

Children & Youth Behavioral Health Work Group



New Member Orientation Packet

May 2021

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About the Children and Youth Behavioral Health Work Group

Vision

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

Mission

The CYBHWG's work is focused on:

- Identifying 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
- Advising the Legislature on statewide behavioral health services and supports for this population.

This work includes:

- System strategies to address barriers between early learning, K-12 education, and health care systems;
- Identifying areas for improvement in behavioral health service delivery;
- Determining 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.

History

In 2016, [Engrossed Second Substitute House Bill 2439](#) (House Bill 2439) established the Children's Mental Health Work Group (renamed the Children and Youth Behavioral Health Work Group [CYBHWG]), bringing together legislators, state agencies, health care providers, tribal governments, and other stakeholders to identify and address issues related to mental health access for children, youth, and families. In December 2016, the work group submitted a report to the Legislature with a range of recommendations addressing access issues. This report is an update to the 2016 report, [The Children's Mental Health Work Group Final Report and Recommendations](#), highlighting progress made on the original 2016 recommendations, as well as recommendations the work group has made in the years since then.

While the original work group was authorized only through December 2017, two additional bills have extended its work:

- [Engrossed Second Substitute House Bill 2779](#) (House Bill 2779), passed in 2018, extended the work group through December 2020.
- [Second Substitute House Bill 2737](#) (House Bill 2737), passed in 2020, renamed the work group and reauthorized it through December 2026.

The work group's original recommendations fell into several different categories:

- Medicaid rates for behavioral health services;
- Screening and assessment;
- Workforce;
- Behavioral health service delivery and care coordination;
- Network adequacy;
- Paperwork reduction;
- Child care services; and
- Behavioral health training and education.

Much of the legislation enacted in response to the original 2016 recommendations and those from subsequent years can be found in a series of bills related to children's mental health, including the two bills mentioned above.

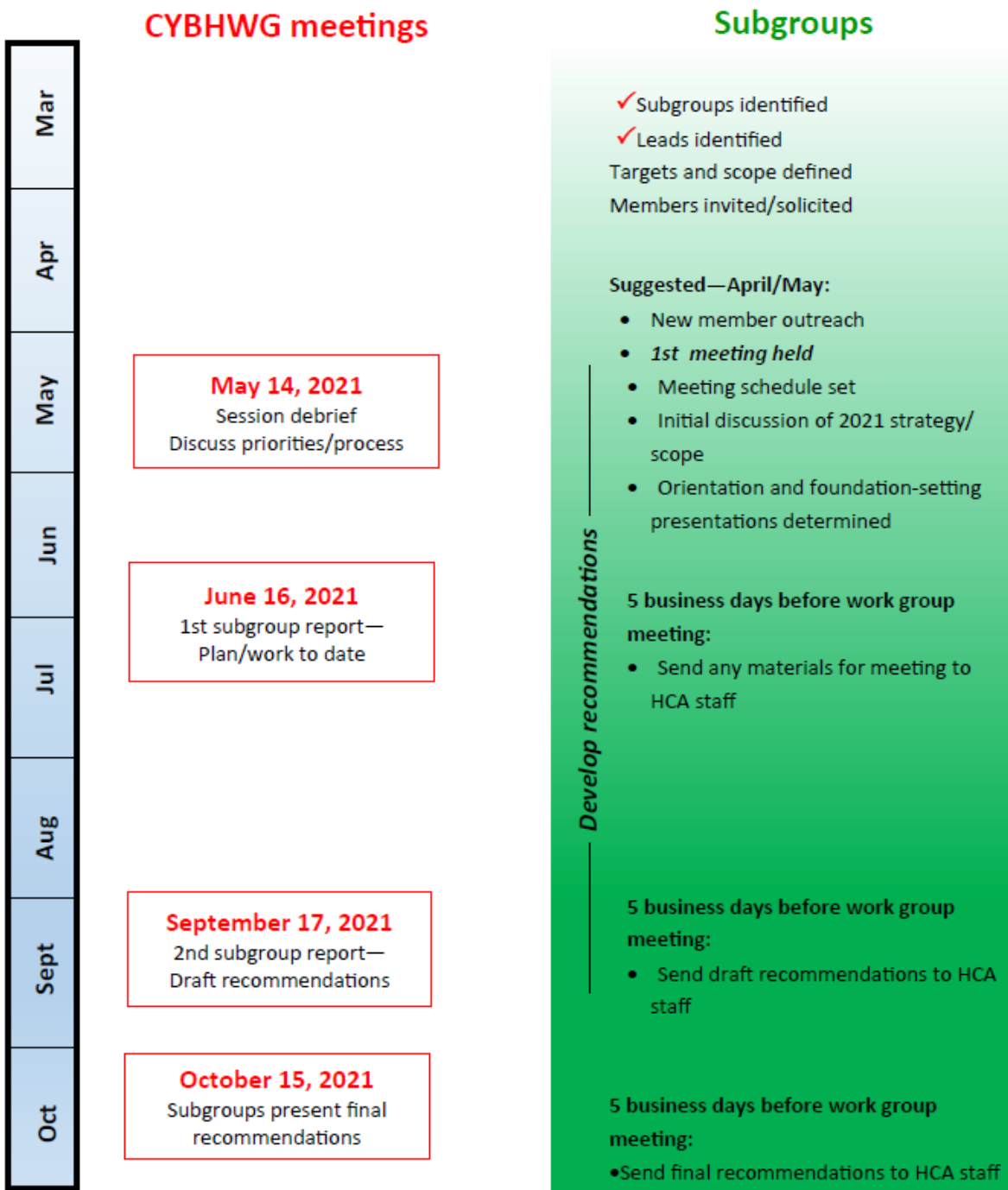
Other recommendations were enacted through budget provisos.¹ Additional legislative action on these recommendations, as well as recommendations the work group made in subsequent years are detailed later in this report.

The most constant recommendation has been to raise the Medicaid rates for behavioral health providers. This recommendation passed in 2020, but was vetoed as part of the Governor's COVID-19 response. The 2020 CYBHWG sees rate increases as foundational to addressing the behavioral health workforce crisis and access issues. A sufficient workforce is a prerequisite for providing adequate access to all children, youth, and families who need these services.

For more detailed information about the history and evolution of the CYBHWG and its work, see the report, *Children and youth behavioral health work group recommendations, 2016-2020*, on the [CYBHWG website](#).

¹ A proviso is language in a budget bill that places conditions on the use of appropriated funds. Budget provisos often fund new work or services that are legislated in another bill. In some cases, a proviso can direct an agency to do new work that is not included in another bill.

Timeline: 2021 Recommendations



November 1, 2021 – Recommendations submitted to Governor and Legislature.

Subgroups

Since 2016, this work group has brought together legislators, providers, agencies, managed care organizations (MCOs), tribes and other stakeholders to identify and address barriers to access for behavioral health services for children, youth and families, and make recommendations to the Legislature. In 2021, there are five subgroups. In 2021, more than 200 stakeholders participated in these subgroups. The subgroups meet regularly, developing recommendations which they submit to the CYBHWG each fall.

Workforce and Rates

Co-leads: Representative Mari Leavitt (28th district), Hugh Ewart (Seattle Children's Hospital), and Laurie Lippold (Partners for Our Children)

The Workforce and Rates subgroup meets throughout the interim and is open to anyone who wants to participate. With a mailing list of over 100 people and at least 30 people attending each meeting, the work group benefits from the participation of many individuals who draw on their professional expertise and personal experience. The group coordinates with others doing related work, including the Workforce Training and Education Board, the Behavioral Health Institute, University of Washington, and the philanthropic community. Their recommendations reflect their findings that: (1) there is a significant shortage of behavioral health providers for children and youth, at a time when behavioral health needs are expected to grow; (2) the greatest shortages are among providers who are reflective of the communities and people they serve; and (3) provider rates do not currently cover costs and this dynamic feeds into the workforce shortages and thus access problems. The Workforce and Rates group has its own super submarine* subgroup, focused on network adequacy issues for Medicaid MCOs and commercial carriers.

**Because...while it may be operating below the surface, it is stealthy and powerful nonetheless.*

Prenatal through Five Relational Health

Co-leads: Representative Debra Entenman (47th district) and Jamie Elzea (Washington Association for Infant Mental Health)

In 2020, the Prenatal through Five Relational Health subgroup did robust outreach to engage stakeholders of diverse race, income, and family situation in order to have a community-informed policy development approach. Six parents of children with behavioral health needs participated in subgroup meetings to share their perspectives and lived experience regarding barriers and solutions. Additionally, the group reached out to dozens of parents, practitioners, and community leaders to listen and learn. Besides parents, the group of 77 stakeholders included behavioral health clinicians, policymakers, advocates, physicians, regulators, and payers. Top criteria for their recommendations in 2021 were (1) closing health disparities for families of color; (2) providing immediate relief to families, especially those who are most vulnerable; and (3) focusing on the urgent needs of children ages 0-5. This subgroup is open to anyone who wants to participate. Additionally, the group focused on crafting recommendations that were realistic given the state budget landscape at the time (which dramatically evolved during the 2021 legislative session), had capacity to be implemented, advanced equity by closing gaps in health access and outcomes, strengthened/transformed systems, and fit within the work group scope.

School-based Behavioral Health and Suicide Prevention

Co-leads: Representative My-Linh Thai (41st district) and Camille Goldy (OSPI)

The 25 appointed members on this subgroup represent families and students; behavioral health providers and agency representatives; school district and educational service district staff and administrators; and stakeholders from health care organizations, higher education, and advocacy groups. Non-members are encouraged to join the mailing list and attend the group's meetings and share their perspectives during the public comment period. In 2021, six public meetings included comment from family members, as well as presentations from stakeholders. They identified the need for increased staffing to support children's social, emotional, and behavioral needs, and a system for ensuring all students receive universal supports. The group found that the pandemic has highlighted existing gaps in support for students' behavioral health and emotional well-being, leaving Washington schools at a disadvantage to serve students' academic and emotional needs without an established multi-tiered system of support (MTSS), which would have provided the systems, structures, and practices to respond more effectively. As a result, the subgroup determined support for OSPI's decision packages funding MTSS and enhanced staffing levels of professionals are the most effective tools to meet students' behavioral health needs now and in the future.

Youth and Young Adult Continuum of Care

Lead: Representative Lauren Davis (32nd district)

The Youth and Young Adult Continuum of Care subgroup, or YYACC, was formed in 2020. In addition to addressing the unique behavioral health needs of youth and young adults, ages 13-25, this group explores problems and proposed solutions from the regional network of Family, Youth and System Partner Round Tables (FYSPRTs) which identify access problems in local communities. With a mailing list of 90 individuals, the group includes mental health providers, advocates, health plans, agency representatives, and youth – and parents of children and youth – who have received behavioral health services. In developing this year's recommendations, the YYACC group brought in providers from every stage of the continuum of care – from prevention to inpatient treatment – to present and consult; the group also held listening sessions with youth and young adults, and family members. Of concern to everyone was the increase in psychiatric distress in youth due to the pandemic, including an increase in lethality of suicide attempts and acuity of symptoms in youth with no previous behavioral health history. The YYACC is open to anyone who wants to participate.

Behavioral Health Integration

Co-Leads: Kristin Houser (Parent) and Sarah Rafton (Washington Chapter of the American Academy of Pediatrics)

The Behavioral Health Integration subgroup is new in 2021. It includes representatives from behavioral health and primary care providers from various types of communities, Medicaid MCOs and commercial carriers, regional Accountable Communities of Health (ACHs), and state agencies. It is open to anyone who wants to participate. In its first year, the group will focus in its first year on integration of behavioral health in pediatric primary care. The group will develop an understanding of the current landscape in Washington State, including gaps and barriers to behavioral health integration in primary care, successful models in Washington State and beyond, and financing challenges and solutions.

Members

Represents	Member
Co-Chairs	Representative Lisa Callan (D) MaryAnne Lindeblad (Medicaid Director)
Washington State House of Representatives	Representative Michelle Caldier (R) Representative Carolyn Eslick (R), alternate Representative My-Linh Thai (D), alternate
Washington State Senate	Senator Jeannie Darneille (D) Senator Judy Warnick (R)
Health Care Authority	Diana Cockrell
Department of Children, Youth and Families	Judy King
Department of Social and Health Services	Tony Bowie, Child Study and Treatment Center Nichole Jensen (non-voting)
Department of Health	Michele Roberts
Office of Homeless Youth Prevention and Protection Programs	Kim Justice
Office of the Governor	Amber Leaders
Behavioral Health Administrative Services Organization (BH-ASO)	Avreayl Jacobson
Community Mental Health Agency	Mary Stone-Smith
Medicaid Managed Care Organization (MCO)	Tory Gildred, Coordinated Care
Regional provider of co-occurring disorder services	Jim Theofelis
Pediatrician	Dr. Larry Wissow
Pediatrician or primary care provider located east of the Cascade Mountains	Dr. Thatcher Felt, Yakima Valley Farm Workers Clinic
Provider specializing in infant or early childhood mental health	Jamie Elzea, Washington Association for Infant Mental Health
Advocate for children and youth behavioral health issues	Laurie Lippold, Partners for Our Children
Evidence-based Practice Institute	Dr. Eric Trupin

Parent or caregiver of child under the age of 6 who has received behavioral health services	Dorothy Gorder
Parent or caregiver whose child or youth has received behavioral health services	Kristin Houser
Education or teaching institution that provides training for mental health professionals	Dr. Bob Hilt
Tribal governments	Summer Hammons, Tulalip Tribes Andrew Joseph, Jr., Confederated Tribes of the Colville Reservation
Foster parent	<i>Open position</i>
Provider of culturally and linguistically appropriate health services to traditionally underserved communities	Cindy Myers, Yakima Valley Farmworkers Clinic
Child psychiatrist	Dr. Avanti Bergquist, Child and Adolescent Psychiatry
Organization representing the interests of individuals with developmental disabilities	Noah Seidel, Developmental Disabilities Ombuds
Youth representatives (2)	Lillian Williamson <i>Open position</i>
Private insurance organization	Sarah Kwiatkowski, Premera
Statewide Family, Youth and System Partner Roundtable	Michelle Karnath
Substance use disorder professional	Jackie Yee, Educational Service District 113
Superintendent of Public Instruction	Camille Goldy
Office of the Insurance Commissioner	Mandy Weeks-Green
Early learning and childcare providers	Joel Ryan, Washington State Association of Head Start and Early Childhood Education and Assistance Program (WSA)

*Acronym Guide

Acronym	Long Name
ABA	Applied Behavioral Analysis
ACA	Affordable Care Act
ACF	Administration of Children and Families
ACEs	Adverse Childhood Experiences
ALTSA	Aging and Long-Term Support Administration
ASD	Autism Spectrum Disorder
ASQ	Ages & Stages Questionnaire
BH-ASO	Behavioral Health Administrative Services Organization
BHA	Behavioral Health Administration
BHAS	Behavioral Health Assessment System
CANS	Child Adolescent Needs and Strengths
CFT	Child and Family Team
CIIBS	Children's Intensive In-home Behavior Support
CLIP	Children's Long-term Inpatient Programs
CMHA	Community Mental Health Agency
CSIT	Cross-System Initiatives Team
CSO	Community Service Office
CYBHWG	Children and Youth Behavioral Health Work Group
DBHR	Division of Behavioral Health and Recovery
DC:0-5	Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood
DCYF	Department of Children Youth and Families
DDA	Developmental Disabilities Administration
DOH	Department of Health
DSHS	Department of Social and Health Services
DSM	Diagnostic and Statistical Manual of Mental Disorders
E/RBP	Evidence- and Research-Based Practices
EBPI	Evidence Based Practice Institute
CBH ELT	Children's Behavioral Health Executive Leadership Team
EQA	Evaluation and Quality Assurance
EQRO	Evaluation and Quality Review Organization
FB(G)	Federal Block Grant
FEP	First Episode Psychosis or New Journeys
FFT	Functional Family Therapy
FIMC	Fully Integrated Managed Care
FIT	Family Initiated Treatment
FIT	Family Integrated Transitions

Acronym	Long Name
FRCs	Family Resource Centers
FSAOs	Family Support and Advocacy Organizations
FY	Fiscal Year
FYSPT	Family Youth System Partner Round Table
GATE	Graduation, a Team Effort
GF-S	General Fund-State
HCA	Health Care Authority
HMG	Help Me Grow
HO	Healthy Options Managed Care Plans
HTP	Healthy Transitions Project
IECMH	Infant and Early Childhood Mental Health
IECMH-C	Infant and Early Childhood Mental Health Consultant
IEP	Individualized Education Plans
ICM	Integrated Case Management
IMH	Infant Mental Health
LEP	Limited English Proficient
LHJ	Local Health Jurisdictions
MARS	Multi-System Acute Resource Solutions (MARS)
MCE	Managed Care Entity
MCO	Managed Care Organization
MH	Mental Health
MOU	Memorandum of Understanding
MST	Multi-systemic Therapy
MTSS	Multi-Tiered Systems of Support
NOA	Notice of Action
OCP	Office of Consumer Partnerships
OSPI	Office of Superintendent of Public Instruction
P5RHS	Prenatal through 5 Relational Health Subgroup
PAL	Partnership Access Line
PBIS	Positive Behavioral Intervention & Supports
PCIT	Parent-Child Interaction Therapy
PIHP	Pre-Paid Inpatient Health Plan
PBS	Positive Behavioral Supports
PMAD	Postpartum Mood & Anxiety Disorder
PSU	Portland State University
QI	Quality Improvement
QMP	Quality Management Plan
QSR	Quality Service Review
RDA	Research and Data Analysis

Acronym	Long Name
RFI	Request for Information
RFP	Request for Proposal
ROSC	Recovery Oriented Systems of Care
RCL	Roads to Community Living program
RCW	Revised Code of Washington
SAMHSA	Substance Abuse and Mental Health Services Administration
SED	Serious emotional disturbances
SERI	Service Encounter Reporting Instructions
SOC	System of Care
SPA	State Plan Amendment (Medicaid)
SUD	Substance Use Disorder
SYT-I	State Youth Treatment- Implementation Grant
TF CBT	Trauma Focused Cognitive Behavioral Therapy
T/TA	Training and Technical Assistance

Acronym	Long Name
T.R.	Initials of the lead plaintiff in the T.R. vs. Strange and Birch lawsuit
TRIAGe	T.R. Implementation Advisory Group
UW	University of Washington
WA-AIMH	Washington Association for Infant Mental Health
WAC	Washington Administrative Code
WCAAP	Washington Chapter of the American Academy of Pediatrics
WaDads	Washington Dads
WISe	Wraparound with Intensive Services
WSHA	Washington State Hospital Association
WSU	Washington State University
YYACC	Young Adult Continuum of Care Subgroup

