# Agenda Item | Notes |
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1. Approval of co-chair | See TVW recording (action starts at 00:11:45).  
Decision: Approval of Representative Lisa Callan as co-chair. |
2. Landscape / Behavioral Health Forecast | Dr. Tona McGuire: (DOH)  
See page 4 and TVW recording (presentation starts at 00:12:45) |
3. Recommendations: Legislative and budget considerations | Representative Lisa Callan  
See TVW recording (starts at 00:37:25) |
| 4. | **Subgroup updates** – Overview of recommendations and member Q&A | **Workforce and Rates** (Laurie Lippold and Hugh Ewart)  
See page 13 and TVW recording (starts at 00:42:21)  
**Prenatal to Five Relational Health** (Jamie Elzea)  
See page 15 and TVW recording (starts at 01:00:14)  
**School-based Behavioral Health and Suicide Prevention** (Mark McKechnie)  
See page 16 and TVW recording (starts at 01:13:50)  
**Youth and Young Adult Continuum of Care**  
See page 18 and TVW recording (starts at 01:27:41)  
**Cross-cutting recommendations** (Hugh Ewart)  
See page 18 and TVW recording (starts at 01:40:01)  
- Children’s Mental Health Referral Assistance Line  
- Behavioral health rate increases  
- Telehealth |
|---|---|---|
| 5. | **Public Comment and New Members** | See TVW recording (starts at 01:53:08).  
**Joan Miller** (Washington Council for Behavioral Health)  
Support for behavioral health teaching clinic enhancement rate workgroup.  
**Alicia Ferris** (Community Youth Services)  
Support for behavioral health teaching clinic enhancement rate workgroup.  
**Kristin Wiggins** (Prenatal to Five subgroup member)  
Support for Prenatal to 5 recommendations – complex needs fund and Medicaid behavioral health assessment of children ages 0 to 5.  
**Mary Stone-Smith** (Catholic Community Services of Western Washington)  
Support for behavioral health teaching clinic enhancement rate workgroup.  
**Cindy Myers** (new member, Yakima Valley Farmworkers Clinic)  
Support for workgroup to develop behavioral health teaching clinic enhancement rate.  
**Julia O’Connor** (Workforce Board)  
Support for workgroup to develop behavioral health teaching clinic enhancement rate.  
**Michelle Karnath** (new member, Family, Youth and System Partner Round Table tri-lead)  
Support for addressing gaps in services for youth and families, respite services.  
**Dorothy Gordan** (new member, parent)  
Support for Prenatal to 5 recommendations – complex needs fund and Medicaid behavioral health assessment of children ages 0 to 5, and telehealth.  
**Sarah Kwiatkowski** (new member, Premera)  
As a parent, support changing Medicaid policy for behavioral health assessment of children ages 0 to 5. Also, considerations for telehealth.  
**Noah Seidel** (new member, DD ombuds)  
Support for changing Medicaid policy for behavioral health assessment of children ages 0 to 5, and respite services. |
| 6. | **Subgroup leads: Quick summary of recommendations and member comments** | See TVW recording (starts at 02:13:47). |
| 7. | **Recommendations:** Decision-making process and discussion | See TVW recording (starts at 2:23:05)  
**Decisions:**  
- Move forward all prioritized recommendations, as prioritized below.  
- Consensus support for all support items (not prioritized).  
- Work to dial $ and timing. |
Action items:
- Subgroups work to gather additional data, including timing for budget expenditures.
- Gather data re relative dollar values for support items.
- Submit preliminary report to Governor’s office, with prioritized list and statement of support. Send update after final work group meeting (December).

Prioritized recommendations:
1. Behavioral health rate increases and continued funding for Children’s Mental Health Referral Assistance.
2. Expand youth mobile crisis services statewide.
3. Change Medicaid policy for mental health assessment of children ages 0 to 5.
4. Workgroup to develop a behavioral health teaching clinic enhancement rate and establish a complex needs fund for to expand access to consultant support for behavioral health challenges of children ages 0 to 5.
5. Expand Student Loan Repayment program, preserve existing investment.
7. Expand availability of youth and family peer services.

See page 20 for a summary of statements of support.
Key Things to Know

Upwards of **three million** Washingtonians will likely experience *clinically significant* behavioral health symptoms within the next 2-5 months.

- Depression, anxiety, and acute stress will likely be the most common
- PTSD less common, but concern among some populations (post-vent critical care, exposure to traumatic events)
- Significant decrease in depression and anxiety from July, trend likely short-term

**Substance use related challenges are expected to significantly increase:**

- Roughly 50% of individuals who experience behavioral health diagnoses develop a substance-related disorder, and vice versa
- Most, but not all, are an exacerbation of pre-existing problematic behavior
Reactions and Behavioral Health Symptoms in Disasters

Washington, as of 9/21/2020

Psychological Distress– Under 18 and All Groups, 2019-2020

- Under 18 (+78 per 10k, weekly avg)
- Over 18 (-59 per 10k, weekly average)
Suicidal Ideation – Under 18 and All Groups, 2019-2020

- Under 18 (+170 per 10k, avg weekly)
- Over 18 (-81 per 10k, avg weekly)

Suicide Attempt – Under 18 and All Groups, 2019-2020

- Under 18 (+86 per 10k, weekly avg)
- Over 18 (-9 per 10k, weekly avg)
Data from Washington Poison Control for Ages 13-17

Intentional self-harm/suicidal intent up by 5%
  o Over-the-counter medications
  o Misuse of prescribed medications (e.g., atypical antipsychotics)

Substance abuse (wanting to get “high”)
  o Over-the-counter medications, such as antihistamines, cough medicine
  o Illegal substances, such as alcohol and cannabis, up by 34%

Mental Health America Reporting

1. Young people are struggling most with their mental health. The proportion of youth ages 11-17 who accessed screening was 9 percent higher than the average in 2019. Not only are the number of youth searching for help with their mental health increasing, but throughout the COVID-19 pandemic youth ages 11-17 have been more likely than any other age group to score for moderate to severe symptoms of anxiety and depression.

2. Rates of suicidal ideation are highest among youth, especially LGBTQ+ youth. In September 2020, over half of 11-17-year-olds reported having thoughts of suicide or self-harm more than half or nearly every day of the previous two weeks. From January to September 2020, 77,470 youth reported experiencing frequent suicidal ideation, including 27,980 LGBTQ+ youth.
Common Responses to Disaster for Children and Teens

Physical Symptoms
• Headaches
• Stomachaches
• Trouble sleeping
• Appetite changes

Changes in Behavior
• Substance abuse
• Increased risk taking
• Acting like there is nothing good in the future
• Acting immature or younger than their age
• Increased tantrums
• Increased clinginess

Common Responses to Disaster for Children and Teens (Cont.)

Changes in Mood
• Worried for the safety of others
• Cranky
• Worried the disaster will happen again
• Too agitated or hyper
• Feeling angry, sad, or fearful

Changes in Thinking
• Trouble concentrating
• Difficulty learning new things
• False belief that it is their fault
• Loss of trust that adults can protect them
Helping Teens

- Encourage teens to express their thoughts and feelings by being an active listener
- Educate them in common responses to trauma and ways to practice self-care
- Discuss (without lecturing) the dangers of unhealthy ways of coping
  - Alcohol or drug use
  - Getting involved in violent or illegal activities
  - Being in unhealthy relationships
- Provide information on healthy ways to deal with stress

Impact of COVID-19 on Education And Learning

- Difficulty paying attention, having a hard time focusing on schoolwork
- Trouble remembering what was learned and remembering to complete tasks
- Having too much energy, acting too silly
- Feeling really tired all the time
- Sleep and appetite disturbances
- Having headaches or stomachaches
- Being cranky, having outbursts, or crying often
- Impulsiveness or having a hard time thinking before speaking or taking action
Priorities For Dealing With The Impact of COVID-19

1. Helping with behavioral symptoms of regression, isolation, acting out or acting in
2. Educational deficits which need to be addressed
3. Need for structure and support (e.g., help contain negative behaviors, practice positive behaviors, and increase resiliency)
4. Recognizing that the ability to learn and retain new information is impacted by emotional state
5. Teaching tools for calming and emotional regulation for both parent and child
6. Help children and teens face fears and master them versus anxious avoidance
7. Parental self care is essential for their child’s well-being

Resources – Children & Youth:

Families, Children, and Teens

- Behavioral Health Toolbox for Families: Supporting Children and Teens During the COVID-19 Pandemic
- Behavioral Health Group Impact Reference Guide: Families and Children
- Supporting kids and teens: Infographic
- Helping kids to wear cloth face coverings: Infographic and article
- Emerging adults: Infographic and article
Resources - General:

DOH - Forecast and situational reports, guidance and resources:

WA State – General mental health resources and infographics:

Looking for support?
Call Washington Listens at 1-833-681-0211

Questions?
Washington State Department of Health is committed to providing customers with forms and publications in appropriate alternate formats. Requests can be made by calling 800-525-0127 or by email at civil.rights@doh.wa.gov. TTY users dial 711.
## Workforce and Rates

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<th>Expand the Student Loan Repayment Program and reduce existing barriers to access in order to reach and retain more providers.</th>
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<td>Increase funds for Loan Repayment/Forgiveness in order to serve 100 additional individuals. The funds would be specified specifically for Community Behavioral Health Agencies or Community Clinic staff working with the Medicaid population (public service) in exchange for retention. Student loan repayment/forgiveness program would be for the exclusive purpose of increasing retention rates of licensed clinical staff that work with youth and their families (age 0-24) in Washington State.</td>
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<td>Preference/Priority would be given to those applicants with diverse ethnic and cultural backgrounds (though not required). The WA State Achievement Council would be directed to ensure that the application process is streamlined and easy to navigate and that conditional complexity be kept to a minimum for both the individual and the agency to qualify. The required length of the conditional commitment should be 4-5 years of total services or 2-3 years post licensure.</td>
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<td>Specifics related to implementation will be developed in collaboration with the WA Student Achievement Council. Funding sources will be explored, including funding from the private sector and establishing a dedicated funding source.</td>
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<th>Establish a work group to develop a Behavioral Health Teaching Clinic enhancement rate for licensed and certified behavioral health agencies.</th>
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<td>Representatives from the Health Care Authority, Department of Health, the Workforce Training and Education Coordinating Board, the Washington Council for Behavioral Health, licensed and certified behavioral health agencies (BHAs), and higher education must collaborate to develop a teaching clinic enhancement rate for BHAs training and supervising students and those seeking their certification or license. They must develop standards for classifying a BHA as a teaching clinic, including serving a certain percentage of children and families; a cost methodology to determine a teaching clinic enhancement rate; a financing mechanism, including potential Medicaid/Medicare reimbursement; and a timeline for implementation. A report is due to the Governor and the appropriate committees of the Legislature on November 1, 2021.</td>
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Support legislation requiring that continuing education requirements for all licensed, certified, and registered behavioral health professionals include the provision of culturally and linguistically responsive treatment.

While it is critical that the behavioral health workforce become more diverse, behavioral health professionals who are working with children and youth of different races, ethnicities, cultures, religions and gender identities must have ongoing training in diversity, equity, and inclusion in order to be as effective as possible. Additionally, training should be available that focuses on the emotional well-being of children and youth of diverse backgrounds.

The relevant licensing boards and commissions shall develop standards and criteria for the training and will determine the number of required hours based on available research and evidence but will be no less than a minimum of 4 hours for every new and every license, certification or registration renewal.

Work in partnership with the Behavioral Health Apprenticeship Coalition to advocate for legislative support for funding and the necessary statutory changes to develop and implement a registered behavioral health apprenticeship model.

This model will serve to diversify the workforce and increase access to critically needed behavioral health services, including services for children and youth ages 0-24. Funding is needed to enable employers to participate in the program. Additionally, legislative support and direction is necessary in order to ensure that rule changes to licensing eliminate onerous licensure requirements, which are barriers for individuals seeking dual SUDP and MH credentialing.

The demand for behavioral healthcare - mental health and substance use disorder treatment - exceeds the availability of services throughout the state. The vision is to build a state-wide behavioral health educational pathway infrastructure launched through apprenticeship opportunities that is supported and endorsed by Washington State and employed by behavioral health employers across the region promoting accessibility, retention and stability within the behavioral health workforce.

Engage with and support the Workforce Training and Education Coordinating Board’s efforts to address barriers created through often-inflexible background checks as requirements for behavioral health professionals.

In the behavioral health field, lived experience is highly valued, there is considerable support for the use of peer counselors, and efforts are underway to establish an apprenticeship program. There is also a great need to increase and diversify the workforce, making it even more important than ever to eliminate barriers and open up the field to individuals who have a tremendous amount to offer and should be provided opportunities to do so.
## Prenatal to Five Relational Health

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<th>Change Medicaid policy so that best practices for mental health assessment and diagnosis of children birth through 5 years old can be implemented and diagnosis and treatment disparities reduced.</th>
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<td>Change Medicaid policy to allow three-five sessions (including in natural settings) utilizing the DC:0-5 manual so that misdiagnosis and subsequent ineffective/harmful treatment are avoided, thereby reducing diagnosis and treatment disparities currently experienced (particularly by boys of color) and cost of ineffective treatment.</td>
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<td>1. Allow three to five sessions for intake and assessment of children 0-5</td>
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<td>2. Allow children 0-5 to be served in their home or other natural settings, and reimbursing clinicians for necessary travel to natural settings</td>
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<td>3. Require clinicians to use the developmentally appropriate standard of practice for diagnosing children 0-5, the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC:0-5)[i], rather than the Diagnostic and Statistical Manual of Mental Disorders.</td>
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<td>Medicaid match</td>
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<th>Establish a complex needs fund to address the behavioral health challenges experienced by children ages 0-5 and their families so that children, families, and early learning providers can experience reduced bias and have immediate relief.</th>
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<td>Establish an account to help address the behavioral health challenges children ages 0-5 experience. This account is for: (a) early learning providers to get support to pay for infant and early childhood mental health consultants; and, (b) infant and early learning childhood mental health consultants to pay for behavioral health, anti-bias, and anti-racist coaching that will make an immediate impact on their practice.</td>
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<td>With the added (and in some cases severe) trauma due to the pandemic, children, families, child care providers, and the mental health consultants working with them urgently need more support. Research shows infant and early childhood mental health consultation is an effective strategy that leads to improvement in children’s social and emotional functioning, early learning providers’ relationships with families, and in dyadic relationships. It is effective in reducing racial disparities in children’s socio-emotional functioning and teacher-child relationship, suspensions and expulsions, and missed work days for parents.</td>
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<td>This account will help increase access to unbiased consultation and evaluation services, taking into account child development and family experience for Black/African American children and families, specifically, and children and families of color, in general, to decrease the numbers and ameliorate the impacts of preschool suspensions and expulsions as well as child welfare involvement. Additionally, this account will help increase access to mental health consultation for families experiencing poverty and those living in rural and under-resourced communities. In turn, equitable and expanded access to unbiased mental health consultation and evaluation services will also improve the quality of services provided to children and families.</td>
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Preservation Statement:
Support existing investments in infant and early childhood mental health consultation so that children in early care and education experience reduced bias that leads to expulsions and suspensions.

The Prenatal-5 Relational Health Subgroup (P5RHS) supports full preservation of the state investments in infant and early childhood mental health consultation (IECMH-C) which is an annual investment of $773,000 GF-S.1 The state funding supports six mental health consultants to support early providers in addressing challenging behaviors.

These consultants are situated at the six regional affiliates of Child Care Aware Washington. As of September 15, 2020, there were 3,271 child care providers who are serving 107,678 children who can access one of these six consultants. That leaves 1,721 providers serving 54,883 children who do not have access to these consultants.

Thus there is high unmet need and in order to someday address that unmet need, we must preserve what we have in order to build upon it in the future. Additionally, the state investment leverages private funding for things the state investment does not cover. IECMH-C is one of the few evidence-based interventions that we have found that can have an impact on the disproportionate expulsion of boys of color.

Remove clinical barriers to postpartum mood and anxiety screening so that health disparities can be eliminated.

Support the exploration of the Washington Chapter of the American Academy of Pediatrics’ “learning collaborative” (held September 2020 – June 2021) so that we can identify and prepare to remove clinical barriers and eliminate racial disparities in routine postpartum mood and anxiety disorder screening and treatment.

### School-based Behavioral Health and Suicide Prevention

Provide support for districts to implement equity-based Multi-tiered Systems of Support (MTSS), including the Interconnected Systems Framework (ISF) for behavioral health, through training, coaching, and technical assistance using a consistent, statewide framework. MTSS uses data-based decision making to support improved student outcomes and accountability at each level of the system (state, district, school, classroom, and student).

A multi-tiered system of supports (MTSS) is a framework for enhancing the adoption and implementation of a continuum of evidence-based practices to improve important outcomes for all students and decrease adverse outcomes for student groups who experience opportunity gaps. MTSS integrates both academic and non-academic supports to meet the needs of the whole child. By integrating these supports, schools may also increase the efficiency, effectiveness, and sustainability of their services (McIntosh, K., & Goodman, S. 2016). As students (and adults) are experiencing the additional traumatic effects of a global pandemic, MTSS also provides a framework for more effectively integrating behavioral health supports into the school setting.

For the purposes of this recommendation, the School-Based Behavioral Health and Suicide Prevention Subcommittee recommends the CYBHWG support the MTSS Decision Package submitted to the 2021 Legislature by the Office of Superintendent of Public Instruction:
**Supporting Students through Multi-Tiered Systems of Support 2021–23 Biennial Operating Budget Decision Package (DP).** Budget request: $4.47 Million for the biennium.

The package funds 12 regional implementation specialists to train, coach and support districts in order to align policies, personnel, and other resources so that their schools can implement and sustain MTSS with fidelity.

Increase staffing levels in schools to support the social/emotional/behavioral health of students. Increasing staffing will improve tier 1 universal supports for students, as well as provide increased staffing to provide individual and targeted supports to students with more significant behavioral health needs.

The subcommittee recommends that the Work Group endorse the staffing enhancements proposed by the Office of Superintendent of Public Instruction (OSPI) to support the social/emotional/behavioral well-being of students. The OSPI decision package, “Building Staffing Capacity to Support Student Well-Being,” requests increased staff allocations in the prototypical school funding model for school counselors, school nurses, social workers, psychologists, family engagement coordinators, and student, and staff safety personnel no later than the 2024-25 school year.

The subcommittee recommends support for Components 1 and 2:

Component 1 of the Decision Package includes more appropriate staffing allocations to help ensure students are in healthy, safe, and productive learning environments.

Component 2 includes additional days of professional development for certificated and classified staff. This increase phases in over three years, with the end result of six days for certificated instructional staff and classified staff, and three days for certificated administrative staff. The professional development would include, in part, mandatory learning focused on racial literacy and cultural responsiveness. This focus is necessary to accelerate the closure of persistent opportunity gaps. Training on these topics is critical for serving all students, regardless of race. Professional development for racial literacy will be expected of all district personnel statewide on an ongoing basis. Request for the 2022-2023 School and Fiscal Year: $194,831,000.

The subcommittee did not discuss and did not make a recommendation on components three or four of the decision package.

With the support of HCA, OSPI, and other relevant agencies and organizations, the subcommittee would like to examine funding streams (including Medicaid, private insurance benefits, K-12 funding, and other federal, state and local funds) which contribute or could contribute to supporting the emotional well-being and behavioral health care of students in K-12 schools.

The committee would like to receive presentations, reports and other relevant information from HCA staff who are specialists in Medicaid funding, including covered services for children and youth, and from specialists familiar with coverage requirements for commercially available insurance plans, including individual and employer-based coverage.

The committee would also receive presentations from OSPI staff who are specialists in state and federal funds provided to schools by OSPI. The committee would also invite experts to discuss the prevalence of mild, moderate and severe behavioral health disorders and symptoms among children and youth between the ages of 6-21.
Using this information, the committee would examine available resources, systems of support and service delivery, and the prevalence of behavioral health needs, including needs exacerbated by the COVID-19 pandemic, among children and youth in K-12 schools in Washington. The committee would also access existing and previous reports which contain the information necessary to conduct this assessment in an efficient manner.

### Youth and Young Adult Continuum of Care

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<th>Youth and family peer access and workforce</th>
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<td>Expand the availability of youth and family peer services across the continuum of care, remove barriers to entry and improve retention of peers in the workforce, enhance diversity in the peer workforce, and ensure peers are supported in their own recovery.</td>
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<td>Note: Further discussion is needed to distill which elements would be incorporated into a bill or budget proviso and what those precise asks would be.</td>
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<td>Possible Medicaid match.</td>
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<th>Youth mobile crisis services</th>
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<td>Expand youth mobile crisis services statewide and ensure existing teams can meet the significant increase in demand exacerbated by the pandemic.</td>
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|   | Medicaid match |

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<th>Respite care for youth with behavioral health challenges and their families</th>
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<td>Direct HCA to explore Medicaid waiver options for respite care for youth with behavioral health challenges, without adversely impacting the DDA and DCYF respite waivers.</td>
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<th>Improve transitional care for youth discharging from state systems</th>
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<td>Support the work of the SB 6560 work group in Improving transitional care for youth discharging from inpatient behavioral health and juvenile justice settings, including ensuring that young people do not end up experiencing homelessness post-discharge.</td>
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### Cross-cutting

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<th>Continue the state’s child mental health referral service.</th>
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<td>Continue funding the “Washington State Mental Health Referral Service for Children and Teens,” to prevent program shut-down in July 2021. Request is for $850,000 annual total service budget. Beginning in 2021, when commercial carriers begin paying for this service, annual state cost (including Medicaid match) will be $425,000.</td>
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| **$** | Advance timely and equitable access to behavioral health services grounded in best practices by ensuring that Medicaid rates are sufficient to increase access and support competitive salaries.  
Support inclusion of the 2020 budget proviso (SB 6168, Sec. 211 (78), passed by the Legislature but vetoed by the Governor due to financial implications of the COVID-19 global pandemic.  
*Medicaid match* |
| **Support telehealth for behavioral health services.**  
Support and advocate for the use of telehealth for behavioral health services, including audio only, for children and youth 0-24 that are appropriately compensated, consistent with standards of practice, maximize the effectiveness of the tool, ensure accessibility for individuals of varying income levels, abilities and available bandwidth, and build on lessons learned.  
2020 has been an unplanned and at-scale pilot of the telehealth models that have been long-discussed. While there has not been a chance to systematically review the experience, one immediately promising finding has been that our clients can benefit from some tools in the telehealth toolkit. It is critical, though, to not jump too soon or assume that tactics can be broadly applied. Behavioral health stakeholders need the chance to struggle through the pandemic demands and then evaluate the lessons learned. This will likely result in findings that some telehealth tools are appropriate and should be secured and expanded, and other things cannot be digitized but depend on in-person, contemporaneous interaction.  
A) Charge a current or new committee to develop standards of practice for audio and video telehealth services so that racial and income disparities in behavioral health service access are eliminated and virtual services provided clinically effective relief for children and families.  
B) Require state-funded programs to publicize the availability of Washington Lifeline, ask families about the need for digital access, and make appropriate referrals so that low income families can effectively access appropriate virtual behavioral health services. |
Statements of support and preservation statements

As a preliminary recommendation, the work group approved this un-prioritized set of recommendations; most support work other groups or agencies are leading.

The group will prioritize this list, with the possible inclusion of additional preservation statements, at its December 3 meeting. An updated recommendation packet will be submitted to the Governor and Legislature by December 11, 2020.

Statement of support, with policy-only recommendations

- Support current efforts to assess and improve telehealth, including audio-only, to reduce racial and income disparities in behavioral health service access and ensure that virtual services provided are clinically effective and provide relief to children and families. Recommend review of data and research focused on prenatal to age 25 and development of standards of practice, with stakeholders, as well as a requirement that providers publicize the Washington Lifeline.

Statements of support

- Support legislation requiring continuing education for behavioral health professionals in the provision of culturally responsive treatment.
- Work with the Behavioral Health Apprenticeship Coalition to develop and implement a registered behavioral health apprenticeship model.
- Engage with and support the Workforce Training and Education Coordinating Board’s efforts to address barriers to employment created by background checks.
- Remove clinical barriers to postpartum mood and anxiety screening by supporting the Washington Chapter of the American Academy of Pediatrics’ “learning collaborative”.
- Support the Multi-tiered Systems of Support (MTSS) decision package submitted by OSPI.
- Increase staffing levels in schools to support students’ social-emotional health by supporting the “Building Staffing Capacity to Support Student Well-Being” decision package submitted by OSPI.
- Examine funding streams that contribute or could contribute to supporting K-12 students’ emotional well-being and behavioral health (OSPI, HCA, others).
- Improve transitional care for youth discharging from inpatient behavioral health and juvenile justice settings by supporting the work of the SB 6560 work group.
- Support efforts to ensure that quality, affordable childcare is available and accessible (workforce issue).

Preservation statement

- Preserve existing investments in infant and early childhood mental health consultation.