Washington State Health Care Authority

March 27, 2020
12:30-3:30 pm

Children and Youth Behavioral Health Work Group (CYBHWG)

Via Web (STRONGLY preferred): https://zoom.us/j/889082936
Via Phone: 253-215-8782, Meeting ID#: 889 082 936
For tech questions or issues, call/text 206-962-5098
For content questions, use the "chat" function in Zoom

Attendees					
☐	Representative Noel Frame, Co-Chair	☐	Lacy Fehrenbach	☐	Steve Kutz
☐	MaryAnne Lindeblad, Co-Chair	☐	Dr. Thatcher Felt	☐	Amber Leaders
☐	Randon Aea	☐	Tory Gildred	☐	Nickolaus Lewes
☐	Dr. Avanti Bergquist	☐	Camille Goldy	☐	Laurie Lippold
☐	Ruth Bush	☐	Libby Hein	☐	Rep. John Lovick
☐	Representative Michelle Caldier	☐	Dr. Robert Hilt	☐	Joel Ryan
☐	Diana Cockrell	☐	Kristin Houser	☐	Mary Stone-Smith
☐	Senator Jeannie Darneille	☐	Avreayl Jacobson	☐	Jim Theofelis
☐	Peggy Dolane	☐	Lonnie Johns-Brown	☐	Dr. Eric Trupin
☐	Jamie Elzea	☐	Kim Justice	☐	Sen. Judy Warnick
☐	Representative Carolyn Eslick	☐	Judy King	☐	Dr. Larry Wissow

No	Agenda Items	Time	Lead	Meeting Instructions
Pre	**Zoom Meeting Active for Early-Sign On & Technical Troubleshooting**	**12:10-12:30 pm**	Rep. Noel Frame/ Kimberly Harris	• Anyone is welcome to sign-on early to make sure they can sign on to Zoom ok, test audio and video, test participation functions, etc.
1.	**Introductions**	**12:30-12:45 pm** 15 minutes	Rep. Noel Frame/MaryAnne Lindeblad	• Rep. Frame will do a roll call of work group members (listed on top of the agenda). Please unmute when your name is called to acknowledge you are on the line (and then re-mute!). Agenda will be shared on the screen. • Any member of the public who is participating should e-mail cmhwg@hca.wa.gov with your name and any organizational affiliation, and indicate if you would like to make a public comment at the end of the meeting.

				• Rep. Frame will then share instructions to change name on Zoom, fideo call etiquette & guidance on breaks. Being recorded so you can check what you missed later!
2.	**Celebrate successes – 2020 Session** Passed bills and budget provisos ○ Handout 1: 2020 Legislative Successes	**12:45-1:00 pm** 15 minutes	Rep. Noel Frame/MaryAnne Lindeblad	• Rep. Frame will provide update. • Document will be shared on the screen by Rep. Frame. • Rep. Frame will moderate Q&A, providing instructions for using chat function in Zoom. Rachel Burke will help monitor the chat anytime it is used throughout the call. • Rep. Frame will announce members of the public who are on the call.
3.	**COVID-19 Update**	**1:00-1:15 pm** 15 minutes	MaryAnne Lindeblad	• MaryAnne will provide update. • Documents, if any, will be shared on the screen by Diana. • Rep. Frame will moderate Q&A, providing instructions for using chat function in Zoom.
4.	**Reporting out: CYBHWG changes/plans for this year** Membership/Governor's appointments • *All* Governor-appointed positions must go through re-appointment process • New positions: 1 DD organization, 2 youth, 1 private insurance org, 1 FYSPRT representative, 1 SUD professional • 1 of the parent representatives must now have a child under 6 yo • Goal for new members to be appointed by June mtg, new co-chairs to start at August meeting. Standing subgroups • Student behavioral health and suicide prevention (with staffing support from OSPI) • *Reminder: we can create/continue additional subcommittees!* Report/subgroup expectations • Need to complete recommendations earlier (Nov. 1 report due date) to align with Governor's budget ○ Handout 2: CYBHWG 2020 timeline • Need to ensure all stakeholders are represented in subgroups (thoughts about broadening invite list) • Honoring public meetings act/info sharing – HCA staff will create brief notes from subgroup meetings for public posting – that include decisions, action items. Sub group lead will review notes prior to posting.	**1:15-1:30 pm** 15 minutes	Rep. Noel Frame/MaryAnne Lindeblad	• Rep. Frame will provide overview of changes/plans for year. • Diana Cockrell will share the 2020 timeline document and provide an overview of our timeing. • Rep. Frame will moderate Q&A, providing instructions for using chat function in Zoom.

	• HCA staffing of subgroups - We will do our best to attend and support the sub groups prior to hiring staffer. Once that individual starts we will provide more consistently robust support for sub groups.			
5.	**Grounding: Goals and status of previous recommendations** Review Mission and Vision ○ Handout 3: Mission, vision, and strategic targets Review recommendations • We will review only those recommendations that have not yet been implemented (whether because bill/budget item not approved or upon approval were not fully implemented by the agency). ○ Handout 4: Unimplemented Recommendations ○ Background ONLY: ▪ Handout B-1: CYBHWG Recommendations for 2020 Session – Post-Session Status ▪ Handout B-2: CMHWG Recommendation Status (2016-2019) • Are the recommendations that have not been implemented still priorities? Are strategies identified correctly? [add to grids?]	**1:30-2:15 pm** 30 minutes	Rep. Noel Frame/MaryAnne LIndeblad	• Rep. Frame will review mission & vision and share handout on screen • Rep. Frame will warn subcommittee leads they will be called upon to report out for each of their groups, answering these key questions: ○ Do these recommendations feel like a fit for your subgroup? ○ What recommendations have subgroups members shown an interest in continuing to push/monitor? ○ What recommendations have not drawn that interest? ○ Are you willing to include exploring continued focus on these recommendation in your subgroup's 2020 scope? • Rep. Frame will point people to background documents for answers to detailed questions, but only share the unimplemented recommendations by subgroup document on screen. • Rep. Frame will call on current subcommittee leads to answer key questions for their respective groups: ○ Student BH & Suicide: Camille Goldy ○ FYSPRTs: Diana Cockrell/Liz Venuto (HCA) ○ Prenatal to 5: Jamie Elzea ○ Workforce & Rates: Laurie Lippold ○ HB 1874/Youth & Young Adult: Peggy Dolane • Rep. Frame will moderate Q&A, providing instructions for using chat function in Zoom.
6.	**2020 interim & Steps to get there:** Standing Advisory Subgroup ("subgroup") • School-Based Behavioral Health & Suicide Prevention Potential 2020 Subgroups *Discussion: Which should be continued?* • Family Youth System Partner Round Table (FYSPRTs) • Prenatal to age five relational health • Workforce & Rates • Youth and Young adults (previously HB 1874/FIT)	**2:15-3:00 pm** 60 minutes	Rep. Noel Frame/MaryAnne Lindeblad	• Rep. Frame will warn subcommittee leads they will be called upon to report out for each of their groups, answering the key questions: ○ Should subgroup continue? ○ Goals & scope for subgroup? ○ Lead for the subgroup? ○ Who else to invite to subgroup? ○ Other work subgroup to coordinate with? • Rep. Frame will share subgroup/target scope handout on screen

	Subgroups likely to being phased out – work complete!: • Partnership Access Line (PAL) funding mechanism Determine which of the existing subgroups we need to continue and the goals and scope for each Work/Advisory Group ○ Handout 5: Subgroup target/scope template ○ *Update: Handout 6 no longer needed* Determine if there are others that may be needed; match to strategic themes. Are there, potentially, other areas that are not on these lists that the work group should add? Which strategy do these fall under? • New subgroups should only be created for work that doesn't fit into existing subgroups • New subgroups must have volunteers willing to lead the work • Add details to sub-group targets & work plan doc, as necessary			• Rep Frame to mention key additions to various sub-committees for consideration: ○ Youth (multiple suggestors) ○ Marriage & Family Counselors (Sarah Stewart) ○ School-Based Counselors (Lucinda Young, WEA) ○ Behavioral Health Advocacy Organization (i.e. NAMI) (Melanie Smith) • Rep. Frame will call on current subgroup leads to answer key questions for their respective groups: ○ Student BH & Suicide: Camille Goldy ○ FYSPRTs: Diana Cockrell/Liz Venuto (HCA) ○ Prenatal to 5: Jamie Elzea ○ Workforce & Rates: Laurie Lippold ○ Youth & Young Adult: Peggy Dolane • Rep. Frame to ask for suggestions for new sub-groups and work through key questions for each using chat function in Zoom to call on Speakers for discussion. • Rachel Burke will take notes on new ideas for sub-groups
7.	**Wrap up** • Next action steps and responsible party • Future meeting dates: ○ June 5, 9 a.m. to 1 p.m. ○ Tentative: September 3, 9 a.m. to 1 p.m. ○ Tentative: October 6, 11 a.m. to 3 p.m.	**3:00-3:10 pm** 10 minutes	Rep. Noel Frame/MaryAnne Lindeblad	• Rep. Frame will make a final announcement for those wishing to provide public comment to email cmhwg@hca.wa.gov now. • Rep. Frame will summarize next action steps and responsibile party, including calling on Rachel to compare notes. • Rep. Frame will call on Rachel to discuss upcoming meeting dates.
8.	**Public Comment**	**3:10-3:30 pm** 20 minutes	Rep. Noel Frame/MaryAnne Lindeblad	• Rep. Frame will call on individuals by name who have emailed indicating they wish to provide public comment. • Those called on should unmute, speak, and then re-mute when comments have concluded. • Rep. Frame will do a final call for public comment for those who could not email ahead of time.

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

Handout 1

Children and Youth Behavioral Health Work Group

2020 Legislative Successes

Prioritized recommendations

- ✓ PAL funding model [SHB 2728]
- ✓ Reauthorize the Children's Mental Health Work Group, including establishing the School-based Behavioral Health and Suicide Prevention sub-group in statute and including FTEs to staff [2SHB 2737].
- ✓ Transparency: Require HCA to establish a process to verify that funding for behavioral health provider increases, including increases provided through MCOs, are used for their intended purpose and include a proportional increase to services with a case rate, including WISe [EHB 2584].
- ✓ Analyze impact of changing Medicaid policy to match best practices for mental health assessment and diagnosis for infants and children ages 0-5.
- ✓ Fund behavioral health navigators in all nine educational service districts (ESDs).
- ✓ Increase children's and adults' Medicaid behavioral health rates for counseling and psychotherapy, care coordination, family therapy, and group treatment rates by up to 15%, but not to exceed the Medicare rate or an equivalent relative value.
- ✓ Provide flexible funds to provide training and mentoring for clinicians at community-based behavioral health organizations that serve infants and children ages 0 through 18.
- ✓ Extend PAL for Moms and the Referral Assist Services (PAL for Kids) pilot programs' funding through June 2021.

Other recommendations

- ✓ Add residential treatment to Family Initiated Treatment [SHB 2883].
- ✓ Extend Medicaid coverage to 365 days postpartum [E2SSB 6128].
- ✓ Grants to schools or school districts for planning and integrating tiered suicide prevention and behavioral health supports.

Endorsed recommendations from other work groups

- ✓ Implement two pilot programs for intensive outpatient services and partial hospitalization services for children and adolescents, one in western Washington and one in eastern Washington.

Funding recommendation specifics

Behavioral Health Navigators at the ESDs [Proviso]	Funding for one (?) additional FTE for regional coordinator for behavioral health, school safety and threat assessments at each of the 9 ESDs. Funding is provided to OSPI for the student mental health and safety network established in Chapter 333, Laws of 2019 (2SHB 1216). Activities funded include statewide coordination and oversight of the regional network at the Educational Service Districts, implementation grants to school districts, and a contract with the University of Washington-Forefront Suicide Prevention program.	$2.549m GFS/Total
PAL Bridge Funding [Proviso]	Funding to ensure that the PAL for Moms and Kids pilots continue throughout the biennium.	$510k GFS $586k Total
Financing for PAL [HB2728]	Funding to implement the financing mechanism for the PAL lines.	$672k for the '21-'23 biennium
Medicaid Rate Increase for BH [Proviso]	Funding to maintain and increase access for behavioral health services for individuals on Medicaid.	$1.857m GFS $5.003m Total
FTEs for the CBHWG [HB2737]	Funding for 1 FTE for OSPI and 1 FTE for the HCA.	$139k GFS/Total [Funds staff for the Workgroup at the HCA.]
Staff for the School Based BH sub-committee	Funding for Office of the Superintendent of Public Instruction (OSPI) to support the Children and Youth Behavioral Health Work Group created in Second Substitute House Bill No. 2737 (Child. mental health wk. grp).	$107 GFS/Total
Medicaid BH Rate Setting Transparency [HB2584]	Funding to implement a transparent process for BH Medicaid rates	$128k GFS $251k Total
Children's Behavioral Health Training [Proviso]	Funding for training support grants for community mental health and substance abuse providers.	$300k GFS/Total
0-5 Training [Proviso]	Funding to increase training for individuals working in the 0-5 realm.	$200k GFS/Total
Behavioral Health Assessment Study [Proviso]	Funding to conduct an analysis of the impact of changing policy in the Apple Health program to match best practices for mental health assessment and diagnosis for infants and children from 0-5.	$125k GFS $250k Total

NOTE: There are other behavioral health items included in the budget; however, this table is limited to the items that were prioritized by the Children's Behavioral Health Workgroup.

Handout 2

CYBHWG 2020 Timeline

Mar
Apr
May
Jun
Jul
Aug
Sept
Oct

CMHWG meetings

March 27, 2020
Session debrief
Discuss priorities/process
Determine 2020 subgroups

June 5, 2020
1st subgroup report—
Membership, plans

September 3, 2020
Tentative
2nd subgroup report—
Draft recommendations

October 6, 2020
Tentative
3rd subgroup report—
Final recommendations

Subgroups

Subgroups identified
Leads identified
Targets and scope defined
Members invited/solicited

Recommendation: 1st meeting held/
meeting schedule determined and publicized
June 1: **Info for June CMHWG meeting submitted to HCA staff**

Recommendation development

Recommendations drafted
August 19: Draft recommendations submitted to HCA staff

Final recommendations drafted
Subgroup review and consensus on recs
Sept. 29: Recommendations finalized and submitted to HCA staff:

HCA Staff *[Report]*

Research and draft report
(all sections except recommendations)

Draft recommendation section

Finalize report (all sections except recommendations)

Oct. 8-14: Update recommendations/ finalize report (incl. Comms)

Oct. 15-26: CMHWG report reviews

Nov. 1—Report submitted

Handout 3 **CYBHWG Mission, Vision, and Strategic Targets**

Children and Youth Behavioral Health Work Group

Vision: Washington's children, youth, and young adults have access to high-quality behavioral health care.

Mission: Identify barriers to and opportunities for accessing behavioral health services for children, youth and young adults (prenatal to 25 years old) and their families that are accessible, effective, timely, culturally and linguistically relevant, supported by evidence, and incorporate tailored innovations as needed; and to advise the legislature on statewide behavioral health services and supports for this population.

Authority: The Children and Youth Behavioral Health Workgroup is authorized through December 30, 2026.

There is an annual report due to the Governor and Legislature. The first report is due November 1, 2020. Reports to include recommendations in alignment with*:

- Implementation of workgroup recommendations;
- System strategies to address barriers between early learning, K-12 education, and health care systems;
- Identify areas for improvement in the behavioral health service delivery;
- Determine strategies to:
    - Increase access and system improvements in the service continuum,
    - Support prenatal to five system development, and
    - Consider issues and recommendations put forward by the Family Youth System Partner Roundtable.

*Synopsis of Section 1(3) in Second Substitute House Bill (2020).

2019/2020 CMHWG Target "Cover Sheet"

Children's Mental Health Work Group

Recommendations proposed from sub groups must either be legislatively directed or fall into a minimum of one component of each of the following sections.

Service continuum (check all that apply):

- ☐ Prevention
- ☐ Identification
- ☐ Screening
- ☐ Assessment
- ☐ Treatment & Supports

Age continuum (check all that apply):

- ☐ Prenatal - 5
- ☐ 6-12
- ☐ 13-17
- ☐ 18 up to 25

Strategies to increase access & parity (check primary focus of your recommendations):

- ☐ Workforce (e.g., development, enhancement, inclusive of diversity and cultural relevance)
- ☐ Payment and funding (e.g. rates, structures, requests, adjustments to improve effectiveness. To avoid duplication of effort – please ensure coordination with potential non-CMHWG already working on rates.
- ☐ Quality of services and supports (e.g., evidence based and supported strategies, culturally relevant, young person- and family-centered)
- ☐ Cross-system navigation and coordination (e.g., improve/ address efficiencies between state agencies, innovative approaches, community partners, young person serving entities to move toward service options that are young person- and family-centered)
- ☐ Trauma informed care (e.g. trauma informed approach – creating physical and psychological safety in how services are delivered; and trauma services – interventions that directly address trauma, such as Trauma Informed CBT [TF-CBT] among others)

Handout 4 **Children & Youth Behavioral Health Work Group - Unimplemented Recommendations (draft)**

Note: The following chart is a preliminary draft. We've noted in some places where research remains to be done. Work group members, agency staff, and others who know of updates, particularly around implementation, we welcome your feedback; please send comments to cmhwg@hca.wa.gov.

Topic/Recommendations	Year	Status			Notes/Status
		No passed legislation	Not implemented by agency	Other	
Prenatal to Five Relational Health					
1. Trauma informed care - Pilot full model from DCYF recommendations with all components in 2 communities.	2019	✓			*Need more research before finalizing.*
2. Provide increased funding for infant mental health services and training.	2016			✓	*ESSB 6168 provides funding for assessment. Need more research before finalizing.*
3. DEL Early Achievers program to provide funding to assist participating providers in meeting training and supervision requirements for an Infant Mental Health Endorsement (IMH-E).	2016			✓	*Need more research before finalizing.*
Behavioral Health Rates & Workforce					
1. Additional children's Medicaid behavioral counseling and psychotherapy rates to increase by 8% or to the Medicaid reimbursement rate: • Intake, Assessment, Treatment Planning – H0031, H0032 • Medication management – 99211, 99212, 99213, 99214, 9921	2020	✓			**ESSB 6168 budget proviso** (Delivered to Governor – 3/12) *2020: Rates for counseling and psychotherapy, care coordination, family and group therapy for children **and** adults raised by up to 15%, not to exceed the Medicare rate or a reasonable equivalent. Rates listed here were not included.*
2. Increase *all* behavioral health Medicaid rates to Medicare levels. After two years, require an outcome-based study on providers.	2016	✓			
3. Direct HCA to build payment models that adequately reimburse for multi-disciplinary team-based services, such as shared appointments, care conferences, and team meetings.	2020			✓	*Work planned for 2020.*
4. Provide increased funding for treatment for eating disorders.	2016	✓			*Need more research before finalizing.*
5. Provide increased funding for interventions and services that are culturally and linguistically appropriate.	2016	✓			*Need more research before finalizing.*
6. Expand capacity in the WA Student Achievement Council's (WSAC) Behavioral Health Loan Repayment Program and initiate a Conditional Scholarship Program targeted towards those serving the highest needs	2020			✓	*Need more research before finalizing.*

Topic/Recommendations	Year	Status: No passed legislation	Status: Not implemented by agency	Status: Other	Notes/Status
populations, those who increase opportunities for the provision of culturally-responsive care, and individuals going into behavioral health fields.					
7. Require diversity, equity, and inclusion training for licensed/certified behavioral health professionals.	2020	✓			*Need more research before finalizing.*
8. Direct the WSAC and/or the Board of Community and Technical Colleges to develop (or expand) apprenticeships within the field of behavioral health that would begin in 2021.	2020			✓	*Need more research before finalizing.*
9. Request that HCA work with DOH as they are re-writing the rules related to paperwork reduction – as well as legal, business process, and accreditation standards for children's BH professional credentialing - and that they identify barriers associated with reducing paperwork requirements, and report to CYBHWG.	2020			✓	*Future work planned for 2020.*
10. Review the 2019 Behavioral Health Workforce Report and Recommendations (CYBHWG) following submission to the Legislature and Office of the Governor. Participate and designate representatives in Phase 2 of the Workforce Board's proviso work, including the Background Check Subcommittee and subcommittee focused on incentives for supervision of interns and trainees. Advance specific recommendations to the CYBHWG for consideration in 2021.	2020			✓	*Need more research before finalizing.*
11. Provide funding for pediatric residents to learn from child and adolescent psych fellows or attending's.	2019			✓	*Need more research before finalizing.*
12. Develop a fee-based certificate program in Children's Behavioral Health Evidence-Based Practice; explore funding sources to promote access for those who serve Medicaid-funded children.	2019	✓			
13. Incentivize clinical supervision of therapists by restricting supervisory ratios in MCO/BHO contracts and/or capping supervisors' caseloads.	2016	✓			
14. Increase options for payments and variety of professionals who can help provide mental health interventions to increase diversity of settings where services can be provided.	2016		✓		*Need more research before finalizing.*

Children & Youth Behavioral Health Work Group - Unimplemented Recommendations (draft)

Topic/Recommendations	Year	Status: No passed legislation	Status: Not implemented by agency	Status: Other	Notes/Status
15. Require WSIPP to conduct a study, with stakeholders and communities, to evaluate the children's mental health system, available workforce, and children's outcomes.	2016	✓			
16. Fund development of expanded behavioral health training and coaching opportunities for early learning through K-12 providers, educators, administrators, and parents (that are culturally competent, employ para-professionals and peers).	2016	✓			*Also Prenatal through Five subgroup.*
School-based Behavioral Health Services and Suicide Prevention					
1. Build upon previous Suicide Prevention work in the broader work on school-based recognition and response to emotional and behavioral distress (HB 1336) – address the urgency of need across the K-12 system and foundational strength; include student voice.	2020		✓		**ESSB 6168 budget proviso** (Delivered to Governor – 3/12) *Not fully funded; details of OSPI budget still in process.*
2. Support state initiatives to integrate physical and behavioral health in the school setting.	2020	✓			
3. Fund a Community Care Coordination System for integrated behavioral health for the 1 percent of youth with the most costly, complex, chronic behavioral health problems.	2020	✓			
4. Enlist local health districts and other appropriate venues/providers to provide behavioral health screening to children ages 0-20.	2016	✓			*Also could be covered in Prenatal to Five subgroup.*
HB 1874 -> Youth and Young Adult					
1. Explore whether to create a licensing category for Wilderness Therapy and Therapeutic Boarding Schools that would be considered residential treatment under Family Initiated Treatment.	2020	✓			**SB 6637-Wilderness therapy license** *Not passed*
2. Identify Wraparound with Intensive Services (WISe) in the definition section of 71.34 as Intensive Outpatient Treatment for admission under Family Initiated Treatment. Exempt WISe from the monitoring and reporting guidelines and data tracking system, since there are already processes in place to gather and track youth in WISe.	2020	✓			

Handout 5 **Subgroup Target/Scope Template (and potential 2020 Subgroups)**

Subgroup Topic	Lead(s)/Participants	In scope	Out of Scope	Intended outcome	Cover sheet targets
Prenatal to Five Relational Health	Lead: Jamie Elzea Looking for Legislative or state agency co-lead Participants: public, community-based non-profits, and private leaders in the fields of prenatal and infant/early childhood mental health,	Follow proposal document presented in December 2018 CMHWG meeting which includes: 1. Support development of a diverse prenatal to five mental health workforce statewide through: a. Capacity building plan b. Financing structure: 2. Address strategies to connect historically disconnected systems of parent and caregiver adult mental health and early childhood mental health systems for better accessibility and continuity of care for families, as well as cross training for providers 3. Build from the Washington Infant and Early Childhood Mental Health Landscape Analysis project (in progress) 4. Integrate perinatal/IECMH services into maternal child health systems, behavioral health, public health, and early childhood systems of care. 5. Ensure IDD subject matter experts are part of the workgroup to identify gaps in continuum of care (i.e. screening etc.)	Anything beyond this age group Recommendations developed without the input of those responsible for implementation	Make actionable recommendations to support prenatal to five behavioral and relational health strategies	Service: All Age: Prenatal to 5 Strategy: Workforce, Payment and Funding, Quality of Services & Supports, cross system navigation
School-Based Behavioral Health and Suicide Prevention *(Previously: Student Well-Being & School-Based Connections to Behavioral Health*	Lead: Camille Goldy + Legislators Legislators interested/recommended: Representatives Lisa Callan, Tina Orwall (suicide prevention); Christine Kilduff (IDD); Gerry Pollet (SpEd)	1. Identify current school-based and cross-system coordinated services and supports for BH and IDD, and gaps 2. Understand existing work to address these gaps 3. Follow ESD regional BH system navigator pilots and issues, including expansion	• Prenatal to 5 (Infant Mental Health subgroup will address) • Juvenile Justice & other institutions system specific (led by Senate HHS Committee)	Catalog of activity around work in place; data demonstrating where there may be gaps; and recommendations for filling the gaps, such as, but not limited to: *$ for behavioral healthcare navigators	Service: All Age: 6-17 Strategy: Cross-system navigation and coordination

Handout 5 **Subgroup Target/Scope Template (and potential 2020 Subgroups)**

Subgroup Topic	Lead(s)/Participants	In scope	Out of Scope	Intended outcome	Cover sheet targets
[BH] and Intellectual and Developmental Disabilities [IDD] Services & Supports)	Ensure participation from: OSPI, ESD, superintendent, emergency medicine, pediatricians, individuals with lived experience (youth & family voice), community (ideally youth) group(s) doing work on this topic, a rep from each state agency, mental health therapist group, first responder groups, suicide prevention groups, etc.	4. Make recs to fill gaps, focusing in on cross-system coordination and navigation and school-based services & strategies 5. Pay particular attention to gaps in intersection of behavioral health and IDD services and supports 6. Incorporate suicide prevention efforts	• Hospital patient abandonment (led by House HCW Committee) • Foster kids with BH/IDD issues (led by House HSEL committee) • Recommendations developed without the input of those responsible for implementation Recommendations that do not fill a specific gap in the continuum of care (i.e. avoid recs being a reservoir for participants' own programs)	at ESDs, left out of 2019-21 budget (authorized in HB 1216) *Expansion of PAL for Schools pilot, if early findings support *Possible changes to or expansion of other HB 1216 provisions *Implementation of Multi-Tiered System of Supports (MTSS) *Note: Do not reinvent the wheel: think of this group as an aggregator of a bunch of other work already happening*	
Youth & Young Adults *(Previously: HB 1874 / Family-Initiated Treatment (FIT) Follow-Up)*	Lead: Peggy Dolane & Kathy Brewer Participants: Individuals and organizations involved in 2018-19 work & new participants as appropriate	1. Addressing the question about "residential" missing from the final bill 2. Identify what information about medical necessity should be tracked for FIT in the next two years to inform recommendations.	Anything other than specified adjustments.	1. Include "residential" level of care in FIT per committee recommendations 2. Inform FIT tracking on data to be gathered to capture potential medical necessity challenges to inform next steps	Service: Assessment, Treatment & Supports Age: Adolescent Strategy: Quality of Services & Supports
Workforce & Rates *(Previously: Workforce specific to the Prenatal to 25*	Lead: Laurie Lippold & TBD Participants: IDD & SUD experts to address those key parts of the workforce	1. Conditional scholarships 2. Age and culturally relevant services assurance 3. Workforce trained to appropriately serve COD MH&IDD, MH&SUD and families	Work already being completed by other workforce workgroups	Increase workforce with strong age and culturally relevant cross discipline evidence based strategies across the service continuum	Service: Treatment & Supports (?) Age: Prenatal to 25

Subgroup Topic	Lead(s)/Participants	In scope	Out of Scope	Intended outcome	Cover sheet targets
age group)		4. Inform other workforce workgroups and report their work back to the CMHWG			Strategy: Workforce
Family Youth System Partner Round Table (FYSPRTs)	Lead: Liz Venuto (HCA) and Statewide FYSPRT Tri-Lead (who will be the FYSPRT WG rep as well)	Issues that are not able to be resolved at the Regional or Statewide FYSPRT level.	Everything else	Cross sector group to address challenges in the delivery of mental health and substance use services and supports that are identified by youth, family, and system partners that can't be resolved in a more local approach	Service Continuum: all Age Continuum: all Strategies: all
~~Partnership Access Line (PAL) funding mechanism~~ *WORK COMPLETED*	~~Leads: Rep. Vandana Slatter and Laurie Lippold~~ ~~Participants:~~ ~~Private insurance carriers,~~ ~~Medicaid managed care plans,~~ ~~Self-insured organizations,~~ ~~Seattle Children's hospital, PAL,~~ ~~OIC, UW School of Medicine,~~ ~~Others TBD by co-chairs~~	~~Requirements of the legislative directive (in SB 5903)~~	~~Anything other than legislative directive~~	~~Recommendations for fully funding various PALs for access to all WA residents~~	~~Service: Identification (?)~~ ~~Age:~~ ~~Prenatal to 25 + adult services~~ ~~Strategy: Payment & Funding~~

Handout B-1 **Children's Mental Health Work Group Recommendations for 2020 Session – Post-Session Status (draft)**

Legend: ☐ Passed by Legislature ☐ No legislative action taken ☐ Non-legislative action needed

Topic/Recommendations	Priority	Action needed			Notes/Status
		Policy	Budget	Other	
Prenatal to Five Relational Health 1. Require HCA to analyze the fiscal impact of changing Medicaid policy to match best practices for mental health assessment and diagnosis of children birth through 5 years old, including: • Allowing 3-5 sessions for intake and assessment. • Allowing assessments to occur in home or community settings, and reimbursing clinicians for travel. • Requiring use of the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC: 0-5).	#1 of 7 budget priorities	Yes	$100,000 *Appropriated:* *$31,000 GF-State FY20* *$94,000 GF-State FY21* *$125,000 GF-Fed*		**ESSB 6168 budget proviso** *Sec. 215 (62)* *Delivered to Governor (3/12)* • HCA to conduct an analysis on the impact of changing Medicaid policy to match best practices for 0-5 mental health assessment and diagnosis. • Analysis to include cost estimates. • Report due 12/1/2020.
2. Extend Medicaid coverage to 365 days postpartum.			$ 2.5 million		**E2SSB 6128-Postpartum period/Medicaid** *Delivered to Governor (3/12)* • Takes effect when HCA becomes eligible to receive federal financial participation for persons with income >/=193% of FPL. • HCA to submit a waiver request to CMS by 1/1/2021. • HCA to report on waiver status by 1/1/2021.
3. Provide scholarships and training for Perinatal and Infant Mental Health for Maternity Support Service and Infant Case Management providers.	#6 of 7 budget priorities		$200,000 - $400,000 *Appropriated:* *$300,000 GF-State FY21* *(Prenatal to 5 and Workforce proposals combined)*		**ESSB 6168 budget proviso** *Sec. 215 (56)* *Delivered to Governor (3/12)* • Grants to provide flexible funding for training and mentoring of clinicians serving children and youth (birth through adolescence). • HCA to implement in partnership with Accountable Communities of Health (ACHs) or UW Behavioral Health Institute. • HCA to consult with stakeholders (behavioral health experts, providers, and consumers) to develop guidelines for how funding can be used, with a focus on evidence- based and promising practices, continuing education requirements, and quality-monitoring infrastructure.

Updated: 3/26/2020

Handout B-1 **Children's Mental Health Work Group Recommendations for 2020 Session – Post-Session Status (draft)**

Topic/Recommendations	Priority	Action needed			Notes/Status
		Policy	Budget	Other	
Behavioral Health Rates 1. Require that proposals related to increasing Medicaid rates must be grounded within the rate-setting process for the provider type or practice setting, incentivize preventive care, and recognize the shift toward value-based purchasing. Any increase in Medicaid rates for behavioral health services must include a proportional increase to services with a care rate, with a priority on WISe.	#1 of 3 policy priorities	Yes	Potential		**EHB 2584-Behavioral health rates** *Delivered to Governor (3/12)* • Requires HCA to work with actuaries in implementing funded behavioral health rate increases, including those provided through MCOs, to assure they are appropriate adjustments are made to services paid through a case rate.
2. Require the HCA, with respect to funds appropriated by the legislature with the intent of increasing Medicaid rates paid to providers, to establish mechanisms that ensure these funds are passed on by MCOs directly to behavioral health providers as intended.	#2 of 3 policy priorities			Yes	**EHB 2584-Behavioral health rates** *Delivered to Governor (3/12)* • Requires HCA to establish a process for verifying that funding appropriated for behavioral health provider increases, including rate increases provided through MCOs, is used for the objectives stated I the appropriation.
3. Enhance transparency and accountability mechanisms utilized by HCA and MCOs to ensure that appropriated community behavioral health funds are used by HCA and MCOs for their intended purpose.				Yes	**EHB 2584-Behavioral health rates** *Delivered to Governor (3/12)* • Requires HCA to provide annual reports to the Legislature regarding the implementation processes and results of targeted behavioral health provider rate increases.
4. Increase children's Medicaid behavioral counseling and psychotherapy rates by 8% or to the Medicare reimbursement rate, whichever is higher. Prioritize the following treatment codes (these will have the greatest impact to increase access for children and youth and address significant rate disparities: ($$$) • Behavioral Health Counseling and Psychotherapy – H0004, 90832, 90834, 90838, 99354, 99355, 90833, H0036 • Care coordination – H2015, H2021 • Family Therapy with or without youth present – 90847; 90846 • Group treatment -– 90853, 90849	#3 & #5 of 7 budget priorities		*Appropriated:$1,857,000 GF-State FY21* *$3,146,000 GF-Federal*		**ESSB 6168 budget proviso** *Sec. 215 (78)* *Delivered to Governor (3/12)* • Increases state fee-for-service (FFS) provider rates by 15% or to Medicare rate (or an equivalent relative value, if there is no Medicare rate), whichever is lower, for children *and* adults for these codes: 90832, 90833, 90834, 90837, H0004, H0036, H2015, H2021, H0023, 90836, 90838, 96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171, 90845, 90846, 90847, 90849, 90853, 90785, and 90791. • Require in MCO contracts, beginning in CY 2021, that MCOs pay no lower than the FFS rate for these codes, and adjust managed care capitation rates accordingly.

Topic/Recommendations	Priority	Action needed			Notes/Status
		Policy	Budget	Other	
5. Additional children's Medicaid behavioral counseling and psychotherapy rates to increase by 8% or to the Medicaid reimbursement rate: • Intake, Assessment, Treatment Planning – H0031, H0032 • Medication management – 99211, 99212, 99213, 99214, 99215					
6. Work with stakeholders to study the underlying salary assumptions and compare them to other market standards, including Medicare.	#1 of 2 HCA priorities		*Appropriated: $50,000 GF-State FY21 $50,000 GF-Federal FY21*	Yes	**ESSB 6168 budget proviso** *Sec. 215 (57)* *Delivered to Governor (3/12)* • HCA to work with actuaries, UW behavioral health institute, MCOs, and community mental health and SUD providers to develop strategies for enhancing behavioral health provider reimbursement to promote workforce development. • HCA to submit report to OFM and Legislature by 12/1/2020.
7. Appropriate funding for partial hospitalization and intensive outpatient as an alternative to inpatient hospitalization and require reimbursement for these services. [PH and IOP allow children and adolescents to have their behavioral health needs met through intensive therapies up to 3-8 hours/day without requiring inpatient hospitalization.]			*Appropriated: $1,801,000 GF-State FY21*		**ESSB 6168 budget proviso** *Sec. 215 (76)* *Delivered to Governor (3/12)* • HCA to implement two pilot programs for intensive outpatient services and partial hospitalization services for certain children and adolescents, contracting with one hospital in western Washington and one hospital in eastern Washington, effective 1/1/2021. • Eligible patients: children and adolescents discharged from an inpatient hospital treatment program who require the level of services offered by the pilot programs in lieu of continued inpatient treatment, and children and adolescents who require this level of services to avoid inpatient hospitalization. • Services may not be offered if there are less costly alternative community based services that can effectively meet an individual's needs.

Handout B-1 **Children's Mental Health Work Group Recommendations for 2020 Session – Post-Session Status (draft)**

Topic/Recommendations	Priority	Action needed			Notes/Status
		Policy	Budget	Other	
8. Direct HCA to build payment models that adequately reimburse for multi-disciplinary team-based services, such as shared appointments, care conferences, and team meetings.	#2 of 2 HCA priorities			Yes	
Workforce 1. Expand capacity in the WA Student Achievement Council's Behavioral Health Loan Repayment Program and initiate a Conditional Scholarship Program targeted towards those serving the highest needs populations, those who increase opportunities for the provision of culturally-responsive care, and individuals going into behavioral health fields.			**$2 million** Ongoing		
2. Direct the WSAC and/or the Board of Community and Technical Colleges to develop (or expand) apprenticeships within the field of behavioral health that would begin in 2021.		Yes			
3. Request that HCA work with DOH as they are re-writing the rules related to paperwork reduction – as well as legal, business process, and accreditation standards for children's BH professional credentialing - and that they identify barriers associated with reducing paperwork requirements, and report to CYBHWG.				Yes	
4. Review the 2019 Behavioral Health Workforce Report and Recommendations following submission to the Legislature and Office of the Governor. Participate and designate representatives in Phase 2 of the Workforce Board's proviso work, including the Background Check Subcommittee and subcommittee focused on incentives for supervision of interns and trainees. Advance specific recommendations to the CBHWG for consideration in 2021.				Yes	

Handout B-1 **Children's Mental Health Work Group Recommendations for 2020 Session – Post-Session Status (draft)**

Topic/Recommendations	Priority	Action needed			Notes/Status
		Policy	Budget	Other	
5. Develop and fund clear, transparent, and flexible payment models for adequate training (including training for those working with children 0-5), supervision (including Reflective Supervision), and coaching within children's behavioral health programs.		Yes	Less than $2M – developing funding model and training (includes 0-5 $400K) *Appropriated: $300,000 GF-State FY21 (Prenatal to 5 and Workforce proposals combined)*		**ESSB 6168 budget proviso** *Delivered to Governor (3/12)* • Grants to provide flexible funding for training and mentoring of clinicians serving children and youth (birth through adolescence). • HCA to implement in partnership with Accountable Communities of Health (ACHs) or UW Behavioral Health Institute. • HCA to consult with stakeholders (behavioral health experts, providers, and consumers) to develop guidelines for how funding can be used, with a focus on evidence- based and promising practices, continuing education requirements, and quality-monitoring infrastructure.
6. Require diversity, equity, and inclusion training for licensed/certified behavioral health professionals.		Yes			
Student Well-Being and School-based Connections to BH/IDD Services and Supports 1. Establish in statute (as a subcommittee of the CMHWG) the School-based Behavioral Health and Suicide Prevention subcommittee. • Establish staff support at HCA and OSPI. • Additional details in proposal.	#4 of 7 budget priorities	Yes	$200,000 (staffing and travel for community members) *Appropriated: $107,000 FY21*		**2SHB 2737-Children's Mental Health Work Group** *Delivered to Governor (3/12)* • Establishes School-based Health and Suicide Prevention advisory group.

Topic/Recommendations	Priority	Action needed			Notes/Status
		Policy	Budget	Other	
2. Build upon previous Suicide Prevention work in the broader work on school-based recognition and response to emotional and behavioral distress (HB 1336) – address the urgency of need across the K-12 system and foundational strength; include student voice.	#3 of 3 policy priorities	Yes	*Appropriated: $2,549,000 FY21*		**ESSB 6168 budget proviso** *Delivered to Governor (3/12)* • To provide statewide support and coordination for the regional network of behavioral health, school safety, and threat assessment established in **chapter 333, Laws of 2019 (school safety and well-being)**. Within the amounts appropriated in this subsection (4)(f)(iv), $200,000 of the general fund—state appropriation for fiscal year 2021 is provided solely for grants to schools or school districts for planning and integrating tiered suicide prevention and behavioral health supports. Grants must be awarded first to districts demonstrating the greatest need and readiness. Grants may be used for intensive technical assistance and training, professional development, and evidence-based suicide prevention training. *(4)(f)(iv)*
3. Fund ESD navigators from HB 1216 and further specify their role (see recommendation proposal for details).	#2 of 7 budget priorities		*Appropriated: $570,000 FY21* See OSPI 2020 decision package		**ESSB 6168 budget proviso** *Delivered to Governor (3/12)* • Funding is provided to OSPI for the student mental health and safety network established in Chapter 333, Laws of 2019 (**2SHB 1216**). Activities funded include statewide coordination and oversight of the regional network at the Educational Service Districts, implementation grants to school districts, and a contract with the University of Washington-Forefront Suicide Prevention program. *(Found in agency detail but not in bill)*
4. Support state initiatives to integrate physical and behavioral health in the school setting.		Yes	$1.408M (for 2020)	Yes	
5. Fund a Community Care Coordination System for integrated behavioral health for the 1 percent of youth with the most costly, complex, chronic behavioral health problems.		Yes	Yes		

Handout B-1 **Children's Mental Health Work Group Recommendations for 2020 Session – Post-Session Status (draft)**

Topic/Recommendations	Priority	Action needed			Notes/Status
		Policy	Budget	Other	
Partnership Access Line 1. Develop a funding model that builds upon HCA's previous funding model efforts and: • Determines the annual cost of operating the PAL and its various components. • Collects a proportional share of program cost from each health insurance carrier. • Differentiates between activities that are eligible for Medicaid funding and those that are not.	#7 of 7 budget priorities (2021-2023)	Yes	$5m/biennium (existing $ + carriers) *Appropriations*: *$98,000 (JLARC; HCA funding begins in next biennium)*		**SHB 2728-Funding model/telehealth** *Delivered to Governor (3/12)* • Establishes a funding model for the PAL program. • Establishes same funding model for Telehealth Access Line (PAL for Kids) and PAL for Moms if they are continued beyond pilots. • Modifies data and reporting requirements for PAL programs. • Directs Joint Legislative Audit and Review Committee to conduct a review of PAL programs by 12/1/2022.
2. Pursue an appropriation for PAL for Kids for Jan. 1, 2021 – June 30, 2021 to bring the program's funding on to the state's fiscal year cycle and avoid interrupting the service. (Seattle Children's proposal – Oct. 1 meeting)	Essential	Yes	$493,650 *Appropriations: $586,000 FY21*		**ESSB 6168 budget proviso** *Sec. 215* *Delivered to Governor (3/12)* • One-time funding to extend the PAL for Moms and PAL for Kids Referral Assist Service until 6/30/2021.
HB 1874 Follow-up/Family Initiated Treatment 1. Include **adolescent residential treatment** as a service that a parent can consent for under the Family Initiated Treatment section of RCW 71.34.600-670. Residential treatment facilities must be licensed under 246-337 WAC. Use the same monitoring and reporting guidelines and provider/facility safeguards for residential treatment that were established for Intensive Outpatient Program and Partial Hospitalization Program under HB 1874.		Yes			**SHB 2883-Adolescent behavioral health** *Delivered to Governor (3/9)* • Adds residential treatment facilities (RTFs) to FIT. • Requires additional medical necessity review every 30 days. • HCA to communicate review findings to MCO. • MCOs can also conduct medical necessity reviews. • If adolescent is not released as a result of petition, may remain in RTF as long as it continues to be a medical necessity.
2. Explore whether to create a licensing category for Wilderness Therapy and Therapeutic Boarding Schools that would be considered residential treatment under Family Initiated Treatment.		Yes		Yes	**SB 6637-Wilderness therapy license** *Not passed*

Handout B-1 **Children's Mental Health Work Group Recommendations for 2020 Session – Post-Session Status (draft)**

Topic/Recommendations	Priority?	Action needed			Notes/Status
		Policy	Budget	Other	
3. Task HCA to develop a data collection and tracking system for youth served under FIT to identify opportunities to fill gaps in care, expand services, and better understand the needs of our adolescent population (details, including recommended data to collect, in recommendation proposal.		Yes	~~$200,000s~~		**SHB 2883-Adolescent behavioral health** *Delivered to Governor (3/9)* • Adds specific requirements for HCA data collection. • *Additional funding not required.*
4. Identify Wraparound with Intensive Services (WISe) in the definition section of 71.34 as Intensive Outpatient Treatment for admission under Family Initiated Treatment. Exempt WISe from the monitoring and reporting guidelines and data tracking system, since there are already processes in place to gather and track youth in WISe.		Yes			

CMHWG Reauthorizing Legislation
1. Reauthorizing legislation to include:
• Changing the title to "Children, Youth and Young Adults Behavioral Health Work Group.
• Consider alternatives to "work group" designation (e.g. task force, joint legislative committee, etc.).
• Broaden scope to include addressing the needs of young adults (to age 25).
• Review/revise membership categories to foster cross-system coordination and ensure all who need to be at the table are represented, including youth and young adults.
• Create two standing sub-committees:
  • School-based Behavioral Health and Suicide Prevention
  • Family Youth and System Providers Round Table (FYSPRT) Executive Leadership Team
	Essential (2020)	Yes	*Appropriations: $139,000*		2SHB 2737-Child. Mental health wk grp
					Delivered to Governor (3/12)
					• Extends work group until 2026 and renames it the "Children and Youth Behavioral Health Work Group."
					• Expands membership to include 2 youth representatives with lived experience; representatives from a developmental disabilities organization, a private insurer, and the statewide Family Youth System Partner Round Table (FYSPRT); and an SUD professional.
					• One of the two family representatives must have a child under 6 years old.
					• All Governor-appointed positions must be re-appointed.
					• Establishes a permanent School-based Behavioral Health and Suicide Prevention advisory group.
					• CYBHWG will consider issues and recommendations put forward by the statewide FYSPR established in the *T.R. v. Strange and McDermott* settlement agreement.
					• Requires an annual report and recommendations submitted to the Governor and Legislature by November 1 of each year.

Handout B-2 **BACKGROUND: Children's Mental Health Work Group – Recommendation Status (2016-2019)**

Topic/Recommendations	Year Rec'd	Progress to Date (Summary)	Priority for 2019/2020?	Work other interim groups are doing	CMHWG Sub-group	Action needed			Workgroup/ Point person	Notes
						Monitor	Policy	Budget		
Rates *(7 recommendations)* 1. Increase Medicaid Rates to achieve equity with Medicare rates. After two years, require an outcome-based study on providers.	2016	**ESHB 1109 (2019):** Increases in behavioral rehabilitation services (BRS) rates. **SSB 5779 (2017):** Increases in bi-directional behavioral health rates.	Yes	Rates group (contact: Laurie Lippold)		Yes		Yes		
2. Remove limitations on treatment options focused on treating the family dyad or a particular familial relationship.	2016	**E2SHB 2779 (2018):** Adds "family support" as an allowable outpatient service.			Prenatal to Five Relational Health				Jamie Elzea	
3. Provide increased funding for infant mental health services and training.	2016	**E2SHB 2779 (2018):** DCYF and HCA to develop a strategy for Medicaid funding for home visiting.	Yes		Prenatal to Five Relational Health	Yes		Yes	Jamie Elzea	DCYF/HCA

Handout B-2 **BACKGROUND: Children's Mental Health Work Group – Recommendation Status (2016-2019)**

Topic/Recommendations	Year Rec'd	Progress to Date (Summary)	Priority for 2019/2020?	Work other interim groups are doing	CMHWG Sub-group	Action needed			Workgroup/ Point person	Notes
						Monitor	Policy	Budget		
4. Provide increased funding for early intervention for treating psychosis. - Determine cost for statewide implementation of Coordinated Specialty Care (CSC). - Fund additional CSC teams so each regional service area (RSA) has one. - Fund additional CSC teams to ensure capacity based on incidence and population.	2016/ 2019	**2SSB 5903 (2019)** HCA develop a statewide plan to implement evidence-based CSC programs that provide early identification and intervention for psychosis.				Yes				HCA, in coordination with UW and clinical group
5. Provide increased funding for Wraparound with Intensive Services (WISe)	2016	T.R. et all v. Lashway and Teeter settlement				Yes				
6. Provide increased funding for treatment for eating disorders	2016	**E2SHB 2779 (2018):** Requires the HCA to report annually on mental health and medical services for eating disorder treatment in children and youth.				Yes				Access to Behavioral Health Services for Children (HCA, Dec. 2018)
7. Provide increased funding for interventions and services that are culturally and linguistically appropriate	2016									
Screening and Assessment *(3 recommendations)* 1. Require HCA to assemble a work group or work groups to:	2016	**2SSB 5903 (2019)**: DCYF to provide coaching services to early achievers program participants.			Prenatal to Five Relational Health				Jamie Elzea	

Handout B-2 **BACKGROUND: Children's Mental Health Work Group – Recommendation Status (2016-2019)**

Topic/Recommendations	Year Rec'd	Progress to Date (Summary)	Priority for 2019/2020?	Work other interim groups are doing	CMHWG Sub-group	Action needed			Workgroup/ Point person	Notes
						Monitor	Policy	Budget		
a. Identify a standardized list of culturally and developmentally appropriate screening tools for children aged 0-20, for Medicaid and non-Medicaid use; b. Identify standardized mental health assessment, outcome, and diagnostic tools (culturally/ developmentally appropriate for children aged 0-5 that support access to services. Identify billing options and propose coverage for a new or redefined code with an adequate reimbursement rate for the following services performed during an Early and Periodic Screening Diagnostic, and Treatment (EPSDT) visit, or other primary care office visit for a child: i. Maternal depression screening when children are aged 0-5; and		The screening tools approved by the workgroup are listed in the billing manual https://www.hca.wa.gov/assets/billers-and-providers/EPSDT-bi-20200401.pdf starting on page 37.				a. Yes i. Yes	b. Yes			6 FTE regional coaches added. When are updates expected?

Topic/Recommendations	Year Rec'd	Progress to Date (Summary)	Priority for 2019/2020?	Work other interim groups are doing	CMHWG Sub-group	Action needed			Workgroup/ Point person	Notes
						Monitor	Policy	Budget		
ii. Behavioral health, including depression, screening for children.		**E2SHB 1713 (2017):** Provider reimbursement required for depression screens for: - youth 12 - 18 (annual) - mothers of infants birth - 6 month.								
2. Require HCA/DBHR to provide outreach and education to primary care and mental health providers regarding: a. Services performed during an EPSDT exam; b. Maternal depression or other conditions that directly impact a child; and c. Billing requirements for BH screening and referrals. d. Identifying a full complement of medically necessary behavioral health	2016	See screening tools approved by the workgroup are listed in the billing manual https://www.hca.wa.gov/assets/billers-and-providers/EPSDT-bi-20200401.pdf starting on page 37. **SSB 6452 (2018):** Same-day consultation and support to health care providers in assessment/treatment of maternal depression.				b. Yes d. Yes				OIC report on federal and state mental

Topic/Recommendations	Year Rec'd	Progress to Date (Summary)	Priority for 2019/2020?	Work other interim groups are doing	CMHWG Sub-group	Action needed			Workgroup/ Point person	Notes
						Monitor	Policy	Budget		
services that all commercial carriers must cover.		See OIC's mental health parity report.								health parity (Fall 2019).
3. Legislature should enlist local health districts and other appropriate venues/providers to provide behavioral health screening to children ages 0-20.	2016									
Workforce Development and Training *(9 recommendations)* 1. Tuition loan repayment program for BH professionals who commit to 5 yrs in public sector setting > 20 hrs/wk. (2016) / Increase availability of loan repayment options and conditional health scholarships for BH providers. (2019)	2016/ 2019	**2SHB 1668 (2019):** Behavioral health loan repayment and conditional scholarship program for underserved areas.	Yes	WA Student Achievement Council (WSAC)	Workforce (prenatal to age 25)	Yes	Yes	Yes	Laurie Lippold	Address potential barriers to state providing conditional scholarships. Identify mechanism for tuition reimbursement. Get updates. Expand more…
2. Increase residency positions for child and adolescent psychiatry.	2019	**E2SHB 1713 (2017):** One 24-mo child psychiatry residency (WSU). **E2SHB 2779 (2018):** One 24 mo. child psychiatry residency (UW), effective 7/1/2020.			Workforce (prenatal to age 25)	Yes			Laurie Lippold	

Handout B-2 **BACKGROUND: Children's Mental Health Work Group – Recommendation Status (2016-2019)**

Topic/Recommendations	Year Rec'd	Progress to Date (Summary)	Priority for 2019/2020?	Work other interim groups are doing	CMHWG Sub-group	Action needed			Workgroup/ Point person	Notes
						Monitor	Policy	Budget		
		2SSB 5903 (2019): # of residencies at WSU and UW increased to 2; minimum training increased from 12-18 mos. to 24 mos.								
3. Provide funding for pediatric residents and family medicine residents to learn from child and adolescent psych fellows or attending's.	2019				Workforce (prenatal to age 25)			Yes	Laurie Lippold	
4. Expand capacity for preceptorships, dual licensing/credentialing, and other mechanisms.	2019	**ESHB 1768 (2019):** Certification standards for co-occurring disorder specialist enhancement for psychologists, therapists, and counselors.	Yes		Workforce (prenatal to age 25)	Yes			Laurie Lippold	Need specialized youth/young adult training.
5. Incentivize clinical supervision of therapists by restricting supervisory ratios in MCO/BHO contracts and/or capping supervisors' caseloads.	2016	**E2SHB 2779 (2018):** Requires BHOs to allow reimbursement for supervising providers working toward credentials.			Workforce (prenatal to age 25)	Yes			Laurie Lippold	Is this limited to BHOs?
6. Increase options for payments and variety of professionals who can help provide mental health interventions to increase diversity of settings where services can be provided.	2016	**E2SHB 2779 (2018):** Allows BHOs to reimburse providers for partial hospitalization or intensive outpatient treatment.			Workforce (prenatal to age 25)				Laurie Lippold	
7. Require WSIPP to conduct a study, w/ stakeholders and communities, to evaluate the children's mental health	2016				Workforce (prenatal to age 25)			Yes	Laurie Lippold	Determine if needed.

Handout B-2 **BACKGROUND: Children's Mental Health Work Group – Recommendation Status (2016-2019)**

Topic/Recommendations	Year Rec'd	Progress to Date (Summary)	Priority for 2019/2020?	Work other interim groups are doing	CMHWG Sub-group	Action needed			Workgroup/ Point person	Notes
						Monitor	Policy	Budget		
system, available workforce, and children's outcomes.										
8. Develop a fee-based certificate program in Children's Behavioral Health Evidence-Based Practice; explore funding sources to promote access for those who serve Medicaid-funded children.	2019				Workforce (prenatal to age 25)	Yes			Laurie Lippold	
9. Fund development of expanded behavioral health training and coaching opportunities for early learning through K-12 providers, educators, administrators, and parents (that are culturally competent, employ para-professionals and peers).	2016				Workforce (prenatal to age 25) (K-12) Prenatal to Five Relational Health (early learning)		Yes		Laurie Lippold Jamie Elzea	
School-based Services *(5 recommendations)* 1. Legislature should: • Fund an FTE mental health lead at each ESD and a coordinator in OSPI to help coordinate Medicaid billing, mental health services and other system level supports.	2016	**E2SHB 1713 (2017):** OSPI to pilot behavioral health leads at 2 ESDs. Report due: 12/1/2019. **2SHB 1216 (2019)** ***Not funded*****:** • Each regional school safety center must provide behavioral health coordination to school	Yes		Student Well-being & School-based Connections to Behavioral Health (BH), and Intellectual and Developmental Disabilities (IDD) Supports and Services		Yes	Yes	Camille Goldy	HCA needs to match Medicaid for 2nd pilot position. December report due to CMHWG.

Topic/Recommendations	Year Rec'd	Progress to Date (Summary)	Priority for 2019/2020?	Work other interim groups are doing	CMHWG Sub-group	Action needed			Workgroup/ Point person	Notes
						Monitor	Policy	Budget		
• Create 2-3 regional pilot projects to fund mental health services in school districts. • Fund one "lighthouse" ESD w/ experience providing mental health services to advise other school districts.		districts in its region. **ESHB 1109**, Sec. 606(dd) (2019): • $500,000 in FY 2020 and FY 2021 to UW and Seattle Children's, in consultation with OSPI, to implement a 2-year pilot program of middle school and high school mental health education in 2 school districts (east and west of the Cascades), including trainings for school staff, and teleconsultations for psychologists and psychiatrists, as well as students.								
2. Expand the children's behavioral health system navigators to all 9 ESDs.	2019		Yes		Student Well-being & School-based Connections to BH and IDD Supports and Services			Yes	Camille Goldy	
3. Capacity and coordination: a. Establish an OSPI and mental health providers work group to improve school-based services and Social Emotional Learning (SEL) curriculum.	2019	**2SSB 5903 (2019):** Beginning in 2020-21 school year, school district to use 1 profes-sional learning day for SEL, trauma-informed practices, mental health, anti-bullying, or cultural sensitivity. **2SSB 5082 (2019):**			Student Well-being & School-based Connections to BH and IDD Supports and Services	a. Yes			Camille Goldy	

Topic/Recommendations	Year Rec'd	Progress to Date (Summary)	Priority for 2019/2020?	Work other interim groups are doing	CMHWG Sub-group	Action needed			Workgroup/ Point person	Notes
						Monitor	Policy	Budget		
		• Creates SEL Committee to develop state-wide SEL framework, update standards and benchmarks for SEL, identify best practices, and engage stakeholders/seek feedback. • OSPI and WA Professional Educator Standards board to adopt committee recommendations.								
b. Establish funds, connected to ESD pilots, to build capacity.								b. Yes		
c. Provide resources to schools for staff and student training (behavioral health, suicide prevention, anti-bullying).		**ESHB 1109 (2019):** UW Dept of Psych and Seattle Children's Hospital, with OSPI, to implement a 2-year pilot program of middle school and high school behavioral health education for students, as well as teleconsultations for students and staffs, in 2 school districts.				c. Yes				
d. Ensure collaboration w/ ongoing work groups.		**SSB 5324 (2019):** Each school to establish a point of contact for homeless students.				d. Yes				

Topic/Recommendations	Year Rec'd	Progress to Date (Summary)	Priority for 2019/2020?	Work other interim groups are doing	CMHWG Sub-group	Action needed			Workgroup/ Point person	Notes
						Monitor	Policy	Budget		
		Also, state-funded grant for schools serving homeless students.								
4. Legislature, state agencies, and school districts should implement developmentally/ culturally appropriate K-12 Social Emotional Learning (SEL) standards and competencies, using proposed SEL framework in Oct. 2016 report.	2016	**E2SHB 2779 (2018):** Requires ESDs piloting a lead behavioral health staff person to deliver a mental health literacy curriculum to students in one high school in each pilot site.	Yes		Student Well-being & School-based Connections to BH and IDD Supports and Services	Yes			Camille Goldy	Assess pilots; determine legislation.
5. Support recommendations from the WA Mass Shootings Work Group – Increased investments in school and broader systems' mental health services; suicide and bullying prevention outreach and education.	2019	**2SHB 1216 (2019):** • Each ESD to establish a regional school safety center. • *(Unfunded)* Each center to provide behavioral health coordination to school districts, including suicide prevention training; facilitating partnerships, care coordination, and system integration; providing Medicaid billing training and TA; guidance in implementing best practices regarding suicide prevention.			Student Well-being & School-based Connections to BH and IDD Supports and Services			Yes	Camille Goldy	
Mental Health Service Delivery and Care Coordination *(1 recommendation)*	2016									

Handout B-2 **BACKGROUND: Children's Mental Health Work Group – Recommendation Status (2016-2019)**

Topic/Recommendations	Year Rec'd	Progress to Date (Summary)	Priority for 2019/2020?	Work other interim groups are doing	CMHWG Sub-group	Action needed			Workgroup/ Point person	Notes
						Monitor	Policy	Budget		
1. Require HCA to incorporate care coordination into larger primary care provider practices. Model must: • Use a psychiatric RN or master's level clinician w/ mental health knowledge and training. • Provide advocacy and engagement services which foster warm handoffs, track compliance with recs and referrals, facilitate communication between providers, and provide education to children and families.		**E2SHB 1713 (2017):** HCA must oversee care coordination. BHOs/MCOs must maintain adequate capacity, follow up to ensure appointments are secured, report back to primary care on treatment, provide info on BH resource line, and maintain accurate list of providers and availability. **SSB 6452 (2018):** HCA to enforce contract requirements to ensure care coordination and address network adequacy concerns.				Yes				Report work on care coordination.
Partnership Access Line (PAL) *(1 recommendation)* 1. Ensure PAL can serve both Medicaid and non-Medicaid families by securing a funding source.	2019	**2SSB 5903 (2019):** CMHWG to convene a sub-group to develop a funding model for PAL for Mom and Kids, PAL for ESDs, and PAL for professionals serving adults.	Yes		Partnership Access Line	Yes	Yes	Yes	Laurie Lippold	Legislative directive
Network Adequacy *(2 recommendations)* 1. State agencies should ensure network adequacy and promote continuity of care in multiple settings (commercial and Medicaid) by:	2016	**E2SHB 1713 (2017):** • HCA to report annually on # of providers available and accepting new patients, and languages spoken. • BHOs/MCOs to provide info about PAL.				Yes				Utilization report? Access to Behavioral Health Services for Children (HCA, Dec. 2018) Follow-up from HCA

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• Performing quarterly evaluations; • Encouraging MCOs to contract with private behavioral health providers; • Increasing awareness of the Partnership Access Line (PAL); and • Facilitating or requiring telemedicine consultations w/ psychiatric care.		• Reimbursement required for telemedicine. **E2SHB 2779 (2018):** HCA to report annually on network adequacy for eating disorder treatment. **ESHB 1099 (2019):** Network adequacy – OIC to require: • Carriers' electronic directories to have notation when BH provider is closed to new patients. • Carriers to prominently post info on finding available providers and filing complaints. **SSB 6452 (2018):** • HCA and OIC to develop alternative funding model for PAL and PAL for Moms and Kids. • PAL becomes permanent. • 2-year PAL for Moms and Kids pilot, beginning 1/1/2019. • HCA to enforce contract requirements regarding care coordination and network adequacy.			Partnership Access Line	Yes Yes Yes			Laurie Lippold	on referrals – engaging/ensuring connections to services

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2. HCA should establish performance measures for MCOs regarding delivery of developmental screenings; behavioral health screenings (ages 5-12); and adolescent and maternal depression screenings.							Yes			
Child Care Services *(4 recommendations)* 1. Provide at least 12 mos. of child care through Working Connections Child Care (WCCC) program for children in welfare system or homeless, regardless of parents' employment status.	2016	**SHB 1624 (2017):** Extends WCCC availability to families who received child welfare, child protective, or family assessment response (FAR) services in past 6 mos.			Prenatal to Five Relational Health	Yes			Jamie Elzea	
2. Require the Dept. of Early Learning (DEL) to reinstate and expand consultation and coaching for child care providers who care for children w/ behavioral health needs.	2016	**E2SHB 1713 (2017):** DEL must establish a child care consultation program for providers. **2SSB 5903 (2019):** DCYF must contract to provide coaching services to early achievers program participants through one consultant in each region.			Prenatal to Five Relational Health	Yes			Jamie Elzea	
3. DEL Early Achievers program to provide funding to assist	2016			Jamie's group	Prenatal to Five Relational Health		Yes		Jamie Elzea	

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participating providers in meeting training and supervision requirements for an Infant Mental Health Endorsement (IMH-E).										
4. Support implementation of Infant Early Childhood Mental Health Consultation (IECMHC) in 2 regions.	2019	**2SSB 5903 (2019):** DCYF to contract with an organization to provide coaching to early achievers program participants – 1 mental health consultant in each of 6 regions. Report due 6/30/2021.			Prenatal to Five Relational Health	Yes		Yes	Jamie Elzea	Add'l funding needed for full implement-ation in 2 regions.
Paperwork Reduction *2 recommendations)* 1. State agencies should reduce the amount of paperwork required by clinicians providing children's BH services on Medicaid by replacing current regs w/ best practices. State agencies should eliminate duplicate documentation requirements.	2016	**E2SHB 1819 (2017):** DSHS must streamline documentation requirements, provide a single set of regulations by 4/1/2018, and simplify/align audit practices. **E2SSB 5432 (2019):** HCA/DSHS may not provide initial documentation requirements for patients receiving behavioral health care which are substantially more administratively burdensome to complete than those for primary care.			Workforce (prenatal to age 25)	Yes			Laurie Lippold	Ongoing need; need DOH at table.

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2. State agencies should review the E3SHB 1713 Sec. 533(4) report and the Workforce Training and Education Coordinating Board 2017 report regarding paperwork reduction, and suspend the development of new rule changes related to behavioral health until rule integration is finished in 2017.	2016				Workforce (prenatal to age 25)	Yes			Laurie Lippold	
Trauma Informed Care *(1 recommendation)* 1. Pilot full model from DCYF recommendations with all components in 2 communities.	2019			DCYF	Prenatal to Five Relational Health	Yes	Yes	Yes	Jamie Elzea	
Family Initiated Treatment (FIT) *(1 recommendation)* 1. Adopt full Family Initiated Treatment advisory work group recommendations.	2019	**E2SHB 2779 (2018):** Sub-group to review family initiated treatment (FIT) process. **E2SHB 1874 (2019):** • Adopted Family Initiated Treatment stakeholder advisory group recommendations	Yes		HB 1874/Family-Initiated Treatment (FIT)	Yes	Yes		Kathy Brewer & Peggy Dolane	Revisit "residential" ID survey questions to gather information on impact of medical necessity.

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Partial hospitalization or day treatment program (2 recommendations) 1. Properly source partial hospitalization.	2019		Yes					Yes		2019 Budget Brief: Expand Access to Outpatient Mental Health Services (Washington State Hospital Association)
2. Day treatment programs for children recommended.	2019		Yes					Yes		
Promote culturally and linguistically appropriate hiring *(1 recommendation)* 1. Add to intent section.	2019	**2SSB 5903 (2019):** Included in multiple sections.				Yes				