
Children and Youth Behavioral Health Work Group

Children and Youth Behavioral Health Work Group (CYBHWG) Notes

May 22, 2023

<input checked="" type="checkbox"/>	Representative Lisa Callan, Co-Chair	<input type="checkbox"/>	Summer Hammons	<input checked="" type="checkbox"/>	Michele Roberts
<input type="checkbox"/>	Keri Waterland, Co-Chair	<input checked="" type="checkbox"/>	Libby Hein	<input type="checkbox"/>	Joel Ryan
<input checked="" type="checkbox"/>	Hannah Adira (<i>alternate</i>)	<input checked="" type="checkbox"/>	Dr. Robert Hilt	<input checked="" type="checkbox"/>	Noah Seidel
<input type="checkbox"/>	Javiera (Javi) Barria-Opitz	<input checked="" type="checkbox"/>	Kristin Houser	<input checked="" type="checkbox"/>	Maureen Sorenson
<input checked="" type="checkbox"/>	Dr. Avanti Bergquist	<input checked="" type="checkbox"/>	Avreayl Jacobson	<input checked="" type="checkbox"/>	Mary Stone-Smith
<input type="checkbox"/>	Jane Beyer	<input type="checkbox"/>	Andrew Joseph Jr.	<input type="checkbox"/>	Representative My-Linh Thai (<i>alternate</i>)
<input checked="" type="checkbox"/>	Shelly Bogart	<input type="checkbox"/>	Kim Justice	<input checked="" type="checkbox"/>	Jim Theofelis
<input type="checkbox"/>	Kelli Bohanon	<input checked="" type="checkbox"/>	Michelle Karnath	<input type="checkbox"/>	Dr. Eric Trupin
<input type="checkbox"/>	Representative Michelle Caldier (<i>alternate</i>)	<input type="checkbox"/>	Kaur Preet	<input checked="" type="checkbox"/>	Senator Judy Warnick
<input checked="" type="checkbox"/>	Diana Cockrell	<input type="checkbox"/>	Judy King	<input checked="" type="checkbox"/>	Lillian Williamson
<input checked="" type="checkbox"/>	Lee Collyer	<input type="checkbox"/>	Amber Leaders	<input checked="" type="checkbox"/>	Senator Claire Wilson
<input type="checkbox"/>	Elizabeth De La Luz	<input checked="" type="checkbox"/>	Laurie Lippold	<input type="checkbox"/>	Dr. Larry Wissow
<input checked="" type="checkbox"/>	Representative Carolyn Eslick	<input type="checkbox"/>	Mary McGauhey	<input checked="" type="checkbox"/>	Jackie Yee
<input type="checkbox"/>	Dr. Thatcher Felt	<input type="checkbox"/>	Cindy Myers	<input type="checkbox"/>	

Legislative session review / recommendations

See TVW recording (24:42)

- Status of prioritized recommendations submitted to the legislature and passed for legislation were shared with the key details.

988 and the Crisis Response Improvement Strategy (CRIS)

Representative Tina Orwall, Washington State Legislature and Kashi Arora, Seattle Children's

See TVW recording (51:30), see page x for slides

Highlights

988 Hotline

- 988 was established in 2021-2022 legislation through [HB 1477](#)
- The national model for 988 with research and learning around best practices from other states was used to inform the work.
- There was a lot of focus on Eastern Washington and the agriculture community since they have the highest rate of suicide.
- Washington currently has three 988 call lines: Volunteers America, Crisis Connection, and Frontier.
- 988 provide a special response to Veterans and offers a Spanish speaking line, LGBTQ plus and a Native Strong line.
- Looking at the relationship between 988 and 911 for collaboration and to address transportation needs.
- Important to identify youth or create a call system that has youth focus to make sure they are getting connected to the crisis services.

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Strategic Plan update

Nate Lewis & Rachel Burke, Health Care Authority (HCA)

See TVW recording (1:25:00)

Highlights

- The strategic plan will be coordinating with CYBHWG subgroups to align the work and recommendations.
- Interested in being part of this work, e-mail cybhwg@hca.wa.gov.

Recommendation timeline

Cindi Wiek, HCA

See TVW recording (1:31:05), see page 6 for slide

2024 Interim work

See TVW recording (1:35:30)

Highlights

- Since there are multiple groups working on workforce development, the Workforce and Rates subgroup will continue to connect with, learn, and intersect with the work others are doing.
- The Workforce and Rates subgroup is looking at outstanding issues that did not get advanced or were not ready to be advanced in the 2023 legislative session.
- The Prenatal through 5 Relational Health (P5RH) subgroup is working to understand what other groups' interests are, and looking at past recommendations to see how implementation is going and if adjustments are needed.
- Important to keep in mind that recommendations should translate into a real actionable policy or proviso language.

Breakout groups: 2024 priorities

See TVW recording (1:49:25)

All attendees had the opportunity to share their feedback on 2024 priorities by self-selecting the breakout room of their choice to join for participation. Breakout rooms were categorized based on subgroups with targeted questions for each.

Workforce & Rates (W&R)

- Administrative complexities
 - Audits
 - Contract negotiations
 - Documentation
 - Other
- We need to look at the whole picture when a new initiative is being considered, such as, what new administrative procedures will be required? Will it be an arduous process?
- We should take a policy approach – how do we deal with complexities? How do various efforts interrelate? Can we create an analytical framework?
- We should group/categorize admin issues, identify if/how each item adds value to those being served, and then prioritize what we want to tackle.
- What can the government do to change the administrative burdens??
- Other items:
 - Loan repayment

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- Conditional scholarships
- Medicaid rate
- Additional issues discussed:
 - **P-5** – There was discussion about HB1227, the Keeping Families Together Act, that will go into effect on July 1, 2023. To help set families up for success we need to ensure that services are available.
 - **Schools** – Continue to look at Medicaid billing, as well as other issues.
 - **Behavioral Health Integration** – We have a long way to go to fully integrate. Need to look at the role of peers, as well as care coordination.
 - **Outpatient services/SUD** – We lack critical services.
 - **Inpatient services** – There are no inpatient programs for 18–24-year-olds and there should be.
- Please note that the Workforce/Rates subcommittee has identified additional areas as well on which to potentially focus!

Prenatal through 5 Relational Health (P5RH)

- One issue with Coordinated Care is a lot of providers don't want to take Medicaid because the rates are lower; this has created inequities in the system and access issues for those who need help the most. This rolls into workforce issues. A lot of folks who do take Medicaid do so because they're passionate about this population. What can we do to close the gap?
- Is the increase in Medicaid rates enough to get us back to where we were before the prior cuts?
- Regarding passage of [HB 1227](#) (2021), intended to reduce removals of children from the home of their family of origin:
 - There is strength in that philosophy – we do want to mitigate children being removed from the home, especially the 0-5 population.
 - Concerns that, while preventing removals, the state isn't taking additional steps to ensure the child is safe and well-cared for in the home.

School-based Behavioral Health & Suicide Prevention (SBBHSP)

- Bringing more money into schools and BH staff. How do we align and/or connect to our workforce?
- Barriers put up by diagnostic requirements, looking at more support being provided by non-degreed professionals.
- Collaboration is limited partly due to multiple funding streams.
- There is readily identifiable student support in all schools.
- Medicaid billing issues raised.

Behavioral Health Integration (BHI)

- Need to streamline services for families; there should truly be “no wrong door”.
- Discussion of peers moving into Community Health Worker (CHW) roles. Example: NW Pediatrics.
- Integration not working as much in commercial spaces – we should look at this.
- Youth inpatient navigation support would be helpful.
- One way the system works in silos is to treat providers differently depending on what kind of clinic they work in. The last big rate increase was for providers in community behavioral health agencies and was not applied to behavioral health providers working in primary care.
- Very important for primary care providers to connect with other needed services, especially those that address social determinants of health.

Youth and Young Adult Continuum of Care (YYACC) – Inpatient and residential treatment

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- Participants identified accessibility and developmental awareness/expertise as major issues. Young people minimized and not taken seriously. Lack of developmental expertise for youth and young adults; providers are used to serving older adults.
- More training and expertise for providers to serve dual diagnosed young people. Dual diagnosis not only mental health and substance use, but also developmental and/or intellectual issues including neuro-divergent/autistic young people.
- Not enough inpatient capacity in general and no inpatient programs specifically for 18 through 24.
- More young children showing up at inpatient facilities with no readiness or expertise to serve them.
- Need more resources and focus on post-treatment and return to community, such as The Bridge.

YYACC – Outpatient services and SUD, including Wrap-around with Intensive Services (WISe), Intensive Outpatient, and Partial Hospitalization

- Lack of access to Intensive Outpatient (IOP) psychiatric care and lack of inpatient psychiatric care for children/youth. There is a need for more robust services which are financially viable and offer care proactively instead of reactively – can't get services when you're not "sick" enough and sometimes can't get services if you're too "sick".
- Barriers to access to care when Managed Care Organizations (MCOs) don't cover a service and/or are not willing to provide single case authorization.
- Substance Use Disorder gaps: Co-occurring facilities, intensive outpatient, inpatient services, and detox. Some individuals are not able to access based on their MCO.
- Concerns about WISe services-----long waitlist for care and lack of consistency of care model throughout the state.

Presentation requests for CYBHWG Meetings

See TVW recording (2:12:50)

- Trauma informed services for those with multiple diagnoses in rural areas – look at what is available.
- Attorney General creating a new tipline – learn of the work.
- Youth and fentanyl use – Size and scope we are seeing, resources, how to connect in, etc. (learn of what is happening / collective response).
- Funding and work happening in School-based Health Centers.
- Residential programs – what service is needed and how to make it sustainable.
- Social Emotional Learning

Public Comment

See TVW recording (2:20:50)

- At the Ombuds office we are seeing a concerning trend towards lack of access and information for all the programs that exist. Accessing services has been very difficult for a lot of families. I just wanted to know if the strategic plan is something that's public, how you're organizing your priorities to meet the strategic plan goals, and if that's something that I would be able to have access to?
If you are interested in participating send message to cybhwg@hca.wa.gov
- Operationally as it specifically relates to services for kids, it was a huge win to get a 15% increase in the Medicaid rate. There is no incentive for adolescent children, and transitional age services when it comes to behavioral health, like inpatient or day programs because it's one flat rate.
 - There was a 7% increase and then the 15% one was adopted and ratified. Do you have any insight as to why that effort was successful? And if so, how can we do that again?
Broad negotiations between chambers. Also understanding how, with the last rate increase, we made sure the money got to providers and staff.

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- Is there an opportunity to use parity law so that services, including the SUD and the co-occurring disorders, can be propped up throughout the state with some incentive to recruit and retain enough staff to support them?

Looking to the Strategic Plan to identify, quantify and better understand the investments needed in Washington to make sure we have staff when and where it is needed.

Chat:

- The School-based Behavioral Health Subcommittee welcomes public participation! If you're interested in following along with our work or attending a future meeting, reach out at christian.stark@k12.wa.us
- [The SEL Advisory Committee](#)
- [SAMHSA Youth guidelines](#)
- [A Safe Place to Be: Crisis Stabilization Services and Other Supports for Children and Youth](#) (National Association of State Mental Health Program Directors)

2023 Children and Youth Behavioral Health Workgroup (CYBHWG) Timeline

