

## School-based Behavioral Health and Suicide Prevention Subcommittee

February 5, 2021

Members					
<input type="checkbox"/>	Representative My-Linh Thai, Co-Chair (41 <sup>st</sup> Legislative District)	<input type="checkbox"/>	David Crump (Spokane Public Schools)	<input checked="" type="checkbox"/>	Jeannie Nist (Communities in Schools of Washington)
<input checked="" type="checkbox"/>	Camille Goldy, Co-Chair (Office of the Superintendent of Public Instruction)	<input type="checkbox"/>	Myra Hernandez (WA Commission on Hispanic Affairs)	<input checked="" type="checkbox"/>	Jill Patnode (Kaiser Permanente)
<input checked="" type="checkbox"/>	Tawni Barlow (Medical Lake School District)	<input checked="" type="checkbox"/>	Avreayl Jacobson (King County Behavioral Health and Recovery)	<input checked="" type="checkbox"/>	Elise Petosa (WA Association of School Social Workers)
<input checked="" type="checkbox"/>	Dr. Avanti Bergquist (WA State Council of Child and Adolescent Psychiatry)	<input type="checkbox"/>	Vacant	<input checked="" type="checkbox"/>	Kelcey Schmitz (UW SMART Center) [Alternate: Eric Bruns]
<input type="checkbox"/>	Antonette Blythe (Parent, Family Youth System Partner Roundtable)	<input checked="" type="checkbox"/>	Jeannie Larberg (Whole Child Sumner-Bonny Lake School District)	<input type="checkbox"/>	Susan Solstig (Parent, Family Youth System Partner Roundtable)
<input checked="" type="checkbox"/>	Harry Brown (Mercer Island Youth & Family Services (Forefront) [Alternate: Jennifer Stuber]	<input checked="" type="checkbox"/>	Sandy Lennon (WA School-based Health Alliance)	<input type="checkbox"/>	Jason Steege (Parent)
<input type="checkbox"/>	Brooklyn Brunette (Youth)	<input type="checkbox"/>	Molly Merkle (Parent)	<input checked="" type="checkbox"/>	Katrice Thabet Chapin (Vancouver Public Schools)
<input checked="" type="checkbox"/>	William (Bill) Cheney (Mount Vernon School District)	<input checked="" type="checkbox"/>	Robert (RJ) Monton (Snoqualmie School District)	<input checked="" type="checkbox"/>	Erin Wick (AESD) [Alternate: Mick Miller]
<input checked="" type="checkbox"/>	Jerri Clark (Washington PAVE)	<input checked="" type="checkbox"/>	Joe Neigel (Monroe School District)	<input checked="" type="checkbox"/>	Kathryn Yates (Chief Leschi School District)

Staff: Mark McKechnie, Lee Collyer, and Justyn Poulos (OSPI); Rachel Burke and Kimberly Harris (HCA)

Also attending: Eric Bruns (UW SMART Center), Grace Burkhart (ESD 113), Taylor Freyberg (Puget Sound ESD), Ann Gray (OSPI), Michelle Karnath (Clark County Juvenile Justice, FYSPT), Lane Krumpos (Puget Sound ESD), MaryAnne Lindeblad (HCA), Enos Mbajah (HCA), Ciela Meyer (ESD 114), Mick Miller, Keara Rypien (ESD 101), Phoebe Terhaar, Beth Tinker (HCA), Mandy Weeks-Green (OIC), Jackie Yee (ESD 113)

No.	Agenda Item	Notes
1.	Introductions and announcements	From Jerri Clark: Film recommendation - "Race to Nowhere" – discusses how the structure and demands of school itself are part of the risk factors for students. <a href="http://www.racetonowhere.com">http://www.racetonowhere.com</a> Acknowledge the change from Norms to Agreements.
2.	Legislative updates	<b>Camille:</b> <b>CYBHWG Recommendations – Gov's budget:</b> <ul style="list-style-type: none"> <li>\$32M for increasing # of school counselors (was also in the budget last year and got vetoed). Original OSPI DP included social workers.</li> <li>DP MTSS – partial funding in Gov's budget – OSPI staffing and data system to where districts are at with MTSS. OSPI is proposing a change to add more regional support and less for OSPI; 1 FTE at OSPI + 2 regional consultants so all regions have a consultant (seven regions funded through federal grants).</li> </ul>

		<p><b>Other bills of interest:</b></p> <ul style="list-style-type: none"> <li>• HB 1477: Implementing the national 988 system to enhance and expand behavioral health crisis response and suicide prevention services.</li> <li>• HB 1225: Building capacity concerning school-based health centers.</li> <li>• HB 1325: Implementing policies related to children and youth behavioral health.</li> <li>• HB 1354: Concerning suicide review teams.</li> <li>• HB 1363: Addressing secondary trauma in the K-12 workforce.</li> <li>• HB 1373: Promoting student access to information about behavioral health resources.</li> <li>• HB 1392: Establishing a pilot project for mobile mental health crisis intervention.</li> <li>• HB 1444: Providing trauma-informed counseling and supports to students who were impacted by the COVID-19 pandemic.</li> <li>• SB 5327: Creating a confidential youth safety and well-being tip line.</li> <li>• SB 5412: Facilitating supportive relationships with family and significant individuals within the behavioral health system.</li> <li>• SB 5397: Improving access to behavioral health treatment in certified crisis facilities – requirements of hospital reporting if individual meets criteria for involuntary treatment</li> </ul>
3.	<p>Collaboration supporting the implementation of the work of the Behavioral Health Navigators</p>	<p><b>Ann Gray, OSPI:</b> <i>See pages 22 – 33.</i></p> <ul style="list-style-type: none"> <li>• We have moved past just focusing on Medicaid.</li> <li>• Data collection phase was delayed due to COVID-19; in progress now.</li> </ul> <p><b>Enos Mbajah, HCA:</b> <i>See page 34.</i></p> <ul style="list-style-type: none"> <li>• HCA has a long collaboration with OSPI.</li> <li>• Asked the question, how can we support navigators? Led to SEBB/PEBB behavioral health resources, including - Washington Listens line, behavioral health toolbox (DOH), Washington Mental Health Referral Assistance line.</li> <li>• Next: Making connections with our MCOs, and Family Youth and System Partner Round Tables (FYSPRTs).</li> </ul> <p><b>Behavioral Health Navigators</b> <i>See pages 35 - 39.</i></p> <ul style="list-style-type: none"> <li>• <b>PESD: Lane Krumpos, Puget Sound ESD 121; Taylor Freiberg, intern</b></li> <li>• <b>Celia Meyer, Olympic ESD 114</b></li> <li>• <b>Keara Rypien, ESD 101</b></li> </ul> <p><b>Discussion and questions:</b></p> <ul style="list-style-type: none"> <li>• <i>Navigator position is 1.0 FTE dedicated to this work in the region.</i></li> </ul>

		<ul style="list-style-type: none"> <li>• Barrier: Many districts are reluctant to adopt any policy that deviates from WSSDA model policy, which does not reflect best procedural implementation. <i>This is work we need to do moving forward, working with WSSDA.</i></li> <li>• How are navigators emphasizing implementation fidelity? With such broad interpretations of academic autonomy, implementation fidelity may be as important an issue as access itself. A poorly implemented program can often be more harmful than doing nothing at all. <i>During pilot project developed <a href="#">Navigator Playbook</a> – that’s our guidance. Desire of team is to ensure fidelity. Every region is different but we do have to have fidelity – ongoing work. How do you communicate? If you are implementing QPR, you’re implementing QPR, not just the parts you like.</i></li> <li>• I didn’t hear a lot about family engagement. FYSPTS are primarily community partners, Ultimately families are more likely to save their children’s lives than a teacher. Also, important to inform people about Family Initiated Treatment.</li> <li>• Does the Networks for Life ESA training include the safety planning intervention? <i>In Networks For Life we include templates and information for Safety Planning. Most of the time the districts have their specific safety planning process and we want to encourage them to know what that process is and who is responsible for the safety planning. I will add that is an offering we make in our NFL training. If districts do not have a safety planning process or need more information, that is part of our individual consultation.</i></li> </ul>
	<p>Washington Medicaid System, Part 1</p>	<p><b>MaryAnne Lindeblad, Medicaid Director, Health Care Authority</b> See pages 42 - 54.</p> <ul style="list-style-type: none"> <li>• Apple Health goes beyond Medicaid; includes, for example, state funded services for undocumented residents.</li> <li>• Over 2 million lives covered; approximately half of all children in WA state.</li> <li>• Cannot terminate people on Medicaid during public health crisis.</li> <li>• EPSDT – If a service is identified that a child needs that is not covered in WA, but is covered by any other Medicaid program in the U.S., the service – or an equivalent substitute – must be provided.</li> <li>• During pandemic, telehealth services have been expanded.</li> <li>• Working with OIC to ensure there is parity between commercial insurers and Medicaid in providing services. Medicaid as a model.</li> </ul> <p><b>Discussion and questions:</b></p> <ul style="list-style-type: none"> <li>• At what point do SDs need to consider becoming licensed? <i>MaryAnne: You would need licensed staff or someone working under someone who is licensed to provide services. To work under the Medicaid rules, you also need to be credentialed by the MCOs. Frequently there are not staff in schools to do the billing – we are working with OSPI on that. We have staff ready to work with the districts and schools. Options: just doing the administrative services; actually providing services. Can be an individual provider. Higher level services might best be provided by a community mental health center.</i></li> <li>• How frequently do these Medicaid reimbursements to schools for IEP ancillary/related services reimburse for direct behavioral health services at school? We design IEPs for children w/ BH issues, but don’t provide services because we don’t have them. They are eligible for special ed because of BH needs, but we don’t provide services. <i>MaryAnne will look into the data that HCA has around this.</i></li> </ul>

		<ul style="list-style-type: none"> <li>• A barrier to developing a comprehensive mental health program in schools is collaborative partnerships &amp; integration between providers and school teams. It's essential to include MH providers in upstream approaches but in the current system that work isn't billable. It would be great if we could explore how to make this happen.</li> <li>• This is absolutely true. How has this been formally explored in WA to date? It is the primary barrier to effective, comprehensive SMH.</li> <li>• I thought there was a care coordination code that providers could use for sitting in on a team meeting? <i>Rachel taking question back to MaryAnne to report on next time.</i></li> <li>• Is it just too difficult to bill? It almost boils down to this: do we want to hire fiscal and administrative staff, or mental health staff?</li> <li>• Oregon added billable codes for consultation. <i>We can check with our Oregon partners.</i></li> <li>• We have BH expertise in our schools/districts, but don't have the time to provide the counseling that some of our students need. If we were able to bill for BH services, would that be enough to provide at least for our BH classrooms? <i>Answers would likely be individualized school by school, but those are the issues the HCA team can help sort out.</i> <i>Camille: Some of what we learned in pilot was exploration about how schools can bill for services. What we learned is if a school wants to be able to bill, they have to become a CMHC and they have to negotiate with whichever of the 5 MCOs are in their region. Diff. rates for diff. students. The complexity of the health care system is difficult for schools to work with.</i> <i>MaryAnne: Acknowledge. Are there ways to use Medicaid administrative billing instead? It may be easier to find different ways to fund it. If we could get ourselves out of where we are today to what do we want and how do we get there?</i></li> <li>• If we seek reimbursement for the provision of those services, or if we have licensed staff member (like an LMHC) providing those services, can we enter into agreements with community mental health providers to provide supervision for those staff?</li> <li>• <i>MaryAnne: We have a way to go on respite, and residential services. We are working with Sacred Heart and Children's on an Intensive Outpatient/Partial Hospitalization pilot..</i></li> <li>• Are there similar barriers to billing for OT, PT, Nursing services... or is this BH discrimination within the insurance system? There are not all of these barriers when a student needs speech therapy. <i>Camille: Goal is for system to have same equitable access to BH services as we do for education.</i></li> <li>• Camille's example would be relevant to school employed staff, which would be one helpful route to boosting MTSS/SMH. But that would be different than for licensed providers to participate in other activities at the school besides face to face treatment. Would be great if both options were easier to achieve...</li> <li>• Oregon health plan waived much of the Medicaid retirements – gave capitation rates to providers – in most cases the provider was school-based or CMH-based – created some problems. <i>MaryAnne: Oregon has a lot of flexibility in terms of Medicaid regulations because its whole system runs on an 1115 waiver. I'd love to hear about what you know about things other states are doing that you think would be useful.</i></li> </ul>
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		<ul style="list-style-type: none"> <li>This is an interesting resource: <a href="https://www.frontlineeducation.com/blog/blog-maximizing-school-based-medicaid-reimbursements/">https://www.frontlineeducation.com/blog/blog-maximizing-school-based-medicaid-reimbursements/</a></li> </ul>
5.	Public input	<i>None.</i>
6.	Breakout groups: reflection on today's presentations and identify questions for OIC in April	<p><b>Highlights:</b></p> <ul style="list-style-type: none"> <li>Could carriers across the spectrum be required to pay into a pot, based on headcount, for confidential student services? Barrier: billing informs parents.</li> <li>Is there another way to provide state-funded school-based services that are not based on whether the student has private or public insurance?</li> <li>Fail-first reimbursement for medications. Insurance company requires generic to fail first – kid might need to fail for six months before getting on the medication that the provider thinks is best.</li> <li>Reimbursement for voluntary vs. involuntary care is inconsistent across carriers and is not in alignment with ITA process. Medical necessity questions – differing interpretations.</li> <li>Cost-benefit issues for billing Medicaid: We can't bill Medicaid enough to cover the cost of a LMH provider being in the building.</li> <li>Access issues: behavioral health (\$14-\$18/hr for masters-level clinicians) not cost-effective for community; our CMHC left the region. Dearth of available providers.</li> <li>Travel not funded by health insurance: Barrier to getting services in the schools if providers are not school personnel.</li> <li>Medicaid will never cover the cost. Might be a better solution to spend \$125K on a FT employee, and recoup some of it (\$25-50K) in Medicaid bill.</li> <li>Tons of kids are or could be Medicaid eligible, but even getting the paperwork done for the CMHC is a hurdle.</li> <li>Cost of submitting paperwork can be more expensive than paying for the services themselves.</li> <li>We struggle to serve the kids in the middle, who are above threshold for Medicaid but don't have very good private insurance. We rely on grants to get a MH professional attached to the schools. Below \$70,000 in King County is technically poverty level.</li> </ul>

# School-based Behavioral Health and Suicide Prevention Subcommittee

Of the Child and Youth Behavioral Health Work Group  
December 4, 2020





## Vision

*All students prepared for post-secondary pathways, careers, and civic engagement.*

## Mission

Transform K–12 education to a system that is centered on closing opportunity gaps and is characterized by high expectations for all students and educators. We achieve this by developing equity-based policies and supports that empower educators, families, and communities.

## Values

- Ensuring Equity
- Collaboration and Service
- Achieving Excellence through Continuous Improvement
- Focus on the Whole Child



Washington Office of Superintendent of  
**PUBLIC INSTRUCTION**

# Equity Statement

Each student, family, and community possesses strengths and cultural knowledge that benefits their peers, educators, and schools.

Ensuring educational equity:

- Goes beyond equality; it requires education leaders to examine the ways current policies and practices result in disparate outcomes for our students of color, students living in poverty, students receiving special education and English Learner services, students who identify as LGBTQ+, and highly mobile student populations.
- Requires education leaders to develop an understanding of historical contexts; engage students, families, and community representatives as partners in decision-making; and actively dismantle systemic barriers, replacing them with policies and practices that ensure all students have access to the instruction and support they need to succeed in our schools.



Washington Office of Superintendent of  
**PUBLIC INSTRUCTION**



# Tribal Land Acknowledgment

- Squaxin Island Tribe



# Agenda: February 5, 2020

No.	Agenda Item	Leads	Time
1.	Land Acknowledgement	Mark McKechnie, OSPI	9:00 – 9:05
2.	Introductions, Group Agreements, and Housekeeping	Rep. My-Linh Thai and Camille Goldy	9:05 – 9:20
3.	Collaboration Supporting the Implementation of the Work of the Behavioral Health Navigators	Ann Gray, OSPI; Enos Mbaja, HCA; Navigators: Lane Krumpos, PSESD 121; Keara Rypien, ESD 101; Celia Meyer, OESD114	9:20 – 10:00

	Break		10:00 – 10:10
1.	Washington Medicaid System, Part 1	MaryAnne Lindeblad, Medicaid Director, Washington State Healthcare Authority	10:10 – 11:10
	Break		11:10 – 11:20
5.	Public input		11:20 – 11:30
6.	Breakout groups: reflection on today's presentations and identify questions for OIC in April	Members	11:30 – 11:45
9.	Share reflections and questions from breakouts	Subcommittee	11:45 – 11:55
10	Close	Co-chairs	11:55 – Noon



# Welcome Members and Guests

# Members

**Co-Chairs:** Rep. My-Linh Thai and Camille Goldy

**Voices of Families and Young People:**

Brooklyn Brunette

Jason Steege

Kathryn Yates

Katrice Thabet-Chapin

Molly Merkle

Susan Stolsig

# Members: Education and Behavioral Health Professionals and Advocates

Antonette Blythe, Family Tri Leader, Family YOUTH System Partners Round Table

Avanti Bergquist, Washington State Council of Child and Adolescent Psychiatry; Washington State Psychiatric Association; Eating Recovery Center/Insight Behavioral Health

Avreayl Jacobson, Children's Mental Health Planner, King County Behavioral Health and Recovery

David Crump, Clinical Director, Spokane Public Schools

Elise Petosa, Member/past president, WASSW

Erin Wick, Director of Behavioral Health and Student Support, ESD 113  
(AESD Representative) [Designated alternate: Mick Miller, ESD 101]

Harry Brown, MIYFS - School Based Mental Health Counselor, Forefront in  
the Schools, consultant/trainer, Mercer Island Youth & Family Services,  
Forefront Suicide Prevention [alternate: Jennifer Stuber, Center Director,  
Forefront Suicide Prevention, UW School of Social Work]

Jeannie Larberg, Director: Whole Child, Sumner-Bonney Lake School District

Jeannie Nist, Associate Director, Communities In Schools of Washington

Jerri Clark, Parent Resource Coordinator, WA PAVE

Jill Patnode, Thriving Schools Program Manager, Kaiser Permanente

Joe Neigel, Prevention Services Manager, Monroe School District & Monroe Community Coalition

Kelcey Schmitz, MTSS/School Mental Health Training and TA Specialist  
[Alternate: Eric Bruns, Director of Training and Technical Assistance], UW  
SMART Ctr.

Myra Hernandez, Operations and Special Projects Manager, Commission on Hispanic Affairs

Robert Monton, Associate Director of Behavioral Health, Snoqualmie Valley School District

Sandy Lennon, Executive Director, Washington School-Based Health Alliance

Tawni Barlow, Director of Student Services, Medical Lake School District

William (Bill) Cheney, Director of Student Support and Prevention Systems, Mount Vernon School District



# OSPI and HCA Staff Supporting the Subcommittee

## **OSPI Center for the Improvement of Student Learning:**

Justyn Poulos

Mark McKechnie

Robin Howe

## **OSPI Special Education:**

Lee Collyer

## **Healthcare Authority:**

Rachel Burke

Kimberly Harris

Endalkachew Abebaw



# Group Agreements

# Group Agreements

- Share airtime; make sure all voices have the opportunity to be heard
- Stay engaged
- Speak your truth
- Expect and accept non-closure
- Listen with the intent to learn and understand
- Assume positive intentions
- Disagree respectfully
- Clarify and define acronyms
- Develop a definition for BH for the purpose of this group
- Take care of yourself and take care of others
- Ask for clarification
- Listen harder when you disagree
- Avoid using the phrase “committed suicide,” instead refer to it as a cause of death
- Person first language

# Facilitator Requests



Audience/guests: please offer your comments during public testimony only.



Members: Please indicate that you want to speak by using the Chat to let us know. The chair or facilitator will recognize you to speak.



Everyone: please bear with us. Communication is more difficult via Zoom, but together we can use it productively.



Next Up: Ann Gray, OSPI; Enos Mbaja, HCA;  
Navigators: Lane Krumpos, PSESD 121;  
Keara Rypien, ESD 101; Celia Meyer, OESD 114

# Collaboration Supporting the Implementation of the work of Behavioral Health Navigators

*School-Based Behavioral Health and Suicide Prevention Subcommittee*

February 5, 2021





# Pilot Project Background

# Brief History

- The Children's Behavioral Health Workgroup, formed in 2016 by the legislature, was tasked with identifying barriers to children's behavioral health services.
- Their recommendations to the legislature included strategies for improving access and coordination in early learning, K-12 education, and health care systems.
- One of the workgroup's recommendations created the OSPI Children's Regional Behavioral Health Pilot Project authorized by [RCW 28A.630.500](#).
- A legislative report in December 2019 [Legislative Report](#) addresses the pilot learnings.
- Positions established in all 9 ESDs in HB 1216, School Safety and Student Wellbeing (2019). Funded in the 2020 budget.





## Goal

To increase equitable access to behavioral healthcare and services for students in need through state and regional cross-system collaboration with schools and communities.

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## Purpose

To investigate the benefits of a dedicated staff person networking with regional partners and K–12 school districts for the coordination of behavioral health services to students and families who are eligible for Medicaid.

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# Role of the Navigator

The Navigator is ***not*** a direct service provider, rather the Navigator designs their approach to the work using the following guiding principles:

Coordination of behavioral health resources, supports, service providers, schools, school districts, and communities in the ESD region.

Facilitation of partnerships across the multiple systems of behavioral healthcare services and supports for children and families.

Ensuring the adequacy of systems level supports for students in need of behavioral health services through the integration of various service delivery models appropriate for the school setting.

Collaboration with ESDs, OSPI, HCA, districts, schools, community partners, and other stakeholders to increase access to behavioral healthcare services and supports.

The Pilot Project recommended that each ESD Navigator spend the first several months engaging in data collection through an in-person interview with each district in their region.

It is helpful and appropriate to include a variety of school and district staff (as available); superintendent, principal, student support coordinator, counselor, business manager, etc. This will give the navigator a formal introduction to the school district and create an opportunity to foster the relationships needed for outreach and implementation of services.

Furthermore, this will allow the navigator to complete an assessment of the unique conditions in the region related to the ESD, school districts, and the behavioral health system.



# Implementation

# Strategic Focus

Our ***vision*** is to cultivate increased, equitable access to mental health and substance use services throughout Washington State.

Our ***purpose*** is to offer a variety of strategies and support systems to equip our school communities with accurate behavioral health information, and foster cross-sector collaboration among schools and community-based organizations and thereby increasing the number of youths accessing and continuing services.

# Behavioral Health Navigator Current Work

Navigators are currently conducting district interviews using the interview protocol developed during the pilot project and modified in fall of 2020 to include an equity and racial justice lens.



These interviews seek to inform the Navigator about existing barriers and specific needs of a district in accessing equitable behavioral health supports for students.



Navigators meet weekly to collaborate and share resources, engage in technical assistance and trainings with regional/state partners and subject matter experts.



Navigators are conducting suicide prevention trainings for districts across their regions.



Navigators are supporting schools with their plans for recognition, screening, and response as required by RCW. 28A.320.127.



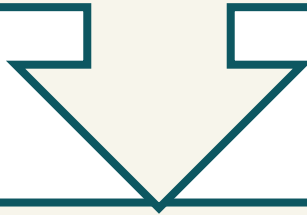
Navigators will be trained in Lifelines Trilogy curriculum as an additional resource to provide comprehensive support to school districts in suicide prevention, intervention, and postvention.





# Collaboration with Forefront Suicide Prevention

Using the Forefront in Schools (FIS) model, Forefront staff will support the nine ESD navigators in school-based suicide prevention work through their participation in the Forefront fall academy and FIS programming throughout the year.

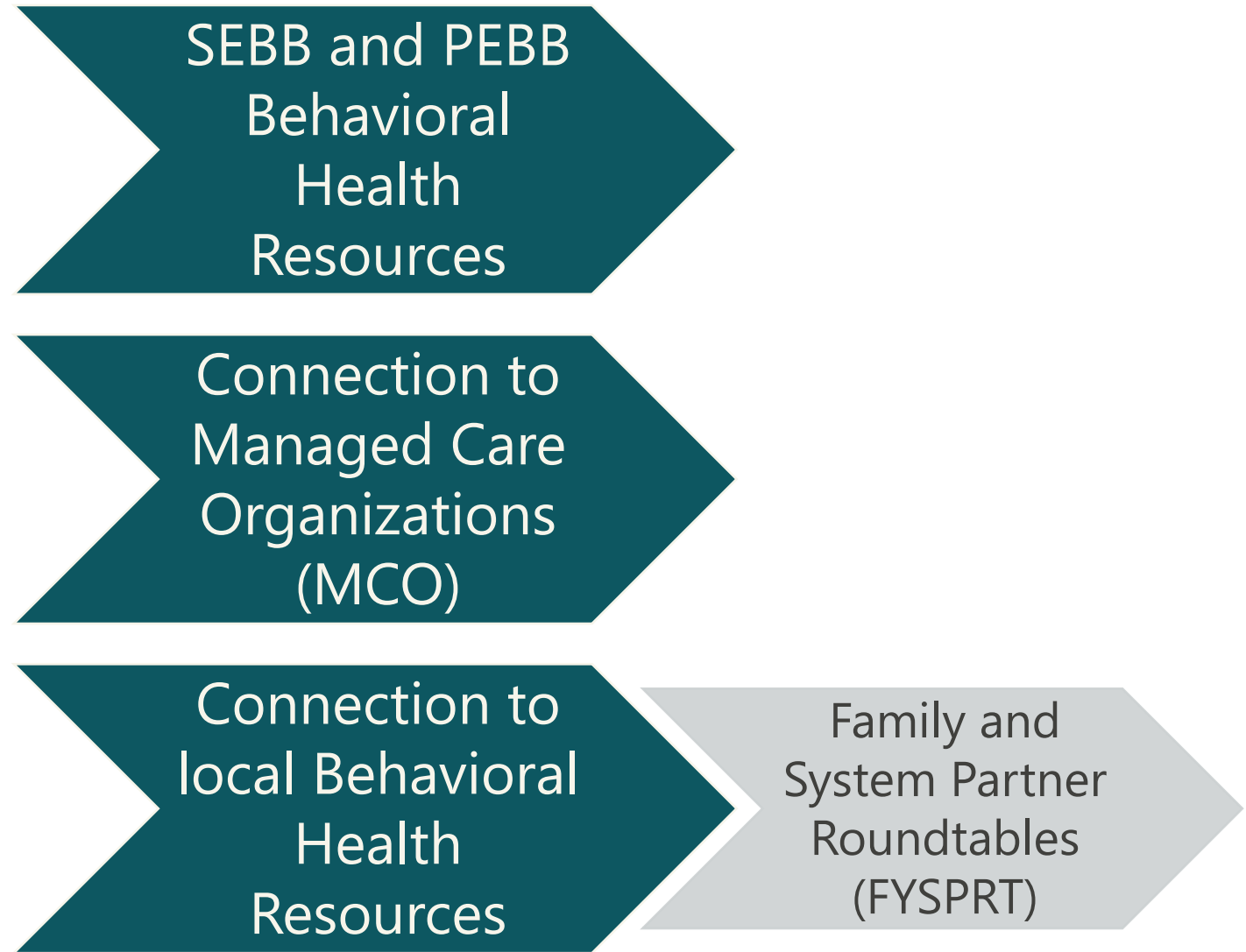


A Forefront coach will lead a virtual learning community of the ESD navigators that will work collaboratively throughout the year to accomplish the following :

Map what is happening in each region related to suicide prevention to inform the development of a plan for suicide prevention activities for 2021-2022.

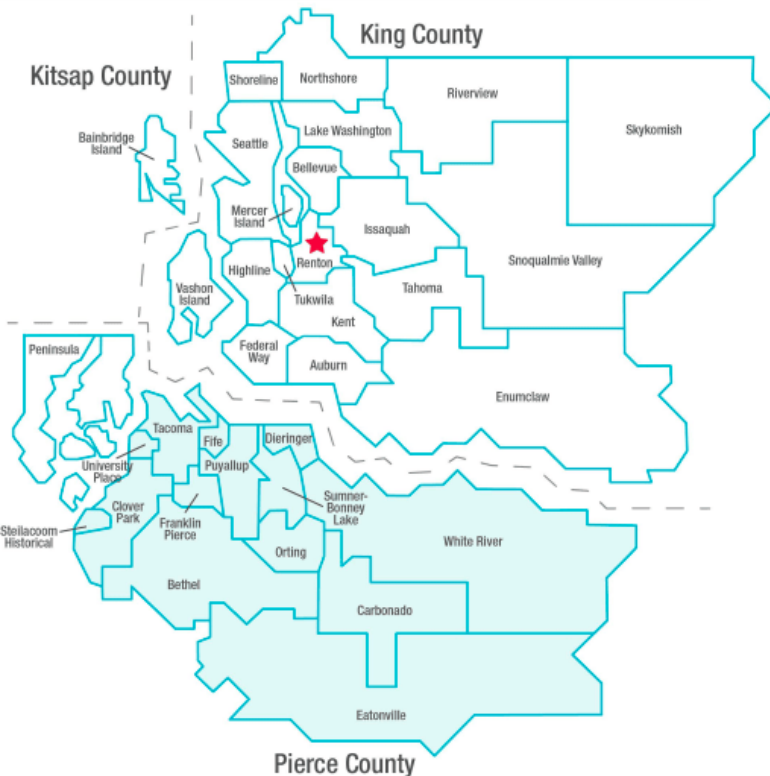
Develop a postvention toolkit for distribution/ use by the navigators in supporting schools following a school/community crisis or death by suicide.

# Collaboration and Partnership with Health Care Authority





# Behavioral Health Navigator Work

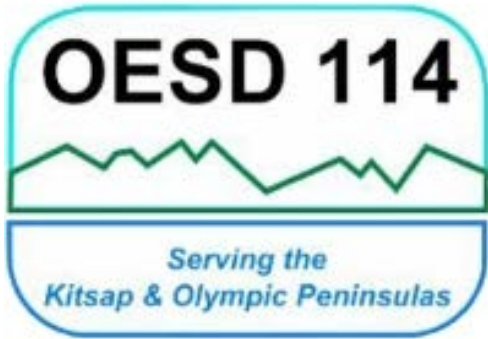


## Behavioral Health Navigator

Lane Krumpas

Lkrumpas@PSESD.org

- **Suicide Prevention Efforts:**
  - Networks For Life Suicide Prevention Training
  - District Specific Policy and Procedure Consultation
  - Updated Resource Sharing ([https://docs.google.com/presentation/d/1Z-LFS\\_k7Zgldzjbk9iAp2mQE-rN1OMRfzMM\\_ehVt2DY/edit#slide=id.gb2e60663c7\\_0\\_19](https://docs.google.com/presentation/d/1Z-LFS_k7Zgldzjbk9iAp2mQE-rN1OMRfzMM_ehVt2DY/edit#slide=id.gb2e60663c7_0_19))
  - Postvention Outreach
- **School and Community Based Organization Collaboration**
  - Regional School Counselor Network Meeting
  - Regional School Social Emotional Learning Network Meeting
  - Crisis Response Network Meeting
  - Pierce and King County Specific Focus Groups
- **Community Mapping Project**
- **School Based Interviews**
- **Community Based Organization Interviews**



## Behavioral Health Navigator

Ciela Meyer

cmeyer@oesd114.org

### ***School District Behavioral Health Needs Assessment and Gap Analysis Interviews:***

- *70% of School District interviews completed*

### ***Suicide Prevention Efforts:***

- *Networks For Life ESA Suicide Prevention Training*
- *District Specific Suicide Prevention Training for Educators*
- *District Policy and Procedure Consultation and Technical Assistance*
- *Postvention Crisis Response*
- *Resource Sharing Including Compiled List of Suicide Prevention Curriculum with Evidence of Effectiveness*
- *QPR Training of the Trainer Certification – in process*

### ***School and Community Based Organization Collaboration:***

- *Kitsap County Suicide Prevention and Awareness Meeting*
  - *Youth Suicide Prevention Subgroup*
- *Salish Regional Family Youth System Partner Round Table (FYSPRT)*
- *Chimacum School District Empowered Teens Substance Use Prevention Coalition*
- *Bremerton School District Substance Use Prevention Coalition*
- *West End School Based Mental Health Collaborative*
- *Jefferson County JOIN Meeting (Collaboration Between Juvenile and Family Services, School Districts, Law Enforcement, and CBOs)*

# Behavioral health navigator work – NEWESD 101

- Behavioral Health Licensure
  - Achieved DOH behavioral health licensure in October 2020
  - Currently contracting with local Managed Care Organizations
  - Working in tandem with Spokane Public Schools (already licensed school provider)
- Grants (Applied)
  - Applying for SAMHSA training grant
    - Training-of-the-trainer grant to train schools/districts to train their own school community in YMHFA and tYMHFA-district partner letters obtained
- Grants (Won)
  - Partnership with local accountable communities of health, NEWESD 101, and Washington State University (funds provided by Cambia Health and All in Washington)
  - In January of 2021, approximately \$200,000 awarded to NEWESD 101 to improve Behavioral Health Access in Rural Areas
  - Funds will be used to purchase telehealth equipment and clinical staff to begin telehealth pilot across five (5) rural counties: Adams, Lincoln, Ferry, Pend' Oreille, Lincoln, and Stevens
- YMHFA Facilitator
  - Trained in October
  - Facilitated first class in January
- Suicide Prevention Trainings
  - Six (6) suicide prevention trainings facilitated
  - Two (2) trainings that included suicide prevention protocol trainings - consultation provided as needed



# Behavioral Health Coordinator/Navigator Contact Information

ESD	Name	Email
ESD 101	Keara Rypien	<a href="mailto:krypien@esd101.net">krypien@esd101.net</a>
ESD 105	Emily Contreras	<a href="mailto:emily.contreras.@esd105.org">emily.contreras.@esd105.org</a>
ESD 112	Denise Dishongh	<a href="mailto:Denise.Dishongh@esd112.org">Denise.Dishongh@esd112.org</a>
ESD 113	Grace Burkhart	<a href="mailto:gburkhart@esd113.org">gburkhart@esd113.org</a>
ESD 114	Ciela Meyer	<a href="mailto:cmeyer@oesd114.org">cmeyer@oesd114.org</a>
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# Time for Questions





Break (mute/cameras off)



# Washington's Medicaid System: Coverage for Children and Youth, Part 1

MaryAnne Lindeblad, Medicaid Director  
Washington State Healthcare Authority



# Medicaid Program Overview for Children/Youth

School-Based Behavioral Health  
& Suicide Prevention  
Subcommittee

February 5, 2021

Washington State  
Health Care Authority

# Integrated Managed Care

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- ▶ On January 1, 2020, Washington State completed its move to integrated purchasing.
  - ▶ Provides coordination of both physical and behavioral health
- ▶ The program was implemented through contracts between HCA and five Managed Care Organizations (MCOs) who contract with Medicaid providers.
- ▶ This model provides whole-person care under one health plan.

# Integrated Managed Care

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- ▶ Services are available for children and youth that are eligible under Apple Health (Medicaid).
- ▶ Services included through Medicaid managed care must meet medical necessity and include:
  - ▶ Primary care
  - ▶ Pharmacy
  - ▶ Collaborative care coordination
  - ▶ Behavioral Health services (mental health, substance use disorder, inpatient and residential, and services described in BHASO)
  - ▶ Specific programs include:
    - ▶ Wraparound with Intensive Services (WISe)
    - ▶ Applied Behavior Analysis (ABA)

# Behavioral health administrative service organizations (BH-ASO)

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- ▶ Regional Behavioral Health Administrative Services Organization (BH-ASO).
- ▶ These organizations administer services such as:
  - ▶ 24/7 regional crisis hotline for mental health and substance use crises;
  - ▶ Mobile crisis outreach teams for mental health and substance use crisis;
  - ▶ 24/7 support for the Involuntary Treatment Act (ITA) assessments and petitions; and
  - ▶ Regional Ombuds who resolve complaints in the delivery of services.
- ▶ Within available funding, a BH-ASO may also provide outpatient behavioral health services, or voluntary psychiatric inpatient hospitalizations for those who are ineligible or not enrolled in Apple Health.

# Who is covered

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## ▶ Washington State Medicaid covers:

- ▶ Children in households with income up to 312% of the federal poverty level (FPL) – Children’s Health Insurance Program (CHIP) premiums apply to children in households with income from 210% to 312% FPL.
- ▶ Foster care and adopted children in Washington, and foster care youth who age out of the system up to age 26, regardless of household income.
- ▶ Any child hospitalized longer than 30 days.
- ▶ Undocumented children.

# Early & Periodic Screening, Diagnostic, and Treatment (EPSDT)

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- ▶ Provides comprehensive & preventative health care services for children under 21 who are enrolled in Medicaid.

Benefits include:	
Comprehensive health & development history	Dental services
Physical exam	Hearing services
Immunizations	Diagnostic services
Laboratory tests	Treatment
Health education	Developmental & Behavioral Screening
Vision services	Other necessary health care services



# Who can provide behavioral health services

## Types of Behavioral Health Practitioners:

Registered Nurse	Marriage & Family Therapist
ARNP Psych, MH	Licensed or Certified Mental Health Counselor
Physician Assistant	Psychologist
Psychiatrist/MD	DBHR Credentialed Cert. Peer Counselor
Licensed Social Worker	Substance Use Disorder Professionals or Trainees

- ▶ All licensed behavioral health treatment agencies who provide care for children and youth:
  - ▶ Provided in a variety of venues.
  - ▶ Some in school buildings through coordination with the local school districts.

# Who can provide behavioral health services

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## ▶ School districts

- ▶ Spokane School District is licensed and providing mental health services to its students.

## ▶ School Based Health Centers (SBHC)

- ▶ Most bill both Medicaid and private insurance for services.
- ▶ Not all SBHCs provide behavioral health services.

## ▶ Educational Service Districts (ESDs)

- ▶ ESD 113 is licensed to provide mental health and substance use services.
- ▶ ESD 112 is licensed for behavioral health services.
- ▶ There may be other ESDs in the process of becoming licensed.

# Public School District Medicaid Administrative Claiming (MAC)

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- ▶ Provides public schools with partial reimbursement for time their staff spend performing administrative activities that help individuals apply for and access Medicaid covered services.
- ▶ HCA currently has 54 MAC contracts with school districts and ESDs.

# Medicaid School-Based Health Care Services (SBHS) Program

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- ▶ Provides reimbursement for fee-for-service basis to contracted school districts, charter, and tribal schools for:
  - ▶ Providing health-related services to students with individualized education programs (IEPs), or
  - ▶ Individualized family service plans (IFSPs).
- ▶ Services must be:
  - ▶ Prescribed by a Department of Health (DOH) licensed provider,
  - ▶ Be included in a student's IEP or IFSP, and
  - ▶ Be provided by, or under the supervision of, a DOH licensed provider.

# Medicaid School-Based Health Care Services (SBHS) Program

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- ▶ Billable services include:
  - ▶ Speech-language therapy;
  - ▶ Physical and occupational therapy;
  - ▶ Audiology services;
  - ▶ Nursing services; and
  - ▶ Individual and group counseling.
- ▶ The SBHS program currently contracts with approximately 180 school districts, and five ESDs.
- ▶ Provides annual Medicaid reimbursements of approximately \$11 million.



# Questions?

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More information:  
<http://hca.wa.gov>

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Break (mute/cameras off)



# Public Comment



# If you wish to provide public comment

- Please notify the chairs or facilitator using the chat
- Please limit your comments to no more than three minutes

# Breakouts

- Discuss today's presentations
- Identify questions you have on private insurance plans for the April presentation



# Future Meetings

# Topics/Priorities for 2021

- Resources that support student behavioral health: Medicaid, K-12, private insurance, etc.
- Student assistance programs
- Moving beyond grants and demonstration projects to support student behavioral health
- State Auditor's report
- Tracking progress of recommendations in 2021 Legislative session

