

Children's Mental Health Workgroup

Attendees:					
<input type="checkbox"/>	Rep. Noel Frame	<input type="checkbox"/>	Laurie Lippold	<input type="checkbox"/>	Dr. Thatcher Felt
<input type="checkbox"/>	MaryAnne Lindeblad	<input type="checkbox"/>	Lonnie Johns-Brown	<input type="checkbox"/>	Diana Cockrell
<input type="checkbox"/>	Annette Klinefelter	<input type="checkbox"/>	Mary Stone-Smith	<input type="checkbox"/>	
<input type="checkbox"/>	Dr. Robert Hilt	<input type="checkbox"/>	Dr. Mona Johnson	<input type="checkbox"/>	
<input type="checkbox"/>	Christi Sahlin	<input type="checkbox"/>	Nickolaus Lewes	<input type="checkbox"/>	
<input type="checkbox"/>	Dr. Avanti Bergquist	<input type="checkbox"/>	Randon Aea	<input type="checkbox"/>	
<input type="checkbox"/>	Dr. Eric Trupin	<input type="checkbox"/>	Rep. Carolyn Eslick	<input type="checkbox"/>	
<input type="checkbox"/>	Jamie Elzea	<input type="checkbox"/>	Rep. John Lovick	<input type="checkbox"/>	
<input type="checkbox"/>	Joel Ryan	<input type="checkbox"/>	Rep. Michelle Caldier	<input type="checkbox"/>	
<input type="checkbox"/>	Kim Justice	<input type="checkbox"/>	Ruth Bush	<input type="checkbox"/>	
<input type="checkbox"/>	Judy King	<input type="checkbox"/>	Sen. Jeannie Darneille	<input type="checkbox"/>	
<input type="checkbox"/>	Kristin Houser	<input type="checkbox"/>	Sen. Judy Warnick	<input type="checkbox"/>	
<input type="checkbox"/>	Lacy Fehrenbach	<input type="checkbox"/>	Steve Kutz	<input type="checkbox"/>	

No	Agenda Items	Time	Lead	Summary Meeting Notes
1.	Introductions	8:00-8:05am	Rep. Noel Frame	
2.	Celebration of successes	8:05-8:15am	Rep. Noel Frame/MaryAnne Lindeblad	
3.	Big picture goals and approach for this year (overall vision)	8:15-9:15am	Rep. Noel Frame	
4.	Review of past recommendations	9:15-10:45am	MaryAnne Lindeblad	
5.	Steps to get there: Current "Work Group Teams" and new "Advisory Groups"	10:45-11:45am	Rep. Noel Frame/MaryAnne Lindeblad	

	<p><u>Current Work Group Teams:</u></p> <ul style="list-style-type: none"> • Child Care and Education Team, co-chaired by Dr. Mona Johnson and Joel Ryan; • Workforce Team, co-chaired by Laurie Lippold and Dr. Bob Hilt; and • Assessment, Eligibility, and Billing Team, co-chaired by MaryAnne Lindeblad and Barb Lance <p><u>New Advisory Groups:</u></p> <ul style="list-style-type: none"> • PAL funding • Infant/early childhood mental health • Suicide Prevention/School-Based Care • Intersection of Developmental Disabilities & Behavioral Health in Special Education & Juvenile Justice Systems 			
6.	<p>Meeting Wrap up</p> <ul style="list-style-type: none"> • Next action steps and responsible party • Future meeting dates 	<p>11:45am-12:00pm</p>	<p>Rep. Noel Frame/MaryAnne Lindeblad</p>	

Action Items/Decisions					
#	Action Item	Assigned To:	Date Assigned:	Date Due:	Status

Celebrating successes – Enacted legislation!

ESHB 1109-2019-2021 Operating budget (Chapter 415, Laws of 2019)

- Bi-directional behavioral health rates increased for health and behavior codes and psychotherapy codes identified through the stakeholder work group process required under Chapter 226, Laws of 2017 (SSB 5779).

2SHB 1216-School safety and well-being (Chapter 333, Laws of 2019)

- Subject to appropriations, each ESD must establish a regional school safety center, to work in collaboration with one another and the state school safety center.
- Each regional school safety center must provide behavioral health coordination to the school districts in its region that includes:
 - Support for school district development and implementation of plans for recognition, screening, and response to students' emotional or behavioral distress as required by RCW 28A.320.127.
 - Suicide prevention training for school counselors, psychologists and social workers.
 - Facilitating partnerships and coordination with behavioral health services and supports to increase student and family access.
 - Identifying, sharing and integrating behavioral and physical health care service delivery systems.
 - Providing Medicaid billing related training, TA, and coordination between school districts.
 - Guidance in implementing best practices in response to, and to recover from, the suicide or attempted suicide of a student.

2SHB 1668-Washington health corps (Chapter 302, Laws of 2019)

- Directs DOH to create the WA Health Corps by modifying the health professional conditional scholarship program and loan repayment program to include behavioral health providers who serve in underserved areas. (Not exclusive of children and youth.)

ESHB 1768-Substance use disorder prof. (Chapter 444, Laws of 2019)

- Establishes certification standards for the issuance of a co-occurring disorder specialist enhancement for psychologists, independent social workers, marriage and family therapists, mental health counselors, and certain agency-affiliated counselors. (Not exclusive of children and youth.)

E2SHB 1874-Adolescent behavioral health (Chapter 381, Laws of 2019)

- Authorizes mental health professionals to provide certain mental health treatment information to a parent who is involved in an adolescent’s treatment when the professional believes this information would not be detrimental to the adolescent.
- Authorizes DCYF to share certain mental health treatment records with a care provider.
- Authorizes a parent of an adolescent to request and receive medically necessary outpatient (OP) or substance use disorder (SUD) treatment for an adolescent for up to 12 sessions within a 3-month period and treatment in other less restrictive settings.
- Expands the definition of “parent” for purposes of family-initiated treatment to include individuals whom the minor’s parent has given a signed authorization to make health care decisions, a stepparent, or another relative responsible for the adolescent’s health care.
- Requires HCA to provide online training for behavioral health providers related to parent-initiated treatment.
- Requires HCA to conduct an annual survey of parents, youth, and behavioral health providers to measure the impacts of policy changes in family-initiated treatment.

2SSB 5082-Social emotional learning (Chapter 386, Laws of 2019)

- Creates the Social Emotional Learning committee to promote and expand social-emotional learning.
- Committee shall:
 - Develop and implement a state-wide framework for social-emotional learning that is trauma-informed, culturally sustaining and developmentally appropriate;
 - Review, update and align as needed standards and benchmarks for social-emotional learning and developmental indicators for all grades, and confirm they are evidence-based;
 - Identify best practices for schools and professional development opportunities for teachers, and consider data collection systems; and
 - Engage with stakeholders and seek feedback.
- OSPI to review the recommendations of the work group and adopt social-emotional learning standards and benchmarks by 1/1/2020.
- Washington Professional Educator Standards board to adopt the recommendations of the Social Emotional Learning Benchmarks Work Group (2016) for teachers, para-educators and principals, including related competencies, such as trauma-informed practices, ACES, mental health literacy, anti-bullying strategies, and culturally sustaining practices.
- OSPI must create and publish on its website a list of professional development resources on the topics identified above.

SSB 5324-Homeless student support (Chapter 412, Laws of 2019)

- Each school must establish a point of contact to identify homeless students and connect them with the school district’s liaison for students experiencing homelessness.
- State-funded grant program (DOC), weighting districts w/ demonstrated commitment to partnering with local housing and community-based organizations serving the needs of homeless students and students of color, or unaccompanied youth, and implementing evidence-based practices.
- Behavioral health organizations are eligible for the grant program.

2SSB 5903-Children's mental health (Chapter 360, Laws of 2019)

- Co-chairs may invite additional members of the House of Representatives and the Senate to participate in work group activities, including as leaders of advisory groups. No formal appointment required.
 - The work group may convene additional advisory groups. Advisory group members who are not members of the work group are not entitled to reimbursement.
 - The work group shall convene an advisory group to develop a funding model to:
 - Develop a funding model for the Partnership Access Line (PAL) for Moms and Kids.
 - Deliver PAL services to ESDs.
 - Expand PAL consultation services to health professionals serving adults.
 - The funding model must:
 - Build upon previous funding models by HCA.
 - Determine annual operating costs and collect a proportional share from each carrier.
 - Differentiate between Medicaid-eligible PAL activities and those that are not.
 - Be delivered w/ recommendations by 12/1/2019.
 - Beginning in the 2020-21 school year, and every other school year thereafter, school districts must use one of the professional learning days funded under RCW 28A.150.415 to train staff in one or more of the following topics: social-emotional learning, trauma-informed practices (using the model plan developed under RCW 28A.320.1271), ACES, mental health literacy, anti-bullying strategies, or culturally sustaining practices.
 - Increases number of children's mental health residencies to two at WSU and two at UW.
 - HCA shall collaborate with UW and a professional association of licensed community behavioral health agencies to develop a statewide plan to implement evidence-based coordinated specialty care (CSC) programs that provide early identification and intervention for psychosis in licensed and certified community behavioral health agencies. HCA must submit a statewide plan by 3/1/2020 that includes:
 - Analysis of existing benefit packages, payment rates, and resource gaps, including needs for non-Medicaid resources;
 - Development of a discrete benefit package and case rate for coordinated specialty care;
 - Identification of costs for statewide start-up, training, and community outreach;
 - Determination of the number of CSC teams needed in each RSA; and
 - A timeline for implementation.
- HCA shall ensure that at least one CSC team is starting up or in operation in each RSA by 10/1/2020; and each RSA has an adequate number of CSC teams based on incidence and population across the state by 12/31/2023.
- DCYF must enter into a contractual agreement with an organization providing coaching services to early achievers program participants to hire one qualified MH consultant for each of the six department-designated regions. The consultants must support early achievers program coaches and child care providers by providing resources, information, and guidance regarding challenging behavior and expulsions and may travel to assist providers serving families and children with severe behavioral needs. DCYF to report on services provided and outcomes of consultant activities by 6/30/2021.

Authority: *CMHWG authorized through December 30, 2020 and have a report due December 1, 2020.*

Vision: *Increased access to adequate, appropriate and culturally and linguistically relevant behavioral health services for children and youth.*

Mission Statement: *Identify barriers to and opportunities for accessing behavioral health services for children and families, and to advise the Legislature on statewide behavioral health services for this population.*

Exercise – Strategic Approach: *What are our core strategic approaches to achieving our vision and carrying out our mission? They are buried within legislative directives.*

Legislative Directives for the Work Group [Department directives separate] (from HB 2439):

- A. Review and recommend developmentally, culturally, and linguistically appropriate assessment tools and diagnostic approaches that managed care plans and behavioral health organizations should use as the mechanism to establish eligibility for services;
- B. Identify and review billing issues related to serving the parent or caregiver in a treatment dyad and the billing issues related to services that are appropriate for serving children, including children birth to five;
- C. Evaluate and identify barriers to billing and payment for behavioral health services provided within primary care settings in an effort to promote and increase the use of behavioral health professional within primary care settings;
- D. Review workforce issues related to serving children and families, including issues specifically related to birth to five;
- E. Recommend strategies for increasing workforce diversity and the number of professionals qualified to provide children's mental health services;
- F. Review and make recommendations on the development and adoption of standards for training and endorsement of professionals to become qualified to provide mental health services to children birth to five and their parents or caregivers;
- G. Analyze, in consultation with the department of early learning, the health care authority, and the department of social and health services, existing and potential mental health supports for child care providers to reduce expulsions of children in child care and preschool; and
- H. Identify outreach strategies that will successfully disseminate information to parents, providers, schools, and other individuals who work with children and youth on the mental health services offered through the health care plans, including referrals to parenting programs, community providers, and behavioral health organizations.

Legislative Directives (from HB 1713): *none (all implementation)*

Legislative Directives for the Work Group [Department directives separate] (from HB 2779):

- A. Monitor the implementation of enacted legislation, programs, and policies related to children's behavioral health, including provider payment for depression screenings for youth and new mothers, consultation services for child care providers caring for children with symptoms of trauma, home visiting services, and streamlining agency rules for providers of behavioral health services;
- B. Consider system strategies to improve coordination and remove barriers between the early learning, K-12 education, and health care systems; and
- C. Identify opportunities to remove barriers to treatment and strengthen behavioral health service delivery for children and youth.

Legislative Directives [Department directives separate] (from SB 5903):

Convene an advisory group to develop a funding model for the partnership access line (more detail in bill).

Department Directives in Key Legislation

HB 2439 (2016)

- The **Health Care Authority (HCA)** and the **Department of Social and Health Services (DSHS)** shall report to the appropriate committees of the Legislature by December 1, 2017, and annually thereafter, on the status of access to behavioral health services for children birth through age seventeen using data collected pursuant to RCW 70.320.050. See [2017](#) and [2018](#) reports – *Access to Behavioral Health Services for Children*.

Others

- The **Joint Legislative Audit and Review Committee (JLARC)** shall conduct an inventory of the mental health service models available to students in schools, school districts, and educational service districts and report its findings by 10/31/2016. See [Briefing Report: Student Mental Health Services Inventory \(2016\)](#).
- Subject to appropriated funds, **Forefront at the University of Washington** shall:
 - Convene a one-day in-person training to deepen the staff's capacity to assist schools in their districts in responding to concerns about suicide. **Education service districts (ESDs)** shall send staff members to the training within existing resources.
 - Continue to meet monthly with the ESDs via videoconference to answer questions and assess the feasibility of collaborating with the ESDs to develop a multiyear, statewide rollout of a comprehensive suicide prevention model involving regional trainings, on-site coaching, and cohorts of participating schools in each ESD.
 - Work to develop public-private partnerships to support the rollout described above.
 - Report to the Legislature by 12/15/2017 with the outcomes of the ESD trainings, any public-private partnership developments, and recommendations on ways to work with the ESDs or others to implement suicide prevention.

HB 1713 (2017)

- **HCA** must:
 - Oversee the coordination of resources through (a) the managed health care system as defined in RCW 74.09.325 and (b) tribal organizations. HCA must ensure children receive treatment and appropriate care based on their assessed needs, regardless of whether referrals occur through primary care, school-based services or another practitioner.
 - Require each managed care organization (MCO) and behavioral health organization (BHO) to develop and maintain adequate capacity to facilitate child mental health treatment services in the community or transfer to a BHO, depending on the level of required care.

- Subject to appropriated funds, effective 1/1/2018, require provider payment for annual depression screening for youth ages 12-18 as recommended by the Bright Futures guidelines.
- Subject to appropriated funds, effective 1/1/2018, require provider payment for maternal depression screening for mothers of children ages birth to 6 months.
- **MCOs and BHOs** must:
 - Follow up with individuals to ensure an appointment has been secured;
 - Coordinate with and report back to primary care providers on individual treatment plans and medication management, in accordance with patient confidentiality laws;
 - Provide information to health plan members and primary care providers about the 24-hour behavioral health resource line; and
 - Maintain an accurate list of providers contracted to provide mental health services to children and youth, including provider availability; the list must be made available to health plan members and providers.
- **HCA and DSHS** shall include in their report to the Legislature by 12/1/2017 and annually thereafter the number of children’s mental health providers available in the previous year, the languages spoken by those providers, and the overall percentage of children’s mental health providers who were actively accepting new patients.
See [2017](#) and [2018](#) reports – Access to Behavioral Health Services for Children.
- The **Department of Early Learning** shall, subject to appropriated funds, establish a child care consultation program linking child care providers with evidence-based, trauma-informed, and best practice resources regarding caring for infants and young children who present behavioral concerns or symptoms of trauma. The department may contract with an entity to operate the program.
- The **Office of the Superintendent of Public Instruction (OSPI)** shall establish a competitive application process to designate two ESDs in which to pilot a lead staff person for children’s mental health and substance use disorder services, and shall select two ESDs by 10/1/2017, one on either side of the Cascades.
 - The lead staff person shall have primary responsibility for: (a) coordinating Medicaid billing; (b) facilitating partnerships with behavioral health agencies and providers; (c) sharing service models; (d) seeking public and private grant funding; (e) ensuring adequacy of other system level supports for students with behavioral health treatment needs; and (f) collaborating with the other pilot and OSPI.
 - OSPI must report on the pilot results by 12/1/2019, with a case study of an ESD that is successfully delivering and coordinating children’s mental health activities and services, and recommendations regarding whether to continue or make permanent the pilot projects, and how the projects might be replicated.

- **BHOs** shall reimburse a provider for a behavioral health service provided to a covered person under 18 years old through telemedicine or store and forward technology if the service would be provided in person and it is medically necessary. There must also be an associated visit, which may be telemedicine.

Others

- **Washington State University (WSU)** shall offer one 24-month residency position to a resident specializing in child and adolescent psychiatry.

E2SHB 2779 (2018)

- **HCA and DSHS** shall include in their report to the Legislature by 12/1/2017 and annually thereafter data related to mental health and medical services for eating disorder treatment in children and youth by county, including the number of diagnoses; patients treated in outpatient, residential, emergency, and inpatient care settings; and contracted providers specializing in eating disorder treatment and the percentage who were accepting new patients during the reporting period.

See [2017](#) and [2018](#) reports – Access to Behavioral Health Services for Children.

- **HCA** shall:
 - Collaborate with the **Department of Children, Youth and Families (DCYF)** to identify opportunities to leverage Medicaid funding for home visiting services.
 - Provide a set of recommendations by 12/1/2018 that builds upon the research and strategies developed in the Washington State [Home Visiting and Medicaid Financing Strategies report \(2017\)](#).
See [Medicaid Financing and Home Visiting Services \(2019\)](#).
- **DCYF** must:
 - Develop a common set of definitions to clarify differences between evidence-based, research-based, and promising practices home visiting programs and discrete services provided in the home;
 - Develop a strategy to expand home visiting programs statewide; and
 - Collaborate with HCA to maximize Medicaid and other federal resources in implementing current home visiting programs and the statewide strategy developed under this section.
- **BHOs**:
 - May allow reimbursement to providers for services delivered through a partial hospitalization or intensive outpatient program. Such payment and services are distinct from the state’s delivery of wraparound with intensive services under the T.R. v. Strange and McDermott settlement agreement.
 - Shall allow reimbursement for time spent supervising persons working toward satisfying requirements established for the relevant practice areas pursuant to RCW 18.225.090.

- **Regional Service Areas (RSAs)**, upon adoption of a fully integrated managed health care system:
 - Must allow reimbursement for time spent supervising persons working toward satisfying supervision requirements established for the relevant practice areas pursuant to RCW 18.225.090.
 - May allow reimbursement for services delivered through a partial hospitalization or intensive outpatient program as described in RCW 71.24.385.

- **DSHS** must:
 - Convene an advisory group of stakeholders to review the parent-initiated treatment process authorized by Chapter 71.34 RCW and develop recommendations.
 - Report the findings and recommendations to the Children’s Mental Health Work Group by 12/1/2018.
See [Parent Initiated Treatment Stakeholder Advisory Workgroup Report \(2018\)](#).

- **OSPI** shall add to the lead staff person’s responsibility for the two ESD children’s mental health lead pilot projects delivering a mental health literacy curriculum, resource, or comprehensive instruction to students in one high school within the pilot that improves students’ mental health literacy, is designed to support teachers, and aligns with the state health and PE K-12 learning standards as they existed on 1/1/2018.

Others

- The **University of Washington (UW)**, subject to appropriated funds, shall offer one additional 24-month residency to one resident specializing in child and adolescent psychiatry.

2SSB 5903 (2019)

- **WSU** shall increase the number of children’s mental health residencies from one to two.

- **UW** shall increase the number of children’s mental health residencies from one to two.

- **HCA** shall collaborate with UW and a professional association of licensed community behavioral health agencies to develop a statewide plan to implement evidence-based coordinated specialty care (CSC) programs that provide early identification and intervention for psychosis in licensed and certified community behavioral health agencies. HCA must submit a statewide plan by 3/1/2020 that includes:
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Others

- **School districts** must, beginning in the 2020-21 school year, and every other year thereafter, use one of the professional learning days funded under RCW 28A.150.415 to train staff in one or more of the following topics: social-emotional learning, trauma-informed practices (using the model plan developed under RCW 28A.320.1271), ACES, mental health literacy, anti-bullying strategies, or culturally sustaining practices.