Children and Youth Behavioral Health Work Group (CYBHWG) Notes

July 20, 2023

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

School-based Behavioral Health Services

Lee Collyer, Christian Stark, Tammy Bolin, and Bridget Underdahl, Office of Superintendent of Public Instruction (OSPI)
See TVW recording (4:00), see page 3 for slides

Highlights

- A small number of Educational Service Districts (ESD's) are licensed to provide behavioral health, substance abuse, and mental health services; others contract with community-based providers.
- HCA is forming a Charter Workgroup to explore new opportunities for schools regarding Medicaid reimbursement.

Chat:

- 2022-Medicaid School-Based Behavioral Health Services and Billing Toolkit
- Educational Staff Association
- Model District Template: Student Social, Emotional, and Behavioral, and Mental Health Recognition, Screening and Response.
- Report: Promising Solutions to Washington's Youth Behavioral Health Crisis
- Medicaid-funded school-based health care services and supports
- Project AWARE

Respite Update

Liz Venuto, Health Care Authority (HCA)

See TVW recording (1:15), see page 86 for slides

Highlights

- The respite request originated in the Family Youth System Partner Round Table (FYSPRT) a few years ago and was brought forward to the CYBHWG via the Youth and Young Adult Continuum of Care (YYACC) subgroup.
- Caregiver respite was approved by the Centers for Medicare & Medicaid Services as part of the Medicaid Transformation/1115 waiver renewal on June 30, 2023.

P-25 Strategic Plan Update

See TVW recording (1:22)

Highlights

- Next Strategic Plan Advisory Group meeting: September 7, 2-5 pm
- Send email to cybhwg@hca.wa.gov to receive a meeting invite.

Subgroup updates 2024 work

See TVW recording (1:32)

Workforce & Rates (W&R)

- The subgroup has been developing a list of possible items to look at for recommendations.
- 3 items were brought forward for workgroup feedback: (1) conditional scholarships; (2) educational debt; (3) Culturally Affirming & Responsive Mental Health (CARE) project.

Prenatal through 5 Relational Health (P5RH)

- Starting to meet regularly, delayed in comparison to previous years due to transition.
- Opportunity next year to do a more robust recommendation process.
- Still value and will do parent and diverse partner outreach as well as the testing of ideas outside the meeting, just as we have done in the past.

School-based Behavioral Health & Suicide Prevention (SBBHSP)

- July policy workshop provided deep discussion of possible recommendations.

Behavioral Health Integration (BHI)

See page 92 for slide deck

- Shared information about additional ways to fund care coordination.

Youth and Young Adult Continuum of Care (YYACC)

- Starting to meet this month; delayed due to transition.
- The first meeting will provide updates and background on the subgroup's past work. Participants will consider what topics/issues to focus on this year.

Public Comment

No public comments given.

WA School-based Behavioral Health Landscape

WA Office of Superintendent of Public Instruction (OSPI)

Lee Collyer | *Director, School Health & Safety*

Tammy Bolen | *Program Supervisor, Social Emotional Learning Lead*

Christian Stark | *Program Specialist, Behavioral Health & Suicide Prevention*

Bridget Underdahl | *Mental Health Systems Lead*

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Roadmap for Today

| Why school-based behavioral health? | What is the State required to do? | What are schools and school staff required to do? | How do we structure and organize SBBH supports? | Who provides SBBH supports? | How do schools pay for SBBH supports? | How well are we meeting SBBH needs? | What programming is available to support SBBH right now? |

Why school-based behavioral health?

Washington State Healthy Youth Survey - 10th Grade
WAH-ACES Score and...

WHY?
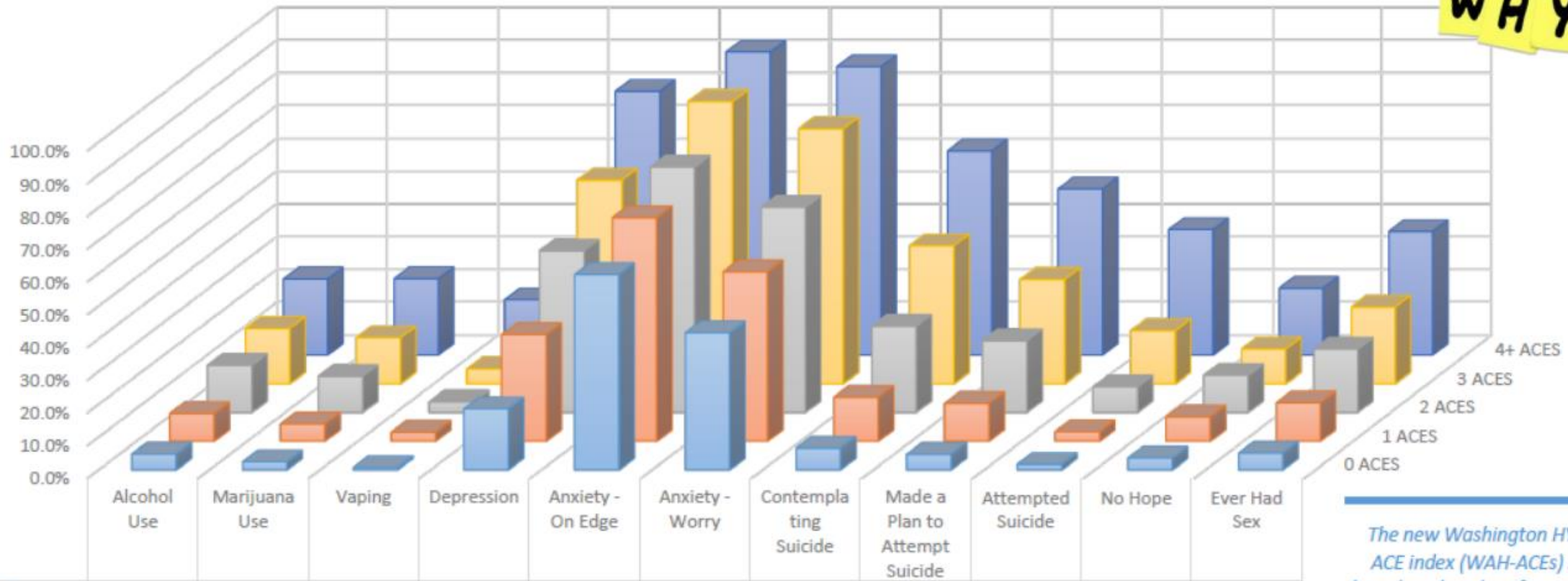
	Alcohol Use	Marijuana Use	Vaping	Depression	Anxiety - On Edge	Anxiety - Worry	Contemplating Suicide	Made a Plan to Attempt Suicide	Attempted Suicide	No Hope	Ever Had Sex
0 ACES	4.8%	2.4%	0.7%	18.6%	59.6%	41.8%	6.6%	4.7%	1.7%	3.6%	5.1%
1 ACES	8.4%	5.2%	2.7%	32.5%	68.2%	51.7%	13.4%	11.5%	2.9%	7.4%	11.7%
2 ACES	14.4%	11.0%	3.2%	49.3%	74.9%	62.6%	26.3%	21.9%	7.8%	11.3%	19.3%
3 ACES	16.9%	14.0%	4.5%	62.1%	86.1%	77.8%	42.1%	31.8%	16.2%	10.6%	23.4%
4+ ACES	23.2%	23.3%	16.9%	80.5%	92.5%	88.0%	62.3%	50.7%	38.3%	20.4%	37.7%

0 ACES ■ 1 ACES ■ 2 ACES ■ 3 ACES ■ 4+ ACES

The new Washington HYS ACE index (WAH-ACEs) is based on decades of research about how childhood trauma exposure amplifies risk to short and long-term health and wellbeing.

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6

What Washington Youth are saying

Mental Health Indicators, Grade 10, HYS 2021

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Contemplation of Suicide – 10th Grade

Healthy Youth Survey (HYS) 2021

American Indian or Alaska Native — 37.2%

Asian or Asian American — 19.8%

Black or African-American — 18.5%

Hispanic — 18.6%

Native Hawaiian or other Pacific Islander — 15.1%

White — 26.4%

Other — 24.9%

More Than 1 Selected — 29.3%

Male — 11.7%

Female — 21.3%

Transgender — 58.8%

Other — 48.6%

Heterosexual — 11.5%

Gay, Lesbian, or Bisexual — 46.3%

Questioning, Something Else Fits, Don't Understand Question — 28.8%

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What WA Youth are Using

	2018	**2021**
Alcohol	I got it from friends: **7.0%** I got it at a party: **4.4%**	I got it from friends: **3.2%** I got it at home with my parents: **2.4%**
Vapor products	I borrowed (or bummed) them from someone else: **8.1%** I gave someone else money to buy them for me: **4.8%**	I borrowed (or bummed) them from someone else: **2.9%** I got them some other way: **2.2%**
Marijuana	I got it from friends: **10.7%** I gave money to someone to get it for me: **2.9%**	I got it from friends: **4.2%** I got it some other way: **1.8%**
Tobacco	I gave someone else money to buy them for me: **1.7%** I borrowed (or bummed) them from someone else: **1.5%**	I got them some other way: **1.7%** I borrowed (or bummed) them from someone else: **1.5%**

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*Top two answers for substance access for each year/substance type

The Case for School Mental Health (SMH)

SMH is associated with positive mental health outcomes for children & youth

Research shows that schools are the most common place young people seek and receive mental health services

School-based social-emotional learning and strong systems to promote a positive culture improve academic outcomes

School mental health services are essential to assuring our schools are safe

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Source: The Case for School Mental Health, UW SMART Center, 2023

What is the State required to do?

Office of Superintendent of Public Instruction (OSPI)

State Education Agency (SEA)

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Recognition, Screening & Response

RCW 28A.320.127 – District must adopt a plan for recognition, screening, and response to emotional or behavioral distress in students

Model Plan Template

- Created by OSPI in partnership with the UW SMART Center and UW Forefront

- Provide guidance to districts on effective screening, response, and referral

Statewide Data Collection (part of HB 1214, 2021)

- 2022-23, OSPI surveyed **all** school districts to determine compliance

- Shared data with BHNs to guide statewide consolidation

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Behavioral Health Navigator Program

Promote Access to Supports

- Navigators conducted district interviews about existing **barriers** and specific **needs** in accessing equitable behavioral health supports for students in each region

Network Success

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

Suicide Prevention Trainings

- Navigators conduct **suicide prevention trainings** for districts across their regions and connect districts to external training opportunities

School Plan Support

- Navigators **support schools** with their **plans** for recognition, screening, and response as required by RCW. 28A.320.127 using the Model District Template

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See Youth Suicide Prevention, Intervention, & Postvention | OSPI for contact information

Note on OSPI Authority

OSPI **does** provide guidance and technical assistance & support programming related to SBBH

OSPI **does not**:

- Provide funding to districts (outside of basic education dollars) for SBBH
- Have regulatory authority over how, and to what extent, districts develop SBBH supports
- 'Oversee' behavioral health services in K12 education
- Provide districts with strategic direction on the minimum level of support schools are expected to provide students, **nor**, oversight to ensure it takes place

More on this later…

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Health Care Authority (HCA)

State Medicaid Agency

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HCA Requirements

Administer Apple Health (Medicaid) program

Provide information about Medicaid and school-based billing options

What are schools and school staff required to do?

Recognition, Screening & Response

RCW 28A.320.127 – Districts must adopt a plan for recognition, screening, and response to emotional or behavioral health in students that includes:

- Identification of staff training opportunities
- Using the expertise of trained staff
- Staff response to signs of emotional/behavioral stress in students
- Partnerships with CBOs, including at least one MOU
- Protocols and procedures for communication with parents
- Staff crisis response
- Post-incident supports
- Response to allegations of sexual misconduct
- Mandatory reporter responsibilities

Important Notes:

- The RCW **does not provide funding** for districts to meet this requirement
- Many districts report that they **do not have a local community-based organization** they can partner with to provide behavioral health services, especially in rural and remote districts

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SBBH Training Requirements
Staff Professional Learning

RCW 28A.150.415: The state must provide funding for a minimum of **three** professional learning (PL) days for certified instructional staff.

One of three PL days each school year must be dedicated to a state-directed topic:

- Even-Odd years (i.e. 2020-21): Social emotional learning
- Odd-Even years (i.e. 2021-22): Cultural competency, diversity, equity, or inclusion (CCDEI)

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SBBH Training Requirements
Staff Professional Learning

Social Emotional Learning (SEL) topics can include:

- Social emotional learning
- Trauma-informed practices
- Using the model plan for recognition & response to emotional or behavioral district
- Consideration of adverse childhood experiences (ACEs)
- Mental health literacy
- Anti-bullying strategies
- Or, culturally sustaining practices

Cultural competency, diversity, equity, or inclusion (CCDEI) training:

- must be aligned with CCDEI standards developed by the Professional Educator Standards Board (PESB) under RCW 28A.410.260

One day of training on each topic **every-other year**

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SBBH Training Requirements
Other Staff Training

There are **no** other state requirements for staff training in behavioral health & suicide prevention:

- teacher prep programs
- ongoing teacher certification

153 (70%) districts said they provide mental health & substance training to staff

Type of Training	# of Districts	% of Districts Surveyed
Youth Mental Health First Aid	42	19%
Adverse Childhood Experiences (ACEs)	36	16%
Safe Schools Mental Health	35	16%
Trauma Informed Practices	35	16%
Mental health training (unspecified)	21	10%
Suicide Prevention (unspecified)	20	9%
Other - Unspecified training	13	6%
Staff Wellness	11	5%
Substance Abuse Prevention	8	4%
QPR (suicide prevention)	8	4%
Pos. Bx Interventions & Supports (PBIS)	8	4%
Transition to Independence Process (TIP)	6	3%
Character Strong (SEL)	6	3%
Social Emotional Learning (SEL)	6	3%
Restorative Practices	6	3%

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Behavioral Health Navigator Survey, 2019-21

SBBH Training Requirements
Training for Education Staff Associates (ESAs)

ESA Suicide Prevention Requirements:

- Every five years, school nurses, school counselors, school psychologists, and school social workers are required to complete a minimum of three hours of suicide prevention training for certificate renewal. Training must be completed through a PESB-approved suicide prevention course or a Department of Health (DOH) approved program.

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SBBH Training Requirements
Instruction for Students

[RCW 28A.230.095](#): **Essential academic learning requirements and assessments**

(1) By the end of the 2008-09 school year, school districts shall have in place in elementary schools, middle schools, and high schools assessments or other strategies chosen by the district to assure that students have an opportunity to learn the essential academic learning requirements in social studies, the arts, and health and fitness. Social studies includes history, geography, civics, economics, and social studies skills. **Health and fitness includes, but is not limited to, mental health and suicide prevention education.** Beginning with the 2008-09 school year, school districts shall annually submit an implementation verification report to the office of the superintendent of public instruction. The **OSPI may not require school districts to use a classroom-based assessment** in social studies, the arts, and health and fitness to meet the requirements of this section and shall **clearly communicate to districts their option to use other strategies chosen by the district**.

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The [Washington State K-12 Learning Standards for Health and Physical Education](#) were adopted in 2016.

SBBH Training Requirements
Instruction for Students

Behavioral Health Navigator Survey, 2019-21

68% of districts surveyed said their students receive some sort of mental health and substance use instruction

What districts said there were using →

Category	# of Districts	% of Districts Surveyed
SEL Curriculum	79	36%
Health Class	76	35%
Mental Health Curriculum	33	15%
Suicide Prevention	28	13%
Substance Abuse	27	12%
Unspecified	11	5%
Health Curriculum (not necessarily in health class)	8	5%
Peer/Community Support Programs	6	4%

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Note: This question did not ask districts if they use an SEL curriculum or provide suicide prevention instruction.

How do we structure and organize SBBH supports?

Multi-Tiered System of Supports (MTSS)

- An MTSS framework builds on a public health approach that is preventative and focuses on organizing the efforts of adults within systems to be more efficient and effective.

- MTSS helps to ensure students benefit from nurturing environments and equitable access to universal instruction and supports that are culturally and linguistically responsive, universally designed, and differentiated to meet their unique needs.

Washington MTSS

The Washington MTSS Framework is an evidence-based organizational approach for districts and schools to create equitable, consistent, and flexible systems and supports that empower educators, students, families, and communities to ensure benefit for every student.

Washington MTSS has been organized into 5 key components

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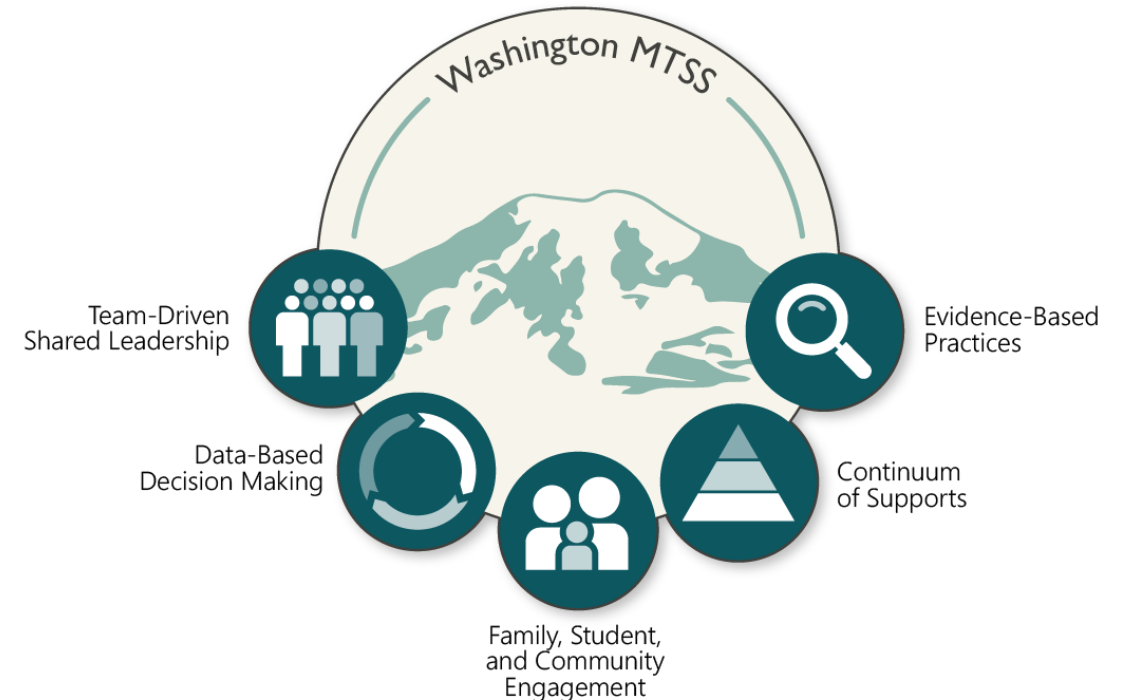
Washington Initiatives Leveraging MTSS for Sustainable Implementation Success

School Climate	Inclusionary Practices	Dyslexia Legislation	Discipline Reform
Early Childhood Supports	Identification of Learning Disabilities	Social-Emotional Learning	Behavioral Health
Attendance	Washington Integrated Student Supports Protocol (WISSP)	School improvement	Learning Assistance Program

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Interconnected Systems Framework (ISF)

- ISF promotes using a single system of delivery for educational and mental health supports in schools.

- ISF offers a solution to the challenge of meeting the needs of the whole child.

- ISF applies the core features of MTSS to deliberately integrate mental health, community, school, and family partners through a single system of support.

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Interconnected Systems Framework (ISF)
Providing Supports in a Tiered Framework

Project AWARE: Interconnected Systems Framework

Tier 3: Wrap-Around Services
- Imbeded services
- Coordination via in school supports and telehealth
- Individualized assessment, intervention, and family supports

Tier 2: Targeted Interventions
- Small group social activities
- Individual and/or group progress monitoring
- Targeted screening and parenting education

Tier 1: Universal Protection
- Universal screenings, support school and home partnerships
- Social Emotional Learning
- Trauma informed training for school staff and MTSS supports

Home and Community Awareness
- Destigmatize through mental health awareness and training
- Build self healing, trauma informed communities
- Create community partnerships

FULL MTSS MODEL IS MORE LIKELY TO HAPPEN WHEN SCHOOLS AND COMMUNITIES ARE IN PARTNERSHIP – CO-LOCATED TO INTEGRATED

SCHOOL PROVIDERS

COMMUNITY PROVIDERS

ISF

3
2
1

3
2
1
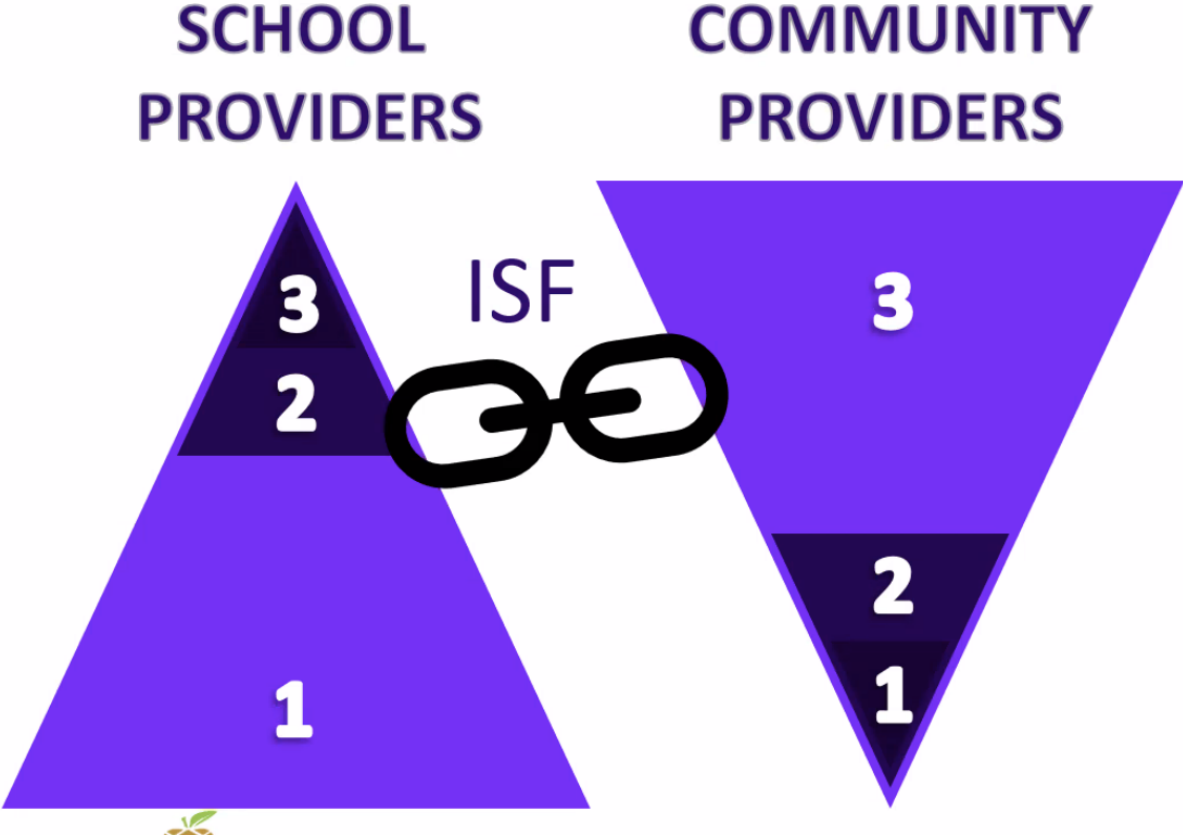
Northwest (HHS Region 10)

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Washington Integrated Student Supports Protocol *(WISSP)*

- ## What are Integrated Student Supports?

Integrated student supports (ISS) are *what* students receive across education and community services to be fully engaged in learning in school, within a *Multi-Tiered System of Supports* *(MTSS),* which is the structure for *how* supports are organized and delivered by the adults.

- ## How is this unique to Washington?

In Washington, all districts receiving LAP funds will be *required* to use the Washington Integrated Student Supports Protocol (WISSP) to budget and expend LAP funds. This requirement begins in school year 2025-2026 (HB 1208, Questions and Answers). Presently, school districts *may* use up to fifteen percent of the district's LAP allocation using the WISSP to support students not meeting academic standards.

- ## What do I need to know about the protocol?

The purpose of the protocol, or process, is to provide students with all supports and services needed to be successful in school. Within an MTSS framework, effective implementation of ISS is the recommended process for best outcomes for all students.

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Additional Clarity Regarding ISS

- ## Why is ISS Important?

ISS is important because it supports positive outcomes for students. Student success in schools requires student needs to be met with a collaborative, systemic approach. Research shows that when implemented within the context of a tiered system of support, ISS is a promising approach to improving student learning and development (Moore, K.A., et. al., 2014).

- ## Is ISS different from ISF?

ISS is *what* supports students receive across education and community services, the Integrated Systems Framework (ISF) works within an MTSS framework to create a single stream-lined structure and process for connecting all social, emotional, and behavioral health efforts, which eliminates barriers that competing systems may have previously experienced.

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Source: Steve Goodman
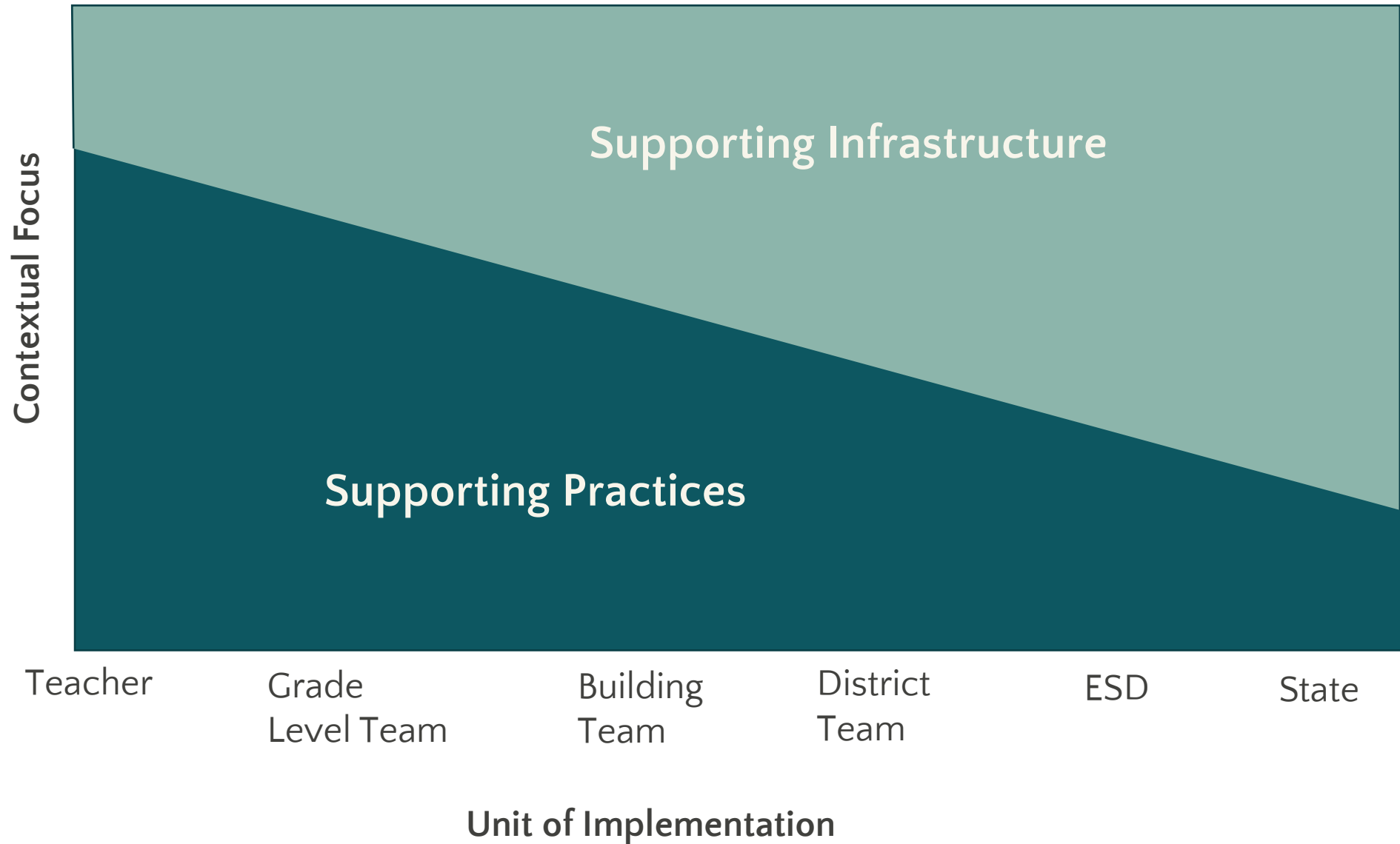
Cascading Supports
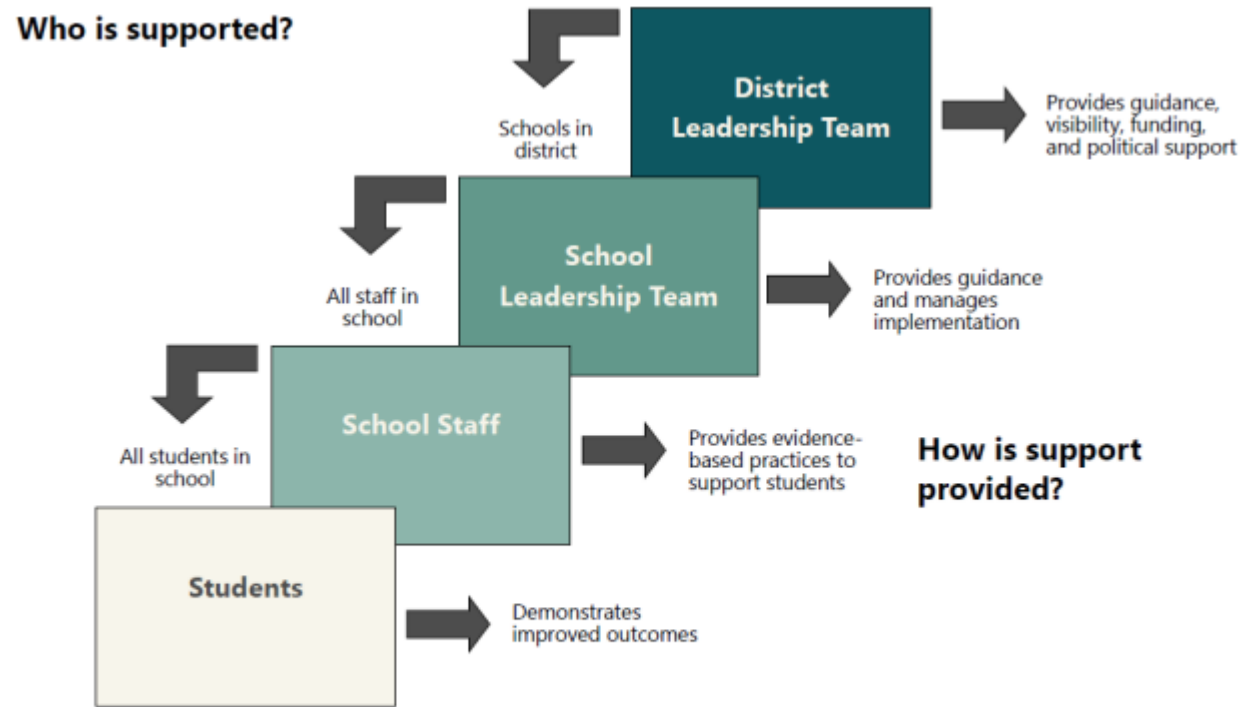
Figure 2: Cascading Systems. Adapted from Michigan Multi-Tiered Systems of Supports Technical Assistance Center (MiMTSS TAC) with permission.

The breakdown

- ISS, ISF, (and PBIS & RtI) are all Multi Tiered Systems
- In Washington they are all legitimate parts of <u>A Statewide MTSS</u>
- <u>MTSS is the HOW –</u> It organizes the adults to deliver effective practices for positive outcomes
- In Washington we have organized MTSS into WA-MTSS (5 components)
- In Washington we have organized ISS into specific core features for implementation

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Connections

- The WISSP is a protocol. The protocol is a tool for Districts to use to implement the practices of ISS as defined in Washington.

- <u>Question</u>: Does a district with a robust MTSS framework need to use the WISSP Protocol?
  - Not necessarily for implementation, but they do need to articulate how their greater framework addresses the requirements in the WISSP. (Specifically for LAP funding use)

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Connections

- ISF Builds on a District's MTSS framework to connect district systems to community supports.

- Through a school or district lens they are 2 systems of practice that must be connected.

- At a state or regional lens they are part of one Washington MTSS and implementation efforts should be focused on reducing barriers and enhancing system effectiveness for schools and districts

- <u>Question</u>: Does a district with a robust MTSS-ISF framework need to use the WISSP Protocol?

  - Not necessarily for implementation, but they do need to articulate how their greater framework addresses the requirements in the WISSP. (Specifically for LAP funding use)

When a district asks…

- When a district asks, "<u>WHAT</u> do we need to do to best support students?"
    - Answer… ISS (and in Washington the WISSP), PBIS Practices, Evidence Based Instructional Practices, Inclusionary Practices

- When a district asks, "<u>HOW</u> do we do that, (and keep it sustainable through change)?"
    - Answer… MTSS, ISF, PBIS Frameworks, RtI

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Social Emotional Learning

SEL is the process through which individuals build awareness and skills in managing emotions, setting goals, establishing relationships, and making responsible decisions that support success in school and life.

Hundreds of independent studies _consistently_ demonstrate: Social emotional learning benefits students.

SEL programs appear to have as great a long-term impact on academic growth as has been found for programs designed specifically to support academic learning."

In An Update on Social and Emotional Learning Outcome Research, 2018, Researchers Joseph Mahoney, Joseph Durlak, and Roger Weissberg

Academics

Mental Health

Skills Development

School Climate

Research Confirms

Students participating in SEL at school had:

- **decreased emotional distress**
- **fewer externalizing behaviors**
- **improved prosocial behaviors**

Cipriano et. al, 2023

Social and emotional learning can also **reduce symptoms of depression and anxiety** in the short term.

Early Intervention Foundation, 2021

Social and emotional learning improves student well-being.

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Purpose and description of Screeners and Assessments

- **Screener**
  - A tool that allows for early identification of mental health disorders
  - It is deficit-based, diagnostic, and may be used to provide immediate support for mental health.
- **SEL Assessment**
  - Assessing SEL Implementation and what the adults are doing
  - Formative SEL assessments for the whole class to inform the teacher's SEL instruction
  - Assessment of individual student-level SEL skills should be strengths-based, culturally relevant, and include community oversight.

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SEL & Comprehensive Sexual Health Education (CSHE)

- CSHE is: *Recurring instruction in human development and reproduction that is age-appropriate and inclusive of all students. (RCW 28A.300.475)*

- Schools must provide CSHE to all students:
  - **K-3 – SEL only (at least once)**
  - Grades 4-5 – Human Grwth/Dev, Healthy Relationships & Boundaries, HIV prevention (at least one unit)
  - Grades 6-12 – Healthy Relationships, Affirmative Consent, A&P, Reproduction, STD/HIV/Pregnancy prevention, Abstinence, BCMs, Accessing Health Services (at least 2 units in Grades 6-8, at least 2 units in Grades 9-12)

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Who provides SBBH supports?

Providing Supports in a Tiered Framework
But, Who?

Tier 3:
Wrap-Around Services

Tier 2:
Targeted Interventions

Tier 1:
Universal Protection

Home and Community Awareness

Project AWARE: Interconnected Systems Framework

- Imbeded services
- Coordination via in school supports and telehealth
- Individualized assessment, intervention, and family supports

- Small group social activities
- Individual and/or group progress monitoring
- Targeted screening and parenting education

- Universal screenings, support school and home partnerships
- Social Emotional Learning
- Trauma informed training for school staff and MTSS supports

- Destigmatize through mental health awareness and training
- Build self healing, trauma informed communities
- Create community partnerships

Tier 3: Professional Experts
- Community-based providers
  - School-embedded, in-clinic, &/or telehealth
- Licensed district staff (include ESA staff)

Tier 2: With training, all staff
- ESA staff
- Student Assistance Professionals (SAPs)
- Paraeducators
- Integrated CBO staff
- Interventionists
- Teachers

Tier 1: All staff
- ESA staff
- Student Assistance Professionals (SAPs)
- Paraeducators
- Integrated CBO staff
- Interventionists
- Teachers
- Family Liaisons

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How do schools pay for SBBH supports?

Funding Sources for Behavioral Health Services*

- Medicaid billing
- State basic education dollars
- CBO partnership(s)
- District general fund
- County funds
- Private insurance billing
- **No district funding**
- State Learning Assistance Program (LAP) dollars
- Local levy dollars
- **Unspecified grant funding**
- Federal Title I funding
- No detail/not specified
- Federal Title IV funding
- **Federal ESSER dollars**

- Special education dollars
- Local govt 1/10th of 1% funding
- **ESD grant**
- Unspecified state funding
- HCA funding
- **CPWI grant**
- **CBO grant**
- **McKinney-Vento grant + funding**
- Unspecified local govt funding
- Unspecified ESD funding
- Tribe/tribal organization funding
- Migrant education funding
- ESD partnership
- Private donation dollars
- Federal Impact Aid dollars
- **Project AWARE grant**
- **OSSI School Improvement grant**

- State timber dollars
- Local health district funding
- Unspecified city funding
- County partnership
- **Community coalition funding**
- Kaiser
- School building budget
- District special services funding
- **STN grant**
- **GEAR UP grant**
- **Project Prevent grant**
- **COIIN grant**
- Unspecified Federal funding
- Career & Tech Education funding
- Marijuana tax fund dollars
- **OSPI Suicide Prevention grant**
- State Readiness to Learn funding

State Basic Education Dollars

Elementary	2021-22	Students per 1 FTE
Staff Position	Per 400 students	
School Nurses	0.076	5,256
School Social Workers	0.042	9,524
School Psychologists	0.017	23,530
School Counselors	0.493	812

Middle	2021-22	Students per 1 FTE
Staff Position	Per 432 students	
School Nurses	0.060	7,200
School Social Workers	0.006	72,000
School Psychologists	0.002	216,000
School Counselors	1.216	356

High	2021-22	Students per 1 FTE
Staff Position	Per 600 students	
School Nurses	0.096	6,250
School Social Workers	0.015	40,000
School Psychologists	0.007	85,715
School Counselors	2.539	237

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Funding Formula Increases (HB 1664, 2022)

2SHB 1664 (2022) provided additional funding to school districts by increasing minimum allocations for the following roles in the prototypical school funding model over three years starting in the 2022-23 school year:

- School nurses
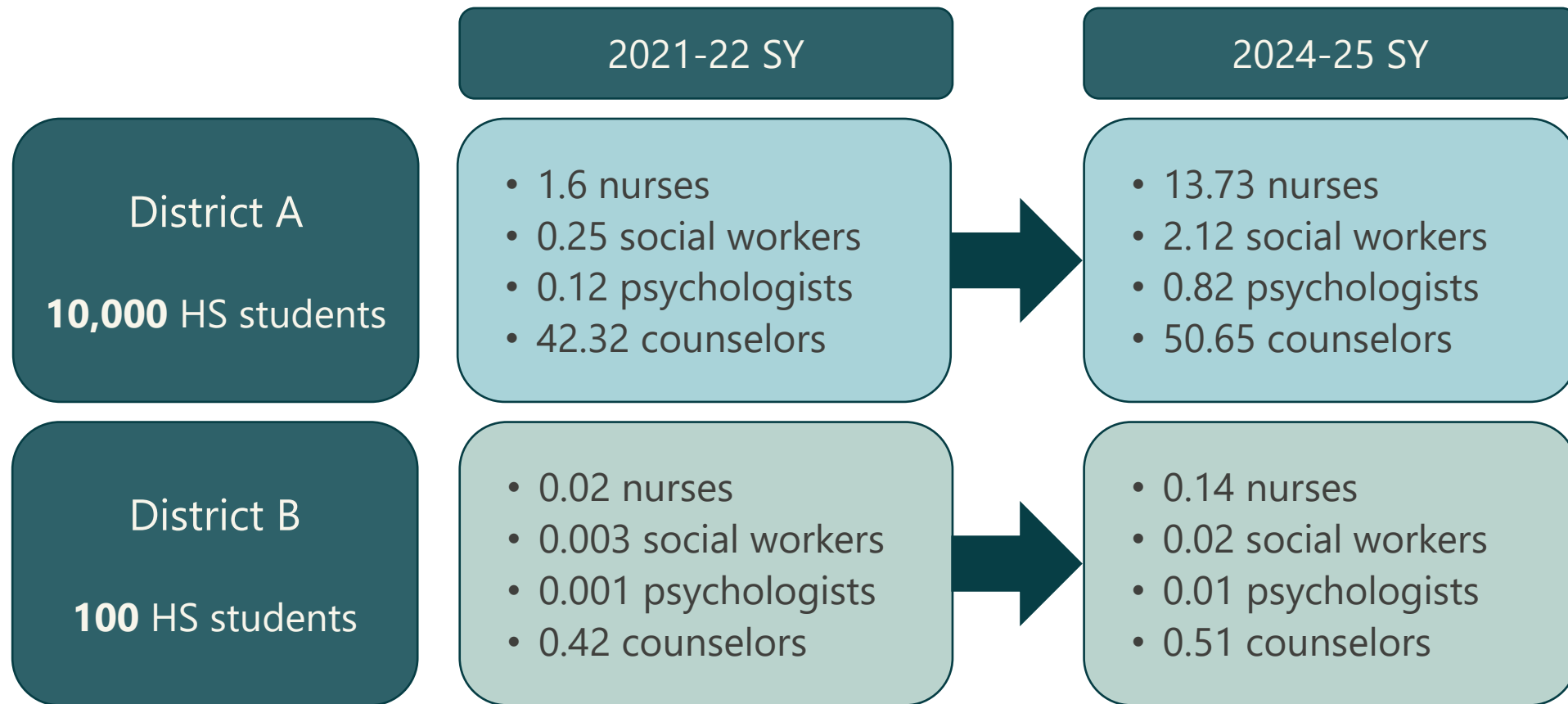- School social workers
- School psychologists
- School counselors

Requires districts to maintain a minimum staffing ratio across a list of physical, social, and emotional support staff (PSES) positions

- Includes more than just the four roles included above

Table 4: 2SHB 1664 Fiscal Impacts						
School Year	**2021-22**	**2022-23**	**2023-24**	**2024-25**	**2025-2026**	**2026-27**
District & Tribal School Allocation	$0	$113,047,000	$231,302,000	$353,783,000	$360,858,660	$368,075,833

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Funding Increases – In Practice

	2021-22 SY	2024-25 SY
District A **10,000** HS students	• 1.6 nurses • 0.25 social workers • 0.12 psychologists • 42.32 counselors	• 13.73 nurses • 2.12 social workers • 0.82 psychologists • 50.65 counselors
District B **100** HS students	• 0.02 nurses • 0.003 social workers • 0.001 psychologists • 0.42 counselors	• 0.14 nurses • 0.02 social workers • 0.01 psychologists • 0.51 counselors

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First Year Impact (2022-23)

Year over Year Comparison - Actual Staff FTE as reported in personnel staffing				
Job Title / Position	**SY 2022-23**	**SY 2021-22**	**Variance**	**% Change**
Orientation & Mobility Specialist	4.428	1.743	2.685	60.64%
Counselor	**2,410.290**	**2,294.060**	**116.230**	**4.82%**
Occupational Therapist	145.490	134.786	10.704	7.36%
Social Worker	**173.883**	**114.268**	**59.615**	**34.28%**
Speech, Language Pathway/Audio	373.653	360.695	12.958	3.47%
Psychologist	**285.740**	**252.659**	**33.081**	**11.58%**
Nurse	**582.952**	**537.207**	**45.745**	**7.85%**
Physical Therapist	51.985	47.264	4.721	9.08%
Behavior Analyst	23.462	8.771	14.691	62.62%
Contractor ESA	47.861	39.206	8.655	18.08%
Total Certificated Staff	**4,099.744**	**3,790.659**	**309.085**	**7.54%**
Family Engagement Coordinator	105.644	83.597	22.047	20.87%
Pupil Management & Safety	1,562.784	1,435.685	127.099	8.13%
Health/Related Services	828.014	775.618	52.396	6.33%
Total Classified Staff	**2,496.442**	**2,294.900**	**201.895**	**8.09%**
ALL PSES Staff	**6,596.186**	**6,085.559**	**510.980**	**7.75%**

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School-based Medicaid Reimbursement

School-based Health Services (SBHS) program

- Fee-for-service Medicaid reimbursement for **special education health related services** as outlined in a student's individualized education program (IEP) or individualized family service plan (IFSP).

Medicaid Administrative Claiming (MAC) program

- Medicaid reimbursement for **administrative activities** performed by school staff that support the goals of Washington's Medicaid State Plan.

Managed Care Organizations (MCOs) billing

- Medicaid reimbursement for Medicaid-covered services which are **not included in a student's IEP**.
- ESDs and SDs with Medicaid-eligible providers who provide Medicaid-eligible services in the school setting may contract with MCOs to receive payment for these services.
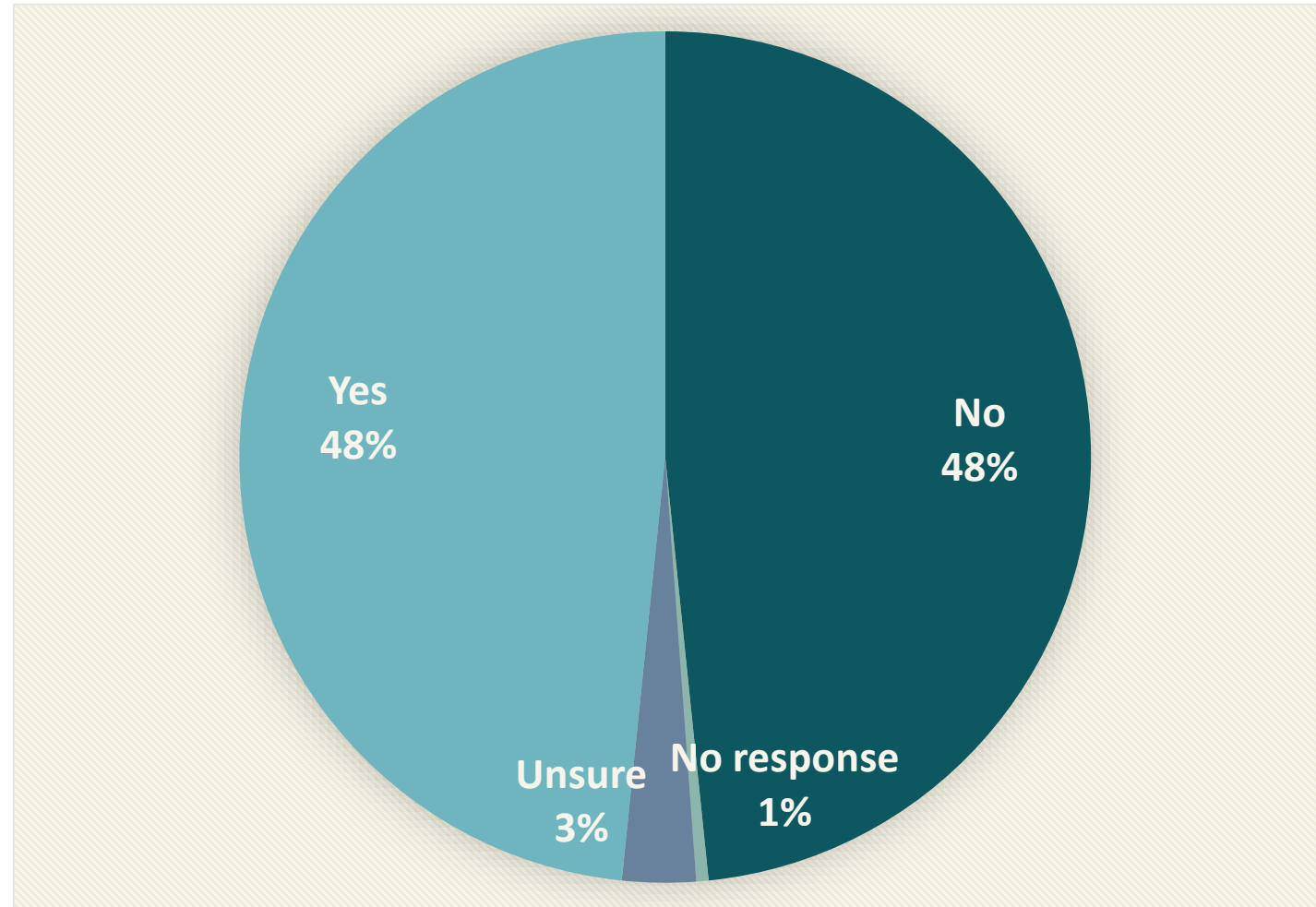
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Medicaid School-based Behavioral Health Services & Billing Toolkit, 2022

How well are we meeting SBBH needs?

Behavioral Health Services at School

Do all students in your school have access to behavioral health services?

Pie chart:
- Yes 48%
- No 48%
- Unsure 3%
- No response 1%

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Behavioral Health Services at School

Do all students in your school have access to behavioral health services?

107 districts said **no** – 91 offered some detail about the barriers they face

Barrier
School staffing shortages (27)
School service capacity doesn't match nature of needs (27)
Lack of community provider capacity (26)
Physical Assess/Transportation (21)
Insurance/Cost barriers (19)
Stigma (14)
Ineffective coordination of services within schools (13)
Inconsistent access to services across districts (13)
Language /Cultural Barriers (12)
Lack of trust between school and families (6)
Provider incompatibility with school system (5)
Physical Space (4)
Issues coordinating care with parents (3)
Overly Complicated Processes (3)
Lack of BH program clarity (1)

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Behavioral Health Services at School

School staff shortages

- Not enough mental health staff to meet need
- Lack of funding for staff

School service capacity doesn't match nature of needs

- Needs are especially high
- Staff qualifications don't match nature of student BH need

Lack of community provider capacity

- Community MH providers are at capacity
- Lack of community providers at all

Behavioral Health Services at School

Physical access + transportation

- Lack of student access to transportation to get to services
- Location of school compared to location of available community providers

Insurance + cost barriers

- Difficulty serving students without insurance
- Access to clinical mental health services is Medicaid only
- Lack of community providers to serve students with Medicaid

Language + cultural barriers

- Concerns about cultural relevancy of services
- Language barriers between students and services
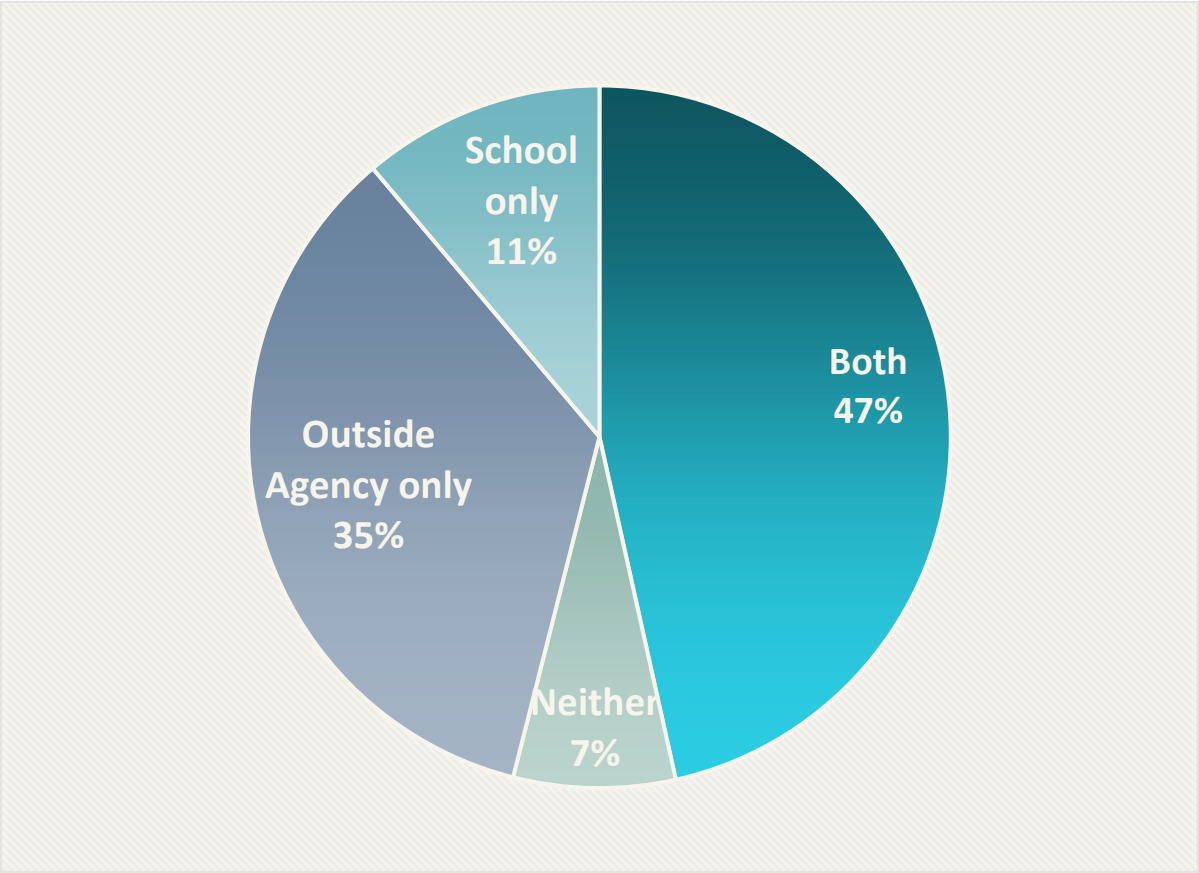
Behavioral Health Services at School

Inconsistent access to services across districts

- Inconsistent access across different school buildings
- Not enough MH staff in all school building across a district

Stigma

- Stigma around access mental health care
- Stigmas around reporting mental health concerns in others

Behavioral Health Services at School

Pie chart:
- Both 47%
- Outside Agency only 35%
- School only 11%
- Neither 7%

Who provides these services (school staff or outside agency)?

K-12 Behavioral Health Audit

District barriers:

- *Limited # of nearby and available mental health providers*
  - **Two-thirds** noted this as a significant or very significant barrier
- *Transportation to & from services*
  - **Half** noted this as a significant or very significant barrier
- *Reluctance from parents*
  - **Half** noted that parent's reluctance to access services for their child was a significant or very significant concern

System barriers:

- *State's current approach is fragmented and lacks sufficient resources*
  - Relies on districts to development behavioral health plans **without oversight**
  - ESDs can provide only **limited supports** to districts in the development of their plans
  - Fragmented and decentralized system relies heavily on districts and ESDs to **develop, fund, and these services themselves**
- *State law doesn't designate a state agency to oversee BH services in K-12 education*
- *The State lacks a strategic, comprehensive direction on the minimum level of support schools are expected to provide students, and oversight to ensure it takes place*

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63

Children's Alliance Report

- ## School-related recommendations
  - Expand universal screening, brief intervention, and referral to treatment efforts to schools statewide
  - Fully fund virtual therapy and school-based integration care model to ensure all students can afford care
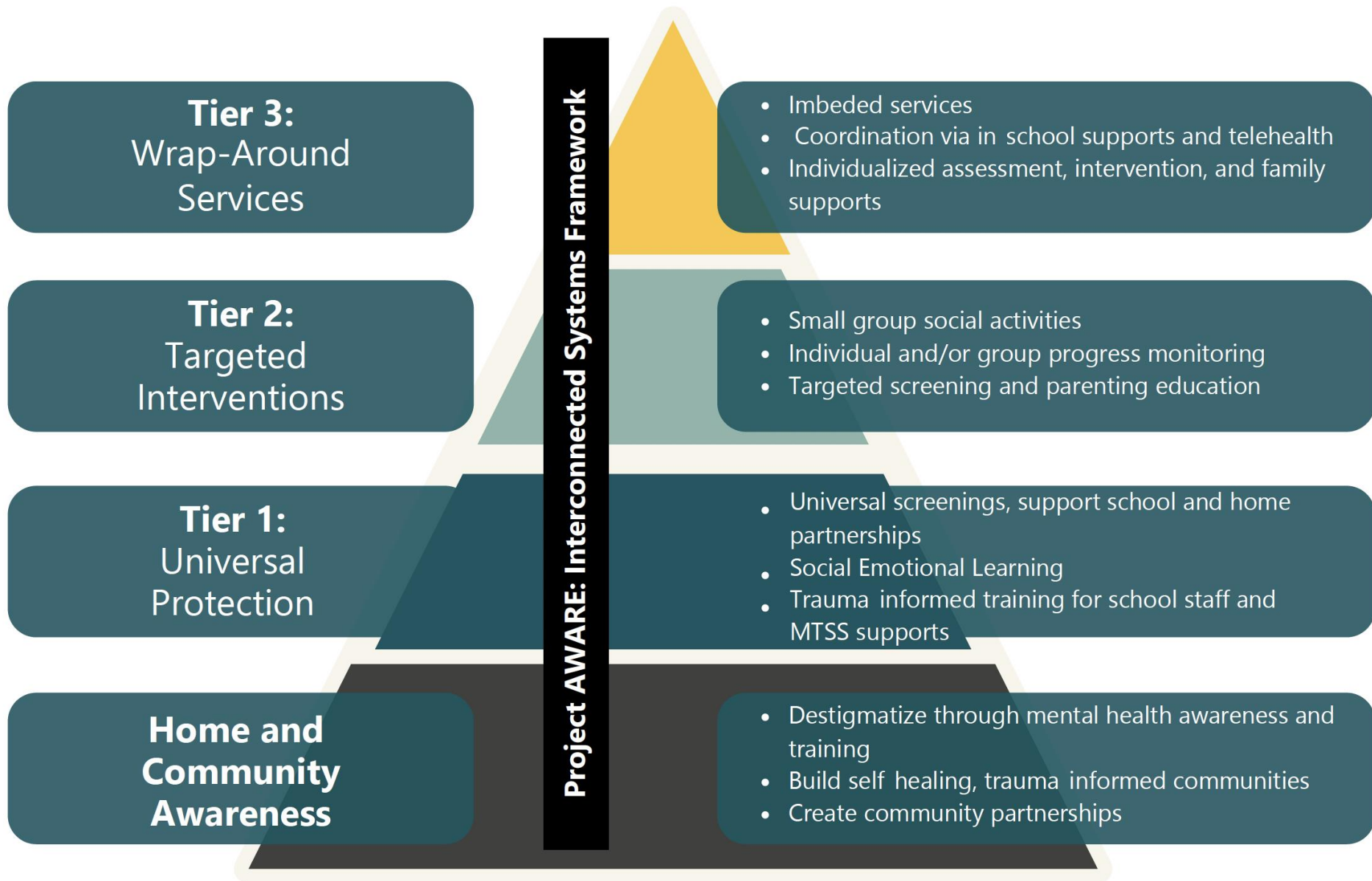   - Exs. Puyallup, Steilacoom, Chief Leschi, Hawaii, Colorado & Los Angeles County
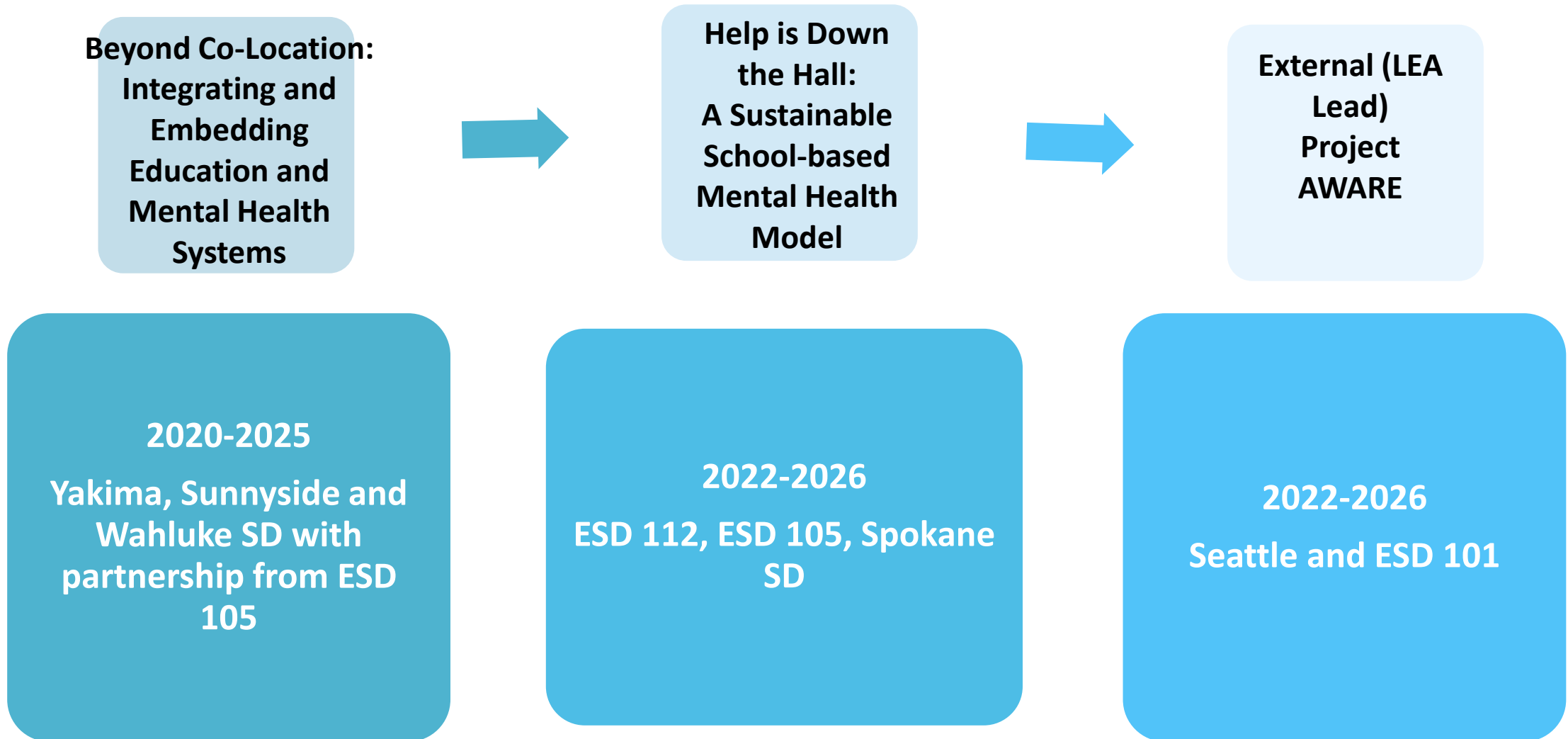
What programming is available to support SBBH right now?

Project AWARE:
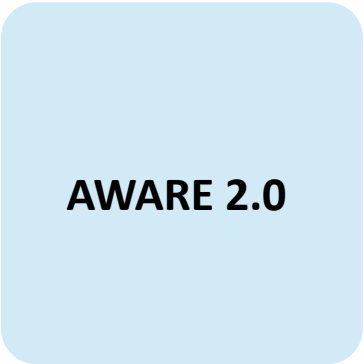## Advancing Wellness and Resilience in Education

Project AWARE: Interconnected Systems Framework

Tier 3:
Wrap-Around Services

- Imbeded services
- Coordination via in school supports and telehealth
- Individualized assessment, intervention, and family supports

Tier 2:
Targeted Interventions

- Small group social activities
- Individual and/or group progress monitoring
- Targeted screening and parenting education

Tier 1:
Universal Protection

- Universal screenings, support school and home partnerships
- Social Emotional Learning
- Trauma informed training for school staff and MTSS supports

Home and Community Awareness

- Destigmatize through mental health awareness and training
- Build self healing, trauma informed communities
- Create community partnerships

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67

Project AWARE Across Washington

Beyond Co-Location: Integrating and Embedding Education and Mental Health Systems

→

Help is Down the Hall: A Sustainable School-based Mental Health Model

→

External (LEA Lead) Project AWARE

2020-2025

Yakima, Sunnyside and Wahluke SD with partnership from ESD 105

2022-2026

ESD 112, ESD 105, Spokane SD

2022-2026

Seattle and ESD 101

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Innovation Grants

AWARE 1.0 → **AWARE 2.0** → **AWARE 3.0**

2014-2019

Regional Approach

Systems Framework

Statewide key partnerships to prioritize support and policy

2020-2025

ESD becomes licensed mental health agency

Billing structure

Grow your own program

2022-2026

Tier 2 to fidelity

Sustainability

Equitably scale up

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No one really learns well when teachers are stressed and burned out, which is why I say **a stressed and burned out teaching force is an equity issue.** If we believe in equity and if we want our students to do well, we have to ensure our educators are doing well too.

Dena Simmons

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Educator Wellness

OSPI, Kaiser & Healthier Generation partnership for MTSS Workforce Wellness Community of Practice with 10 districts.

Highly attended Graduations Equity Webinar Presentations

Student's learning environments is educator's and staff working environment.

It has a direct impact between staff retention and mobility.

Workforce Secondary Traumatic Stress Advisory Council continues the work even after meeting legislative requirement to HB 1363.

Resources, newsletters and video creations.

Staff wellness corelates to educational equity.

"No one really learns well when teachers are stressed and burned out, which is why I say **a stressed and burned out teaching force is an equity issue**. If we believe in equity and if we want our students to do well, we have to ensure our educators are doing well too." – Dena Simmons

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School-Based Health Centers Defined

## What is a school-based health center (SBHC)?

- A SBHC is a **student-focused health center** located in or adjacent to a school where students can receive **integrated medical, behavioral health, and other healthcare services**.

- A SBHC is a collaboration between the community, the school and a **healthcare sponsor**.

- The healthcare sponsor can be a community clinic or healthcare system, hospital, public health department, or tribal program. The **sponsor staffs and manages operations of the SBHC**.

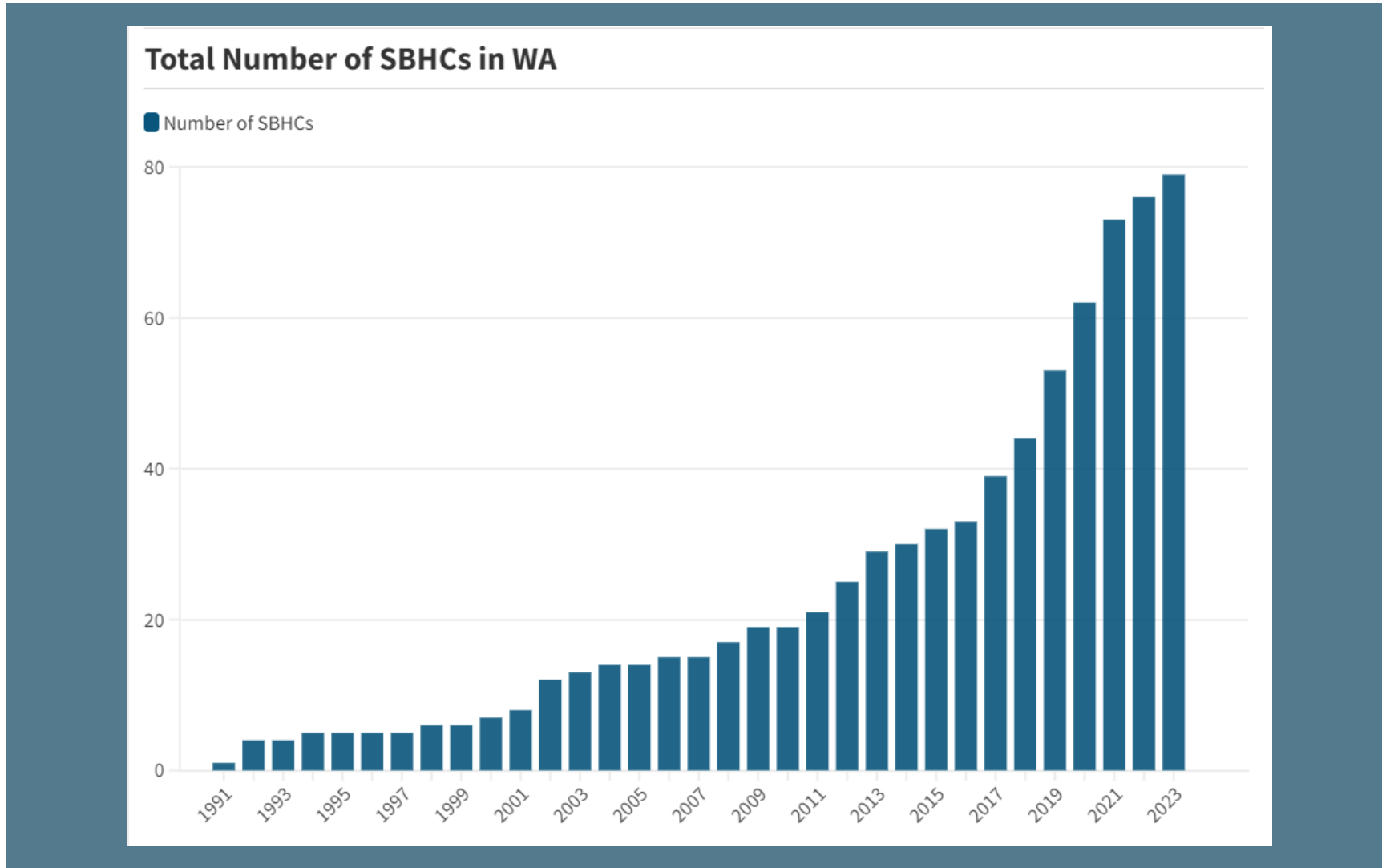- A SBHC **serves all students in a school regardless of insurance status or ability to pay.**

Map of SBHCs in WA

blue=operational, red=planning
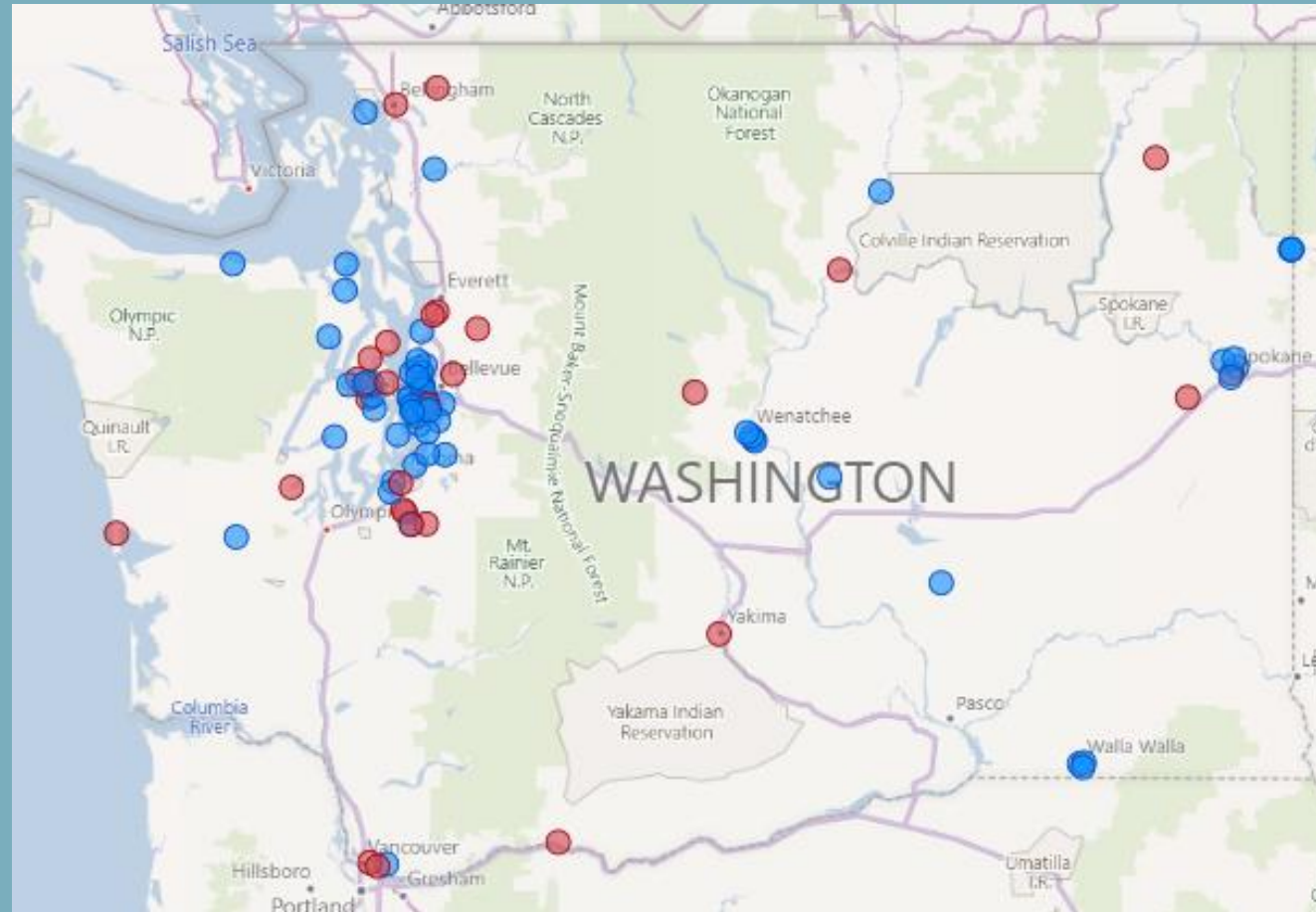
2023: 70+ SBHCs in WA

Growth of SBHCs in WA

Total Number of SBHCs in WA

Recent Advances in SBHC Policy and Funding

State level:

- **2021:** SHB 1225 passed in 2021 establishing SBHC state program office at the WA State Department of Health (RCW 43.70.825)
- **FY23:** $2.07M for SBHC grants
- **FY24-25:** $2.97M annually for SBHC grants

Federal level:

- **FY21:** $5M for FQHC-sponsored SBHCs
- **FY22:** $30M for FQHC-sponsored SBHCs (5 sites funded in WA)
- **FY23:** $50M for FQHC-sponsored SBHCs
- *FY24: $200M being requested ($100M for FQHC-sponsored and $100M for non-FQHC sponsored SBHCs)*

Telehealth in WA Schools

State Tele-behavioral Health Funding

$500,000/year for FY24/25 for ESDs to provide students in rural areas with access to tele-mental health services with priority to districts where MH services are inadequate or nonexistent due to geographic constraints

Project Overview:

- 4 ESD's as telehealth hub launch sites - $125k per site (ESD 101, ESD 105, ESD 112, ESD 113)
- All ESD's will have completed MCO contracting necessary for billing in each of the ESD's counties and be ready to bill Medicaid by no later than **October 1, 2023**.
- ESD's will work together to identify programmatic implementation that will need to occur, including electronic signature platforms, curriculums, MOU's, BSA's etc.
- Additional ESD's may be added to year two who are licensed, contracted to bill MCO's and that are able to deploy telehealth services.
    - For ESD's that do not want to provide telehealth for their region, we will work to expand services to those regions using the ESD telehealth hub sites that have been established.
- Creating a solid infrastructure during year 1, the model can then be replicated by the additional ESD's who are ready to provide services in year 2.

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Contact Erin Wick at ESD 113 for more information

Hazel Health in Washington by the numbers

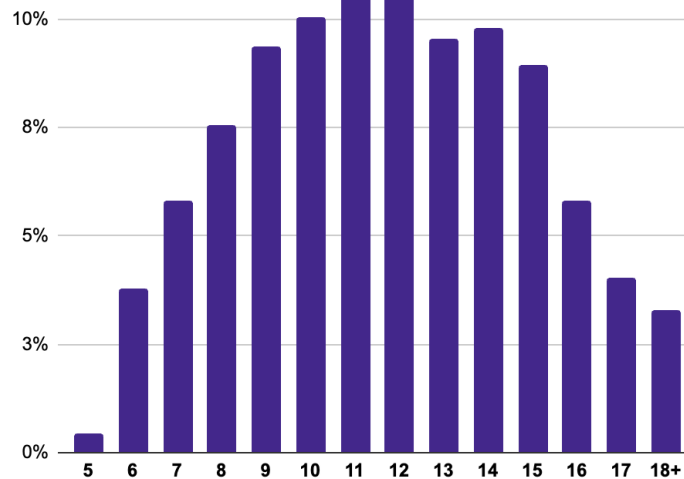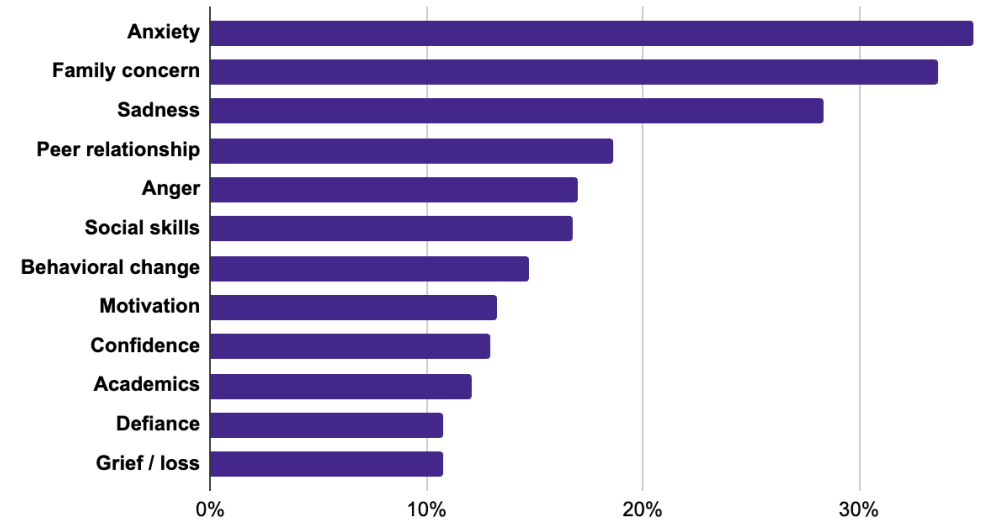**~13%**
of students eligible

15
school districts

3,366
students referred for care

12,317 hours of therapy and counting

Age of intake for care

Top reasons for referral

- Anxiety
- Family concern
- Sadness
- Peer relationship
- Anger
- Social skills
- Behavioral change
- Motivation
- Confidence
- Academics
- Defiance
- Grief / loss

hazel
hazel.co

Student Assistance Program (SAP)

Substance Use Prevention only
- 100 school sites across the state

Student Use Prevention & Mental Health
- 51 school sites, funded by ESSER COVID BH Project (see below)
- Looking to add 10 more sites using State ESSER carryover funds

COVID Behavioral Health Project
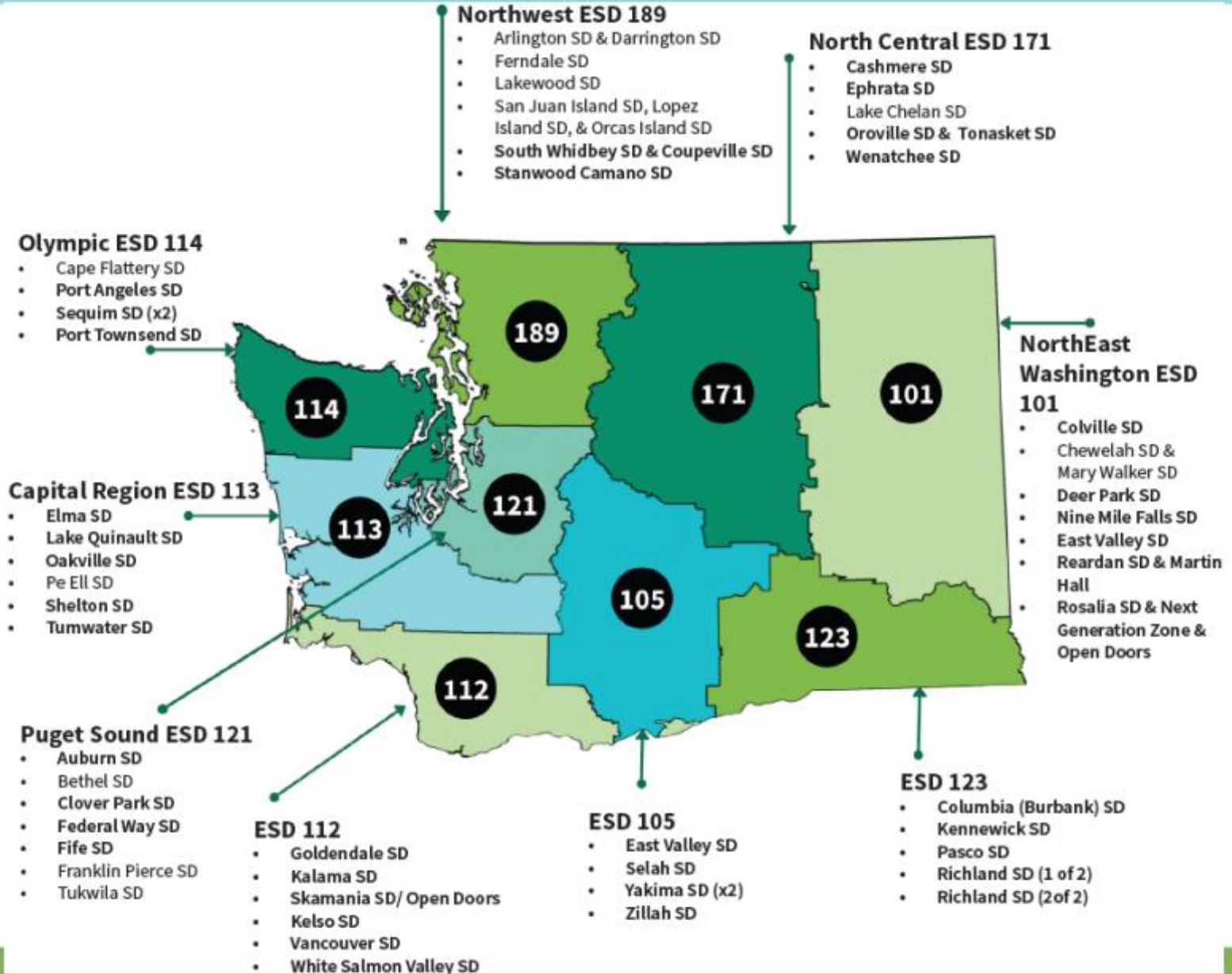### Background & Context Summer 2021 inception

- Student behavioral and mental health at center of school reopening efforts
  - ESSER III (COVID recovery) funds coming to states
  - OSPI outreach to AESD Network to explore statewide expansion of student behavioral and mental health services (as part of 10% state set-aside)

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51 Participating Sites Statewide

Site Selection Considerations

- ✓ School / district demographics
- ✓ School / district need (data-based)
- ✓ School / district readiness

Northwest ESD 189
- Arlington SD & Darrington SD
- Ferndale SD
- Lakewood SD
- San Juan Island SD, Lopez Island SD, & Orcas Island SD
- South Whidbey SD & Coupeville SD
- Stanwood Camano SD

North Central ESD 171
- Cashmere SD
- Ephrata SD
- Lake Chelan SD
- Oroville SD & Tonasket SD
- Wenatchee SD

Olympic ESD 114
- Cape Flattery SD
- Port Angeles SD
- Sequim SD (x2)
- Port Townsend SD

NorthEast Washington ESD 101
- Colville SD
- Chewelah SD & Mary Walker SD
- Deer Park SD
- Nine Mile Falls SD
- East Valley SD
- Reardan SD & Martin Hall
- Rosalia SD & Next Generation Zone & Open Doors

Capital Region ESD 113
- Elma SD
- Lake Quinault SD
- Oakville SD
- Pe Ell SD
- Shelton SD
- Tumwater SD

Puget Sound ESD 121
- Auburn SD
- Bethel SD
- Clover Park SD
- Federal Way SD
- Fife SD
- Franklin Pierce SD
- Tukwila SD

ESD 112
- Goldendale SD
- Kalama SD
- Skamania SD/ Open Doors
- Kelso SD
- Vancouver SD
- White Salmon Valley SD

ESD 105
- East Valley SD
- Selah SD
- Yakima SD (x2)
- Zillah SD

ESD 123
- Columbia (Burbank) SD
- Kennewick SD
- Pasco SD
- Richland SD (1 of 2)
- Richland SD (2 of 2)

189
171
101
114
121
113
105
123
112

School Social Work Proviso Funding

$643,000 per year for FY 24/25

Funding for ESDs 101 (Spokane region) and 121 (Puget Sound) to:

- Coordinate with local mental health agencies and school districts to arrange for in-school placements of licensed social workers and MSW candidates who commit to working as school social workers
- Coordinate clinical supervision for social workers placed in schools

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WA Workforce for Student Wellness Initiative

The Problem	The WA-SMHSP Solution
Too few SMH providers	• 100 condition scholarships • 2 years minimum employment in a high-need school
Few schools adopt effective SMH practices	• Specialized training and a Community of Practice on effective SMH that complements SSW curriculum • Targeted specialized practicum in high-need school district
Too few practitioners of color; language/cultural barriers to using services	• Prioritize MSW students with financial need, first generation, and culturally diverse students for conditional scholarships

Washington DoE School-Based Mental Health Service Providers (SMHSP) Grantees

PAL in Schools program

The Partnership Access Line (PAL) for Schools was a legislative, proviso-funded pilot project that expanded and adapted the Partnership Access Line model to the school context.

- Provided designated school personnel at middle, junior, and high schools in two Washington school districts (Medical Lake & Sumner-Bonney Lake) with access to psychologists via telephone and televideo consultations.

- School staff received support in determining the services and supports needed for their students and accessing this care if outside of the school system, and professional development trainings in school mental health topics.

- The funded pilot duration was during the 2019-2020 and 2020-2021 school years; however, core components of the PAL for Schools model will be extended for a third year and continue through the 2021-2022 school year.

As of yet, unable to pursue expansion of the program due to workforce demands.

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k12.wa.us

twitter.com/waospi

medium.com/waospi

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youtube.com/waospi

linkedin.com/company/waospi

Respite update

Children's Behavioral Health Work Group

July 20, 2023

Washington State
Health Care Authority

Status of Respite services

01

HCA was directed to contract for a report which reviewed options for providing Behavioral Health Respite

Report on options completed in June 2022

02

HCA reviewed options, which included the Medicaid Transformation Project (MTP)

- MTP is Washington's Section 1115 Medicaid demonstration waiver between HCA and Centers for Medicare and Medicaid (CMS)
- MTP allows HCA to create and continue to develop projects, activities and services that improve Washington's health care system
- All work under MTP benefits those enrolled in Apple Health

03

HCA included **Caregiver Respite** in the MTP/1115 waiver application to CMS

CMS approved on June 30, 2023

Approval letter from CMS

Washington State
Health Care Authority

Caregiver Respite definition

Approved by CMS

Caregiver Respite Services

Intermittent temporary supervision provided on a short-term basis in the enrollee's home, a health care facility or an adult day center. Services provided to the enrollee are primarily non-medical and may include attending to the enrollee's basic self-help needs and other activities of daily living (ADL), including interaction, socialization and continuation of usual daily routines that would ordinarily be performed by a caregiver.

Caregiver Respite qualifiers

Approved by CMS

Caregiver Respite Services
Enrollees who live in the community and are compromised in their activities of daily living and/or have been assessed to have a behavioral health need (e.g., a child with a serious emotional disturbance (SED)) and whose unpaid caregivers require relief to avoid enrollee being place in an institution.

Washington State
Health Care Authority

Next steps

01
HCA to work over the next six months to complete protocol, including phasing, provider qualifications, service eligibility, and overall costs. Submit for CMS review.

02
Finalize implementation plan based on feedback and approval from CMS

03
Begin implementation of Caregiver Respite services

Thank you

Washington State
Health Care Authority

Need for care coordination

Children with mental health conditions have substantial need and unmet need for care coordination. Provision of care coordination is inequitable.

In a study of 7,500 children with mental health conditions, representing an estimated 5,750,000 children, the need for care coordination was 43%.

41% of families in this group who merited care coordination did not receive the help they needed. **Families who had a child with an anxiety disorder, parenting stress, lower income, and or public or no insurance were more likely to have unmet needs.**

Pediatrics 2014;133:e530–e537

Origins of Pediatric Community Health Worker Role

2020-2021

Top priorities from WCAAP members included SDoH and kids' BH

2021

Pediatric CHW identified as a priority of First Year Families Steering Cttee & BH Integration Subgroup of CYBHWG

2022 Legislative Session

40 Pediatric Community Health Workers funded for two years starting January 2023

HCA directed to seek federal support for ongoing sustainability/scale

2023

Two unique and dedicated roles: 0-5 / early relational health and school-aged mental health

HCA not applying to CMS for these roles

Behavioral Health Integration Subgroup of CYBHWG, Considerations for 2024 legislative session (July 2023.)

2-Year Pediatric CHWs

Staff

- 38 Pediatric CHWs
  - 20 Early Relational Health, 0-5
  - 17 Mental Health / K-12 Age Band
  - 1 CHW serving 0-18 y.o.

Sites

- 16 participating clinics
- 24 Sites (3 clinics host CHWs on multiple sites)
  - Majority independent clinics
  - 8 FQHC sites
  - UW neighborhood clinic + Harborview
  - 2 Tribes

Clinics located across Western & Central WA

Screening and Care Coordination Process

① Identify **②** Assess **③** Connect **④** Follow

100% Screened | **10-15% Assess, Connect and Follow**
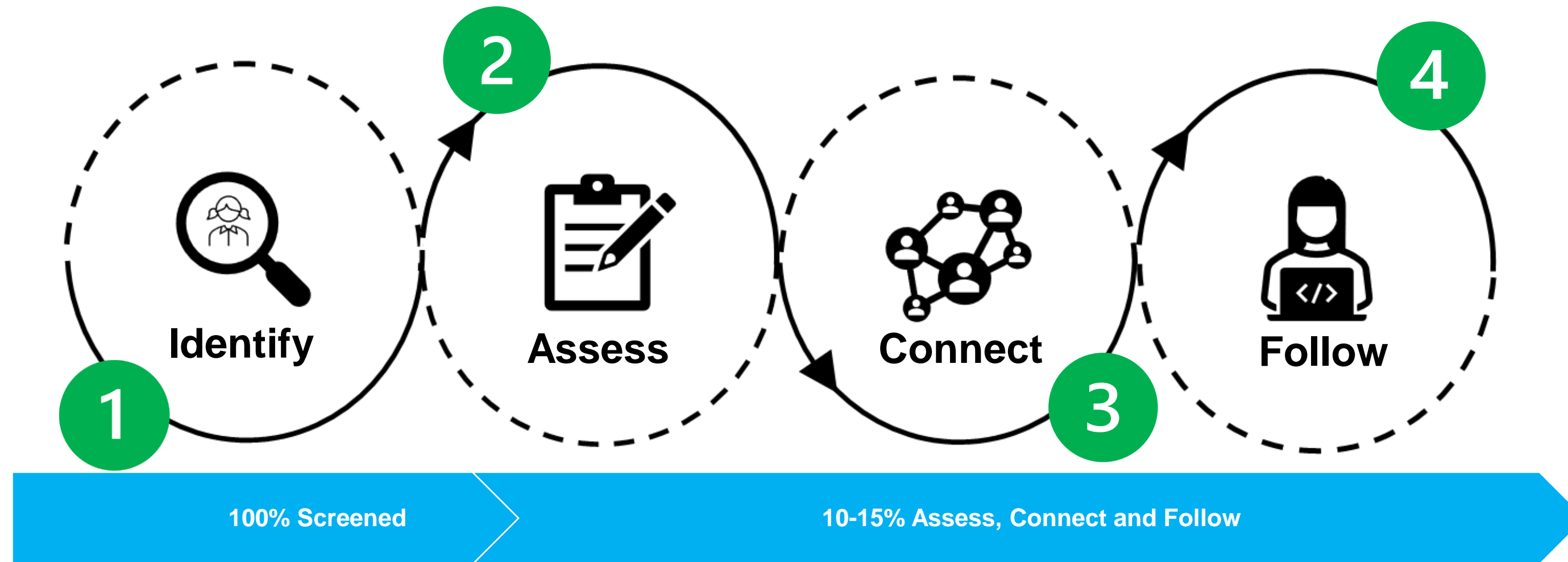
Stage 1
- Developmental screening and post-partum depression screening
- Emotional, social and behavioral health screening
- All following Bright Futures schedule
- All using validated screening tools

Stage 2
- All screening reviewed by clinical personnel
- Positive screening referred to appropriate subject matter expert in clinic for more comprehensive assessments and acuity determination

Stage 3
- Referral(s) to appropriate internal and external services provided
- Assist in making connection to services, scheduling clinical intakes, etc

Stage 4
- Track all referrals to ensure connection(s) established
- Reassess as clinically indicated

Behavioral Health Integration Subgroup of CYBHWG, Considerations for 2024 legislative session (July 2023.)

Screening and Care Coordination Cost

	Cost per screen	Current reimbursement per screen	% Total cost reimbursement
DEV	$8	$6.10	76%
PPD	$9.32	$3.05	33%
BH	$11.32	$2.91	26%
SDoH	$9.88	$1.75	10%

Behavioral Health Integration Subgroup of CYBHWG, Considerations for 2024 legislative session (July 2023.)

Additional ways to fund care coordination

99484

- Services delivered using **BHI models** of care other than Collaborative Care
- Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or qualified health care professional, per calendar month
- Behavioral health care planning, including for patients not progressing or whose status changes
- Facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling, or psychiatric consultation
- Continuity of care with a designated member of the care team

Transition care management (TCM)

- For patients whose psychosocial problems require **moderate or high complexity** medical decision-making during **transitions in care from an inpatient hospital setting, partial hospital** to community setting
- Post-discharge requires a face-to-face visit, initial patient contact, within specified timeframes (7 or 14 days)
- Not for patients discharged from the emergency department

Behavioral Health Integration Subgroup of CYBHWG, Considerations for 2024 legislative session (July 2023.)

Appendix

EPSDT Well-Child Checkups

EPSDT requires a periodic well-child checkup with the client's primary care provider (PCP). HCA's expectations for the recommended frequency of checkups align with the American Academy for Pediatrics (AAP) Bright Futures Periodicity Schedule, including:

Infancy

1st week	1 month	2 months	4 months	6 months	9 months

Early Childhood

12 months	15 months	18 months	24 months	30 months	3 years	4 years

Middle Childhood and Adolescence

One checkup every calendar year for ages 5 through 20 years

Note: Children in foster care may receive additional EPSDT well-child checkups. See EPSDT Well-Child Checkups and Foster Care for more information.

Condition	CPT® Code	Additional information
Developmental Screening	96110	A structured developmental screen is required for ages 9 – 11 months, 18 months and 30 months
Autism Screening	96110	A structured autism screen is required at ages 18 months and 24 months.
Depression Screening	96160 96127	HCA covers one structured depression screening every year for children ages 12 and older. If more frequent screening is needed, providers can submit a limitation extension (LE) request to HCA. See What is a Limitation Extension (LE).
Caregiver and Parent Depression Screening	96161	Caregivers of infants ages 12 months and younger must be screened for depression. Submit claims using the infant's ProviderOne client ID. When billing for a fee-for-service (FFS) client, use EPA # 870001424*.
General Behavioral Health Screening Tools	96160 96127	
Tobacco, Alcohol, and Drug Screening	96160 96127	

Behavioral Health Integration Subgroup of CYBHWG, Considerations for 2024 legislative session (July 2023.)