

BEHAVIORAL HEALTH WORKFORCE/RATES SUBCOMMITTEE AGENDA – MAY 20, 2021

- Introductions
- Review of what happened and didn't happen (related to workforce) this session – Recs from the subcommittee, Workgroup, Governor's directive meetings
- Updates: Philanthropy, Workforce Board, BHI, WA Council, others
- Coordination with other subcommittees
- Rates
- How to approach network adequacy
- Preliminary identification of 2022 issues (time permitting)
- Meeting schedule
- Other

Children and Youth Behavioral Health Work Group

Recommendations for 2021 legislative session

Recommendation	Bill	House budget	Senate budget
Increase Medicaid rates (both)		✓	✓
Continue funding for Children's Referral Assistance and PAL for Moms	HB 1325 (passed)	✓	✓
Expand youth mobile crisis services (both)		✓	✓
Change Medicaid policy to best practices for mental health assessment for ages 0-5	HB 1325 (passed)	✓	✓
Workgroup to develop a Behavioral health teaching clinic enhancement rate			✓
Expand Student Loan Repayment program		✓	
Preserve and expand existing investments in infant and early childhood mental health (IECMH) consultation		✓	✓
Establish a complex needs fund to expand access to consultant support for behavioral health challenges of children 0-5	SB 5237	✓	✓
Explore Medicaid waiver options for respite care for youth with BH challenges		✓	✓
Expand availability of and supports for youth and family peer services			
Support efforts to assess and improve telehealth, incl. developing standards of practice focused on ages 0-25		✓	

Children and Youth Behavioral Health Work Group

➔ Recommendations sent to House budget team

\$\$\$\$	Statewide, rapid recruitment, training and placement of care coordinators/navigators across multiple settings
\$\$\$	Universal behavioral health screening for children/youth across multiple settings
\$\$	Expand the PALs in Schools program for psychological consultation to school counseling staff regarding high-risk students with complex needs
\$\$	Bulk purchase technology-based behavioral health interventions for anxiety, depression, and suicidality
\$\$	Incentivize providers for group therapy for youth with behavioral health needs
\$\$\$	Behavioral health enhancements for youth shelters
\$	Funding related to multi-tiered systems of support (MTSS) in schools
\$\$	Youth-built mental health promotion projects
\$	Behavioral health equity specialist (1 FTE)
\$\$\$	BIPOC behavioral health community engagement grants
\$\$\$	Training, curriculum purchase, and additional staff time for delivery of emotional regulation and distress tolerance curriculum within youth development and enrichment community-based providers
\$\$\$\$	Hiring of 50 recently retired behavioral health professionals at a regional level to serve youth with immediate needs of insurance coverage

Key:

\$	<\$1M
\$\$	\$1M – 2M
\$\$\$	>\$2M – \$5M
\$\$\$\$	\$10M or more

From the subcommittee survey.....

Issues related to documentation for intakes

Apprenticeships -- ✓

Flexible funds for community based BH orgs for training and mentoring clinicians

Continuing education in DEI ✓

Integrating BH into primary care

Compensation for internships (master's level) and post graduate/pre-licensure work

Internships for on line programs

Conditional grants ✓

Incentives for supervising interns and those seeking licensure/certification ✓

Telehealth ✓

Background checks

Availability of child care ✓

Cumbersome certification process for both Provider One and Provider Source

Governor’s Directive – Recommendation feedback from subgroups and public

This document is a compilation of feedback collected from the CYBHWG and subgroup members (through breakout rooms) and members of the public who attended the April 16 meeting (through Menti).

1. Which recommendations would best support children and youth in the next 6 to 12 months?

	Workforce & Rates	P to 5 Relational Health	School-based BH & SP	Youth & Young Adult CC	BH Integration	Public (Menti)
Statewide rapid recruitment and hiring care coordinators, navigators and others who can help across multiple settings <i>Particularly for commercially insured families who have difficulty finding services (W&R)</i> <i>Peer navigators (Prenatal thru 5 RH)</i> <i>Perhaps start with regional care coordinators to rapidly provide service (BH Integration)</i> Public comments: <ul style="list-style-type: none"> • Include MCOs for care coordination for Medicaid population. • Youth and clinics are most in need of BH navigators. • Family navigators. 	✓	✓			✓	12
Universal behavioral health screening across multiple settings <i>Must link with capacity to meet the needs of those who are identified (School-based BH).</i> <i>Planning grants for MTSS/screening (School-based BH).</i> <i>Include family risk assessment and holistic thinking around families.</i> Public (Menti) comments: <ul style="list-style-type: none"> • Cross-sector screening • Family assessment 		✓	✓		✓	8
Hiring of 50 recently retired BH professionals <i>Pair with universal screening (School-based BH)</i> <i>Include other professionals as well for diversity and non-English language skills (W&R)</i> <i>Pair with coverage-blind BH coverage (W&R).</i> Public Comments: <ul style="list-style-type: none"> • Behavioral health professionals at regional levels. 	✓	✓	✓			3
Expanding PALs in Schools	✓			✓		5
Insurance-blind behavioral health coverage <i>Tacoma program (funded by CBO grant): crisis referral from schools, triage, wraparound;</i> <i>ability to scale up quickly (School-based BH)</i> Public comments: <ul style="list-style-type: none"> • Bring the services to them 	✓		✓			4

	Workforce & Rates	P to 5 Relational Health	School-based BH & SP	Youth & Young Adult CC	BH Integration	Public (Menti)
Training and curriculum Public comments: <ul style="list-style-type: none"> • Student volunteers delivering TF-CBT • Training for current family and youth peers • Emotion regulation skills as students come back to school 		✓			✓	5
Funding for BH services in shelters, drop-in centers, other entry points for homeless youth.		✓		✓		2
Behavioral health equity specialist		✓				3
Incentivizing group therapy				✓		2
Purchase technology tools to supplement care coordination					✓	2
Grad students/post-docs				✓		1
Increasing access to existing providers as well, regardless of insurance			✓			
BIPOC community engagement				✓		
Investing in MTSS Public comments: <ul style="list-style-type: none"> • Including screening and connection to providers who are trained on effective treatments • Care coordination, universal screening, and TF-CBT school-based services through MTSS 						2
Expand peer work force						2
Additional staff time for delivery of emotional regulation and distress tolerance curriculum within child and youth development and enrichment community-based providers						1
Youth-built mental health promotion projects						1
Utilize ESA School Social Workers						1
Triage and get kids with highest need to limited resources						1
Funding to support children in child care with social emotional and behavioral challenges for one-on-one care or an extra staff person						1
Fully funding school-based health providers						1