Members of the Legislature,

The Children and Youth Behavioral Health Work Group (CYBHWG) is pleased to share its preliminary recommendations for the 2021 legislative session.

Members of the work group are aware of the challenges and budget constraints facing our State and our residents this year. Therefore, the work group's recommendations for 2021 focus on the most critical needs facing children, youth and families – needs which have been exacerbated by the impacts of the pandemic.

Thank you for your consideration and your work to meet the increased behavioral health needs for children and youth during these challenging times.

Representative Lisa Callan
CYBHWG Co-Chair
Washington State Representative
5th Legislative District

MaryAnne Lindeblad, BSN, MPH
CYBHWG Co-Chair
Medicaid Director

Contents

Children and Youth Behavioral Health Work Group

Preliminary recommendations for the 2021 legislative session

The Children and Youth Behavioral Health Work Group (CYBHWG) met on October 21 to consider recommendations for 2021 submitted by its four subgroups:

- Workforce and Rates
- Prenatal to Five Relational Health
- School-based Behavioral Health and Suicide Prevention
- Youth and Young Adult Continuum of Care

The group reached agreement on a preliminary set of recommendations, outlined below and detailed in the attached packet. The workgroup will continue to refine the list over the coming weeks and will update the Governor and the Legislature by December 11, 2020.

Top budget priorities

Work group members unanimously selected the following as their top budget priorities because:

- All of the work group's recommendations for improving access and quality of services rely on the ability to recruit and retain a skilled workforce. An increase in existing Medicaid rates for behavioral health services is critical to achieving this goal.
- One of the best tools for addressing the access issues families are experiencing is the Washington State Mental Health Referral Service for Children and Teens which helps families find providers that will accept their insurance.

Recommendations

- Inclusion of the 2020 budget proviso [SB 6168, Sec. 211(78), 2020] – vetoed due to pandemic implications – to increase Medicaid rates for behavioral health services to retain workforce and ensure access.
- Continue funding the "Washington State Mental Health Referral Service for Children and Teens." The current funding runs out July 1, 2021.

Additional recommendations in priority order

1. Expand youth mobile crisis services statewide and ensure existing teams can meet increased demand.
2. Change Medicaid policy to match best practices for mental health assessment/diagnosis of children 0-5, including allowing 3-5 sessions for intake/assessment, in children's homes and other natural settings.
3. Establish a workgroup to develop a behavioral health teaching clinic enhancement rate.
4. *Tie – Equal support for:*
   Expand the Student Loan Repayment Program to serve 100 additional individuals and reduce existing barriers within the program.

   Establish a complex needs fund to address the behavioral health challenges of children 0-5.
5. 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.

6. Expand availability of youth and family peer services across the continuum of care, reduce barriers to entry and retention, enhance diversity, and ensure peers are supported in their recovery.

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.

Intent

The Children & Youth Behavioral Health Work Group (CYBHWG) submits these recommendations at a time when the **pandemic** is layered on a burdened behavioral health system. Before the pandemic, Washington had one of the highest percentages of adults experiencing mental illness (22.23%), serious thoughts of suicide (5.30%), and substance use disorder (8.53%) in the nation.[1] For youth (12-17), this silent epidemic is also serious, with 15.66% experiencing at least one major depressive episode and 5.01% a substance use disorder in a year.[2] From 2008 to 2018, the incidence of 12th graders considering suicide increased from 15% to 22%.[3]

This was against a background of inadequate treatment capacity, limited workforce that reflects the diversity of our children and youth, limited training and support for staff to address children and youth's diverse needs, and minimal focus on young children and their parents during the early years when health trajectories are first set.[4] Also, the lack of parity between physical and behavioral health creates longer-term issues for children, youth, and their families, as well as greater downstream costs for the State. For example, untreated perinatal mood and anxiety disorders had a total estimated six-year (prenatal to age 5) societal cost of $304 million for mothers and children born in Washington in 2017 even after accounting for children's resilience.[5]

Since the pandemic, **three additional challenges** have raised urgent concern:

- **Families are struggling.** There was a historic decline in employment in March and April of 2020. According to the quarterly revenue forecast released on September 22, 2020 by the Economic Revenue Forecast Council, August unemployment was 8.5 percent.[6] Additionally, the Washington State Department of Health is forecasting that due to the COVID-19 pandemic, three million Washingtonians will experience clinically significant behavioral health symptoms from September 2020 to January 2021.[7] Symptoms of depression will likely be most common followed by acute stress and anxiety. These record levels of psychological distress are resulting in disengagement from school, families skipping well-child and behavioral health services, and increased emergency room visits and suicide.
- **Children, youth, families, and professionals are stressed and isolated from sources of support.** Right now, children are isolated from friendships and familiar routines and need support to process new or strong feelings; responding to adults anxiety, frustration, and anger; facing increased risk of abuse and neglect[8]; and communicating unmet needs through behaviors adults may find challenging. Teachers and professionals are expected to stay six feet away and unable to nurture in the usual ways; struggling with COVID health guidance that is contrary to developmentally appropriate or clinical practice; and having to learn new skills in order to teach remotely. Parents

[1] The State of Mental Health in America (2021). Mental Health America. Retrieved on 10-27-20: https://mhanational.org/issues/state-mental-health-america#Key
[2] Ibid
[3] *Healthy Youth Survey Results*. Retrieved on 10-27-20: https://www.askhys.net/FactSheets
[4] 17.4 percent of children aged 2- to 8-years-old have high rates of mental health, behavioral health, and/or developmental disorders.
[5] Luca, D.L., Garlow, N., Staatz, C., Margiotta, C., Zivin, K. (April 19, 2019). Societal Costs of Untreated Perinatal Mood and Anxiety Disorders in Washington. Cambridge, MA: Mathematica Policy Research. https://www.mathematica.org/our-publications-and-findings/publications/societal-costs-of-untreated-perinatal-mood-and-anxiety-disorders-in-washington
[6] https://erfc.wa.gov/sites/default/files/public/documents/forecasts/rev20200923.pdf ; https://erfc.wa.gov/sites/default/files/public/documents/publications/sep20.pdf
[7] Washington State Department of Health. (September 2020). *September Update. Statewide High-Level Analysis of Forecasted Behavioral Health Impacts from COVID-10.* https://www.hca.wa.gov/assets/program/covid-19-statewide-summary-forecast-of-bh-impacts-20200624.pdf
[8] Lawson, M., Piel, M.H., and Simon, M. (September 4, 2020). Child Maltreatment during the COVID-19 Pandemic: Consequences of Parental Job Loss on Psychological and Physical Abuse Towards Children. Retrieved on 10-30-20: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7472978/

and professionals are struggling to manage their own emotions while supporting children and youth.

- **Disparities are exacerbated.** The pandemic highlights disparate effects of stress and health access and outcomes. Some are at higher risk (low-wage child care and other essential works), Black and Hispanic people are more likely to experience health care barriers and are disproportionately experiencing COVID infection with Hispanics in Washington representing 39% of infections, yet 13% of our population and non-Hispanic Blacks experiencing 6% of infections, though they are 4% of our population.[9]

To address these urgent needs, the CYBHWG engaged diverse stakeholders and parents with lived experience. Given the health concerns, economic dislocation, heightened stress, and exacerbated inequities wrought by the pandemic, the CYBHWG has prioritized the things that we believe can best:

- **Provide immediate behavioral health relief** for children, youth, and families.
- **Close health disparities** for families of color.

The recommendations identified by the CYBHWG for 2021 are aimed at addressing the most critical needs the pandemic has exposed, and are focused on increasing access to timely, quality services where it is most needed.

[9] COVID-19 Data Dashboard. Washington State Department of Health. Retrieved on 10-27-20: https://www.doh.wa.gov/Emergencies/COVID19/DataDashboard#dashboard

Children and Youth Behavioral Health Work Group

Summary: Proposed recommendations for 2021

Budget proposal: $ = <$200,000 $$ = $200,000 -$1 million $$$ = $1 million - $2 million $$$$ = >$2 million

Policy proposal


Collaborative effort; multiple agencies or organizations

Top budget priorities

	Policy Brief/Request	Scalable? (Y/N)	Est'd Cost (incl. explanatory notes)	Fiscal Note or Decision Package? (incl. link)	Fed Match? (Y/N/possible)
$$$$	Advance timely and equitable access to behavioral health services grounded in best practices by ensuring that Medicaid rates are sufficient to increase access and support competitive salaries. Support inclusion of the 2020 budget proviso (SB 6168, Sec. 211 (78), passed by the Legislature but vetoed by the Governor due to financial implications of the COVID-19 global pandemic. *Lead: Health Care Authority*	Yes	Cost: • $10,004,960 annually for adults and children - $3,713,531 GF-State and $6,291,429 GF-Federal. • $5,988,467 annually for children only - $2,671,773 GF-State and $3,316,694 GF-Federal. Estimates based on 2020 budget proviso.	No	Yes
$$	Continue the state's child mental health referral service. Continue funding the "Washington State Mental Health Referral Service for Children and Teens," to prevent program shut-down in July 2021. *Lead: Health Care Authority*	No	$850,000 per year; $425,000 to be contributed by commercial carriers, beginning July 1. $425,000 General fund per year.	No	Yes

Additional recommendations in priority order

	Policy Brief/Request	Scalable? (Y/N)	Est'd Cost (incl. explanatory notes)	Fiscal Note or DP? (incl. link)	Fed Match? (Y/N/possible)
$ - $$$$ 	1. Youth mobile crisis services Expand youth mobile crisis services statewide and ensure existing teams can meet the significant increase in demand exacerbated by the pandemic. *Lead: Health Care Authority, BH-ASOs*	Yes	Cost: $800,000 per year per team X regions currently do not have youth – specific teams. Est'd annual cost (for 6 teams): $4,800,000 6 out of 10 regions currently do not have youth-specific mobile crisis services. Some regions that do are at or near capacity.	No	Yes
$ TBD 	2. 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. 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. 1. Allow three to five sessions for intake and assessment of children 0-5 2. Allow children 0-5 to be served in their home or other natural settings, and reimbursing clinicians for necessary travel to natural settings 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. *Lead: Health Care Authority*	Yes	Indeterminate cost; HCA actuaries are calculating estimated costs with report to be completed 12/01/20. Estimated costs will be included in final recommendations. **Scalability Options:** 1. Delay reimbursement for travel time. [Note: this may be most logical to delay as people are meeting less in person during the pandemic.] 2. Adopt policy to require use of DC:0-5. Option: Phase-in over time. [Note: HCA plans to create a crosswalk for billable ICD 10 codes to facilitate clinicians in appropriately billing for use of DC:-0-5 should policy be implemented.] 3. Implement just the 3-5 visit assessment policy [Note: Currently, clinicians typically bill the required sessions as: 1 assessment session + 2-4 therapy sessions.	No	Yes
$ 	3. Establish a work group to develop a Behavioral Health Teaching Clinic enhancement rate for licensed and certified behavioral health agencies. 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	No	$150K (assumes 0.5 FTE and $100K for program and actuarial costs) Builds on related work currently underway by the Workforce Education & Training Coordinating Board and per legislative proviso	No	No

	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. *Lead agency: Health Care Authority*		ESHB 1190 Sec. 221 (22) as well as the Health Care Authority in carrying out the directives of proviso ESSB 6168 Sec. 215 (57). These next steps will ensure finalization of an implementation plan.		
$ - $$ 	4. (tie) Expand the Student Loan Repayment Program and reduce existing barriers to access in order to reach and retain more providers. Increase funds for Loan Repayment/Forgiveness in order to serve 100 additional individuals. The funds would be specified specifically for Community Behavioral Health Agencies or Community Clinic staff working with the Medicaid population (public service) in exchange for retention. Student loan repayment/forgiveness program would be for the exclusive purpose of increasing retention rates of licensed clinical staff that work with youth and their families (age 0-24) in Washington State. Preference/Priority would be given to those applicants with diverse ethnic and cultural backgrounds (though not required). The WA State Achievement Council would be directed to ensure that the application process is streamlined and easy to navigate and that conditional complexity be kept to a minimum for both the individual and the agency to qualify. The required length of the conditional commitment should be 4-5 years of total services or 2-3 years post licensure. Specifics related to implementation will be developed in collaboration with the WA Student Achievement Council. Funding sources will be explored, including funding from the private sector and establishing a dedicated funding source. *Lead: Washington Student Achievement Council*	Yes	Estimated at $1 million for a maximum of $10,000 per person in student loan payments. In addition to any overhead cost for WSAC to implement, it is likely there will be minimal additional cost to scale up the existing loan repayment program to serve more people and make a few changes in qualification criteria or award processes.	No	The existing federal loan repayment program carried out by WSAC could be considered federal match dollars.
$ - $$$$	4. (tie) 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. 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. 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	Yes	Cost: As appropriated by the Legislature. *For comparison - the ECEAP complex needs fund is a one-time $2.2M investment spanning SFY20-21.* **Scalability Options:** 1. Control the fund amount 2. Restrict support to specific high-need regions or populations 3. Layer this support within the shared services hub [Note: 1 shared services hub is funded by federal Preschool Development grant (PDG). This PDG work	No	No

	in children's socio-emotional functioning and teacher-child relationship, suspensions and expulsions, and missed work days for parents. 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. *Lead: Department of Children, Youth, and Families*		is currently being developed and launched by DCYF. 4. Restrict to specific supports with an existing administrative structure (e.g., infant and early childhood mental health consultation, contract with a community-based organization that has existing reach with early learning providers or consultants to streamline services).		
$	5. Respite care for youth with behavioral health challenges and their families 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. *Lead: Health Care Authority*	No	$150,000 for one FTE and associated costs	No	No
$ - $$$$ 	6. Youth and family peer access and workforce 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. *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.* *Lead: Health Care Authority*	Yes	Indeterminate; further scoping to be done before submitting final recommendations.	No	Possible

Statements of support and preservation statements

These items have not been prioritized yet. An updated prioritized version will be submitted to the Governor and the Legislature in December.

Policy-only recommendation

	Policy Brief/Request	Scalable? (Y/N)	Est'd Cost (incl. explanatory notes)	Fiscal Note or DP? (incl. link)	Fed Match? (Y/N/possible)
($) 	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	Yes	$0 - $130,000 **Scalability Options:** 1. $0 if work is done by existing group or agency. 2. $130K/year if this is new work.	No	No

	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. Lead: TBD				

Statements of support

	Policy Brief/Request	Scalable? (Y/N)	Est'd Cost (incl. explanatory notes)	Fiscal Note or DP? (incl. link)	Fed Match? (Y/N/possible)
	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. *Lead: Washington State Medical Association*	N/A	There should not be a cost to the state unless there are minimal startup funds needed at DOH for tracking, etc.	No	No

$$$  	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. *Lead: Behavioral Health Apprenticeship Coalition*	Yes	Approximately $1.6 million. This is for the start of the apprenticeship program that will include education costs for enrollees as well as funds for employers to participate in the program.	No	No
 	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. *Lead: Workforce Training and Education Coordinating Board*	TBD	Awaiting the Workforce Board's recommendations.	No	No
$$$$	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	Yes	**From OSPI:** $4.47 million for the biennium	Supporting Students through Multi-Tiered Systems of Support 2021-2023 Biennial Operating Budget Decision Package	No

	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. *Lead: Office of the Superintendent of Public Instruction*				
	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' (WCAAP) "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.	NA	*WCAAP is already staffing this effort. Findings and recommendations can inform actions taken in future legislative sessions.*	NA	No
$$$$	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	?	$346,400,000	Building Staffing Capacity to Support Student Well-Being	No

	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. *Lead: Office of the Superintendent of Public Instruction*				
	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. *Lead: School-based Behavioral Health and Suicide Prevention subcommittee*	N/A	Cost: $0	No	No
	Improve transitional care for youth discharging from state systems 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. *Lead: Department of Commerce, Office of Homeless Youth*	N/A	$0 in 2021; awaiting recommendations from SB 6560 work group	No	No
	Support efforts to ensure access to childcare The CYBHWG strongly supports efforts to ensure that quality, affordable childcare is available and accessible. There is a direct link between the behavioral health workforce and access to affordable, quality childcare.	TBD	The CYBHWG will be following efforts related to childcare/early learning, which will most likely have a fiscal impact. The amount is TBD, depending on the specific recommend-ations that are advanced.	No	No

Preservation statement

$$	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. *Lead: Department of Children, Youth and Families*	NA	Cost: $773,000 GF-S *Note: This builds on previous recommendation, implementation and statute. Funding is ongoing.*	NA	No