rooms for the TF-CBT intervention.

Department of Health will recruit graduate students and retired behavioral health professionals to be trained to deliver TF-CBT to groups or individuals while they wait for placement in outpatient counseling or other services.

TOTAL to Train and support 50 volunteers in TF-CBT	\$30,780
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TF-CBT Web: \$35/therapist= (available at https://tfcbt2.musc.edu)	\$1750
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3 day virtual training:	\$7000
15 expert consultation calls	
(12-13 therapists/set of 15 calls=4 sets of calls x 15 calls /set @ \$300/call):	\$18,000
TF-CBT treatment manuals: \$35/therapist=	\$1750
(available at www.guilford.com/p/cohen (this is optional but highly recommended)	
Sub-total:	\$28,500
8% indirect cost for training grant	\$2280

4. Youth Behavioral Health Surge Management **\$200,000**

Fund project manager and facilitator to coordinate across regions and surge activities.

Create process to assign triaged youth to appropriate intervention or service

Document huddle process from Mary Bridge and Seattle Children’s Pediatric Behavioral Health Unit to share with additional facilities and regions. Track queue of youth awaiting placement.

Develop templates, processes and metrics to track the surge.

Workforce Proposals from HSQA/DOH:

1. Expand scholarships and loan repayment options for BH providers that serve children/youth in rural and underserved areas. (Loan repayment links to [WTB recommendation 1.3](#) and [CYBHWG priority 5](#).)
2. Promote academic specialization in children/youth BH through scholarships for students in masters-level training programs. Consider focusing scholarships for BIPOC and bilingual students willing to work in rural and underserved areas.
3. Create a payment structure for student interns working in community behavioral health agencies and other clinical training sites. [Note: E2SHB [1504](#) Section 3 addresses (via an HCA pilot program and grants) the need to compensate BH agencies and clinician supervisors for supervising these interns, but doesn’t address paying the interns.]
4. Fund BH profession job fairs to encourage entry into the field.
5. Fund behavioral health fairs for students to encourage early identification of BH challenges and linkage to services (in partnership with OSPI).
6. Expand school-based BH services through targeted investments in the K-12 system (in partnership with OSPI).

Background:

- There is no specific credential for BH providers working with children and youth.
- Children’s Mental Health Specialist is defined in RCW 71.34.020 as a mental health professional (MHP) that has completed 100 hours of training in treating children plus 1 year of being supervised by a Children’s Mental Health Specialist. The department’s application for MHP designation allows an applicant to request DOH designation or Behavioral Health Agency

acknowledgement of their status as a Children's Mental Health Specialist. These specialists are required in department licensed inpatient mental health settings that serve youth.

DOH's Suicide Prevention recommendations

1. More broadly implement the [Sources of Strength](#) program which is a best practices youth suicide prevention program. With the 116K annually that we currently invest, we can only onboard a few schools/communities at a time. Sources has also recently developed a program for elementary age youth.
2. Expand the Tribal Suicide Prevention campaign to include younger tribal members and communities. This is already something we have marked down that we'd like to do if/when funding becomes available.
3. Establish a suicide prevention campaign that reaches out to marginalized and vulnerable youth communities (youth of color, LGBTQ+, foster youth, incarcerated youth, institutionalized youth, etc.) that often get overlooked in suicide prevention messaging. Specifically, this could support also looking at unique risk and protective factors within each subpopulation, therefore not only reaching them, but reaching them in a meaningful way and in consideration of equity and inclusion. We could also work to better inform adults and caregivers about effectively supporting the mental health of youth in these subpopulations.

Governor’s Directive – Recommendation feedback from subgroups and public

This document is a compilation of feedback collected from the CYBHWG and subgroup members (through breakout rooms) and members of the public who attended the April 16 meeting (through Menti).

1. Which recommendations would best support children and youth in the next 6 to 12 months?

	Workforce & Rates	P to 5 Relational Health	School-based BH & SP	Youth & Young Adult CC	BH Integration	Public (Menti)
Statewide rapid recruitment and hiring care coordinators, navigators and others who can help across multiple settings <i>Particularly for commercially insured families who have difficulty finding services (W&R)</i> <i>Peer navigators (Prenatal thru 5 RH)</i> <i>Perhaps start with regional care coordinators to rapidly provide service (BH Integration)</i> Public comments: <ul style="list-style-type: none"> • Include MCOs for care coordination for Medicaid population. • Youth and clinics are most in need of BH navigators. • Family navigators. 	✓	✓		✓	✓	12
Hiring of 50 recently retired BH professionals <i>Pair with universal screening (School-based BH)</i> <i>Include other professionals as well for diversity and non-English language skills (W&R)</i> <i>Pair with coverage-blind BH coverage (W&R).</i> Public Comments: <ul style="list-style-type: none"> • Behavioral health professionals at regional levels. 	✓	✓	✓	✓		3
Universal behavioral health screening across multiple settings <i>Must link with capacity to meet the needs of those who are identified (School-based BH).</i> <i>Planning grants for MTSS/screening (School-based BH).</i> <i>Include family risk assessment and holistic thinking around families.</i> Public (Menti) comments: <ul style="list-style-type: none"> • Cross-sector screening • Family assessment 		✓	✓		✓	8
Expanding PALs in Schools	✓			✓		5
Training and curriculum Public comments: <ul style="list-style-type: none"> • Student volunteers delivering TF-CBT • Training for current family and youth peers • Emotion regulation skills as students come back to school 		✓			✓	5

	Workforce & Rates	P to 5 Relational Health	School-based BH & SP	Youth & Young Adult CC	BH Integration	Public (Menti)
Insurance-blind behavioral health coverage <i>Tacoma program (funded by CBO grant): crisis referral from schools, triage, wraparound; ability to scale up quickly (School-based BH)</i> Public comments: • Bring the services to them	✓		✓			4
Funding for BH services in shelters, drop-in centers, other entry points for homeless youth.		✓		✓		2
Behavioral health equity specialist		✓				3
Incentivizing group therapy				✓		2
Purchase technology tools to supplement care coordination					✓	2
Hire grad students/post-docs				✓		1
Increasing access to existing providers as well, regardless of insurance			✓			
BIPOC community engagement				✓		
Investing in MTSS Public comments: • Including screening and connection to providers who are trained on effective treatments • Care coordination, universal screening, and TF-CBT school-based services through MTSS						2
Expand peer work force				✓		2
Additional staff time for delivery of emotional regulation and distress tolerance curriculum within child and youth development and enrichment community-based providers						1
Youth-built mental health promotion projects						1
Utilize ESA School Social Workers						1
Triage and get kids with highest need to limited resources						1
Funding to support children in child care with social emotional and behavioral challenges for one-on-one care or an extra staff person						1
Fully funding school-based health providers						1

2. If funds are limited, which would you prioritize for immediate action?

Note: The Prenatal through Five Relational Health and Behavioral Health Integration groups did not address Q2 on its own; since most groups said their answers to Q2 were virtually the same as Q1, I've included their answers to Q1 here.

	Workforce & Rates	P to 5 Relational Health	School-based BH & SP	Youth & Young Adult CC	BH Integration	Public (Menti)
Statewide rapid recruitment and hiring care coordinators, navigators and others who can help across multiple settings	✓	✓		✓	✓	5
Hiring of 50 recently retired BH professionals	✓	✓	✓	✓		1
Universal behavioral health screenings across multiple settings Public comments: • Including family factors		✓	✓		✓	1
Insurance-blind behavioral health coverage Public comments: • More providers that can be access based upon need without barriers or delays due to insurance. • Increased behavioral health services in schools, accessible to all • Removing all barriers to accessing health services.	✓		✓			5
Funding for BH services in shelters, drop-in centers, other entry points for homeless youth.		✓		✓		2
Training and curriculum Public comments: • Emotion regulation skills as students come back to school • Statewide professional development for school and community staff on how to screen and identify youth and connect to efficient, stepped care treatment.		✓			✓	2
Expanding PALs in Schools	✓			✓		
Purchasing technology that supports mental health crisis and recovery					✓	2
Strengthen and expand the workforce. Public comments: • If we have acknowledged a crisis, we need to ramp up the capacity to respond. • Stopgap measures to help with the workforce shortage.				✓		7
Hire behavioral health equity specialist		✓				1
BIPOC community engagement and grants				✓		1
Hire grad students/post-docs				✓		
Development of intensive in-home supports for children/youth/families	✓					
Create capacity to address crisis			✓			
Incentivizing group therapy				✓		

	Workforce & Rates	P to 5 Relational Health	School-based BH & SP	Youth & Young Adult CC	BH Integration	Public (Menti)
Crisis stabilization Public comments: • Crisis stabilization units for youth						2
Immediate increases in case rates for BH providers supporting children, youth and families.						1
Summer funding for kindergarten bound children; school readiness to include social, emotional, and family supports.						1
BH interventions that support immediate action and sustainable changes						1
Increased behavioral health services in schools , available to all						1
Increasing capacity of services in community and support for schools						1
In many states, school social workers can bill Medicaid for BH services through students' IEPs.						1

3. Which recommendations should be considered for the 2022 legislative session?

	Workforce & Rates	P to 5 Relational Health	School-based BH & SP	Youth & Young Adult CC	BH Integration	Public (Menti)
Workforce expansion of those that can provide direct services to youth and families - Expanding capacity, places to connect				✓		4
Statewide rapid recruitment and hiring care coordinators, navigators and others who can help across multiple settings					✓	2
Addressing the behavioral health needs of the most vulnerable – BIPOC, homeless youth, etc.				✓		
BIPOC community engagement and grants Public comments: • Related to access to services and representative workforce		✓				3
Youth-built mental health promotion		✓				1
Universal behavioral health screening across multiple settings Public comment: • School-based universal screening, brief intervention, and referral to services/treatment	✓					1

	Workforce & Rates	P to 5 Relational Health	School-based BH & SP	Youth & Young Adult CC	BH Integration	Public (Menti)
Support connections and resources for students and school staff				✓		
More intensive in-home services, e.g. WISe	✓					
Behavioral health practitioners in primary care settings	✓					
More residential/short-term residential options	✓					
Expansion of peer work force; more access to family and youth peers						3
Increased early learning funding for social emotional and behavioral supports in Early Head Start, Head Start, ECEAP, and Summer ECEAP to ensure our future kindergartners are well supported.						3
Equity and diversity training						2
Universal healthcare/ Single payer Public comments: • Single payer. We're already halfway there for kids in WA. Let's go all the way.						2
Increased case rates for behavioral health providers						1
Address burnout in workforce						1
Be intentional about including prenatal to five age group, and childcare and youth providers						1
Hiring of 50 recently retired BH professionals						1
Insurance-blind behavioral health coverage						1
Direct supports to children, youth and families, not just workforce						1
Look at staffing enrichments workgroup that OSPI did – changing prototypical school funding model and increasing allocations for roles like social workers and family engagement coordinators						1
Supports for BH providers who are being impacted by this pandemic both personally and professionally						1

4. Is anything missing from this list?

	Workforce & Rates	P to 5 Relational Health	School-based BH & SP	Youth & Young Adult CC	BH Integration	Public (Menti)
Peer services Public comments: • Peer workforce came up quite often, but it’s not on the list.				✓		1
Activities or community-based supports to engage students who are not currently engaged in school and may also have BH needs: Reach out through CBOs that students/families may already be engaged with; navigators partner with CBOs?			✓			
Medical and behavioral health services for undocumented people and immigrants.				✓		
Collaboration/integration with community-based programs (credible messengers).				✓		
Training for screeners around people with developmental disabilities/autism.				✓		
Care coordinators.				✓		
Adding capacity for those most in need – inpatient, SUD, homeless – including transition to community.				✓		
Did not see families being called out explicitly		✓				
Young children who were unable to participate in early learning and kindergarten – how can we support their learning recovery by supporting the early childhood workforce?						2
Prenatal thru 5 focus Public comments: • Please ensure P-5 is always included in this work group’s recommendations. • Increase focus on 0-5 and early learning.						2
Rate increases Public comments: • Addressing sufficiency of rates to cover the cost of care for children and adolescents. • As a provider in the HH ACH (King County) CBOs providing BH for children and youth have seen rates drop by 30% since October. We must address rates; we are losing providers for children and youth in our region, in the face of increasing needs. We are not sure how to alert the State to this concern, and to address it. Thank you for any ideas we can pursue. (Terry Pottmeyer, Interim Executive Director, Atlantic Street Center)						2
Expansion of intensive capacity, such as CLIP, in-home, IOP/PHP.						1
Supports for professionals serving children, youth, and families – training in equity and anti-bias, reflective consultation, and other supports for their own well-being.						1
Ask students what they think schools could do to help them.						1
Enhancement of WISE to serve more families, not just Medicaid.						1

	Workforce & Rates	P to 5 Relational Health	School-based BH & SP	Youth & Young Adult CC	BH Integration	Public (Menti)
The response needs to be proportionate to the crisis. \$5M won't solve the problem. Look at what our country is doing with immunization for COVID. We need to use a similarly ambitious approach for BH.						1
Involving the school as a community in supporting students in crisis through broad-based raising of awareness about mental health disorders						1
Day treatment						1
There is not enough focus on the System of Care philosophy and values – Family Voice and Choice, Peer Partners, Intensive community services						1
BH counselors in schools as many school counselors are not allowed to provide anything beyond academic advice.						1

4/16/21 CYBHWG Chat Log (edited)

Updates

CYBHWG recommendations for 2021 legislative session

- Fair Start Act establishes complex needs funds for 0-5 – one for child care providers and one for ECEAP and Early ECEAP providers.

DOH Behavioral Strike Team

- These are great efforts and plans. Those children/youth being referred into community mental health are going to be finding significant barriers with child/youth serving organizations experiencing significant reductions in Medicaid reimbursement.

Subgroup breakout room reports

- Thank you for mentioning the importance of a family-oriented approach – critical!

Menti feedback

- Very user friendly
- Fabulous!
- Once you get used to Menti, it is AWESOME.
- I like it!
- Menti is really interesting and use friendly.
- The chat is very hard to track and organize where Menti does it all
-

Public comment

Janice Schutz, WSCC: I am very disappointed in the lack of funding for family and youth peer support. This is a proven effective and low-cost intervention that would be much more effective if brought on earlier in the process for families and youth.

Terry Pottmeyer: Interim Executive Director, Atlantic Street Center; thank you for all your good work on behalf of children and youth behavioral health. As a provider in the HH ACH (King County) CBOs providing BH for children and youth have seen rates drop by 30% since October. We must address rates; we are losing providers for children and youth in our region, in the face of increasing needs. We are not sure how to alert the State to this concern, and to address it. Thank you for any ideas we can pursue.

Responses to Carrie Syvertsen's public comment:

- Thank you Carrie! For articulating those points so perfectly!
- Social Workers are key in a number of issues that effect children/youth's life daily. Social Workers are especially essential in out communities of color. Social Workers are usually live within the communities they serve.
- I could not agree more regarding rates. We have to continue our focus (and increase it!) on rates.

Carrie Syvertsen: One note I forgot to mention: mental health services go beyond providing TF-CBT to students accessing a mental health provider in their 50-minute sessions. Schools are the students' primary environment outside of their home and ESA staff like School Social Workers are able to manipulate their environment (whether it be consultation with teaching staff, organize their schedule, provide multiple check-ins, TF-CBT, provide communication and be a liaison between home, school and community). We are also able to push on the educational system to provide more resources and supports to student and families – outside community agencies don't have that same leverage.

Deanna Russell: Thank you. Recommendation to add early learning and 0 – 5 child care social emotional needs and behavioral supports in childcare to your list.