



## Children and Youth Behavioral Health Work Group (CYBHWG)

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November 12, 2024

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### Review Final Recommendation Results

*See TVW recording (14:10)*

#### Highlights

Representative Lisa Callan shares information and strategies for 2025 session.

- We are excited to report the Children and Youth Behavioral Health Work Group Annual Legislative report was submitted to the Governor's office on time.
- The session strategy is to bring in the full list of recommendations to determine what steps we can take to develop policy even if funding isn't available to prepare for a possible future funding opportunity, to determine what is a fiscal recommendation only, and what will require a bill with non-partisan staff.
- Anything we can't get done this year should be incorporated into the WA Thriving Report coming out later this year.
- Coalition of support is subgroup leads and advocacy organizations.
- There are weekly legislative session meetings, starting January 22, 2025, to discuss the progress of recommendations during session.
- There is collaboration with other legislators to work through the details to meet as much of the intent of the recommendation as possible.
- Deep gratitude for the work that was done to get us to the final recommendations.

Final recommendations were reviewed by attendees.

#### Overarching Recommendations

- Enhance substance use disorder prevention services and quality substance use disorder and co-occurring mental health care for youth, young adults, and families
- Maintenance funding expansion for Partnership Access Line (PAL) & Referral Service
- Ensure viable and appropriate implementation of the Certified Community Behavioral Health Clinic (CCBHC) model
- Extend the timeline of [House Bill 1580](#) (2023)
- Ensure pediatric CHWs are a sustained and viable workforce for patients insured in Medicaid through WA State seeking adequate Medicaid rates from CMS

#### Legacy Recommendations Prioritized

1. Expand Early (birth to three) Early Childhood Education and Assistance Program (ECEAP)
2. Behavioral Health Teaching Clinic designation & enhancement rate
3. Increase investment in Infant and Early Childhood Mental Health Consultation (IECMH-C) (Holding Hope program)



4. Conditional Scholarships (*TIED in prioritization*)
5. Expand the ECEAP Complex Needs Funds (*TIED in prioritization*)
6. Mental Health Literacy Coordinator
7. Fund the supervisor stipend program

## **New Recommendations Prioritized**

1. RUBI parent training program pilot expansion
2. Strengthen statewide guidance and direction for behavioral health in schools
3. Expand the Bridge Residential housing program
4. Implement a health plan assessment to fund Medicaid mental health counseling “professional fees” at Medicare rates
5. Support expansion of recovery high schools
6. Develop and pilot a dyadic benefit to allow mental health professionals to provide BH supports to young children who may present with symptoms that do not merit a diagnosis
7. Expand access to peer supports in school settings & professional peer pathways for youth and young people
8. Expand Maternity Support Services (MSS) regional coverage and provision of wraparound supports (*TIED in prioritization*)
9. Establish a Technical Assistance & Training Network (TATN) (*TIED in prioritization*)
10. Increase family psychotherapy reimbursement rate
11. Fund youth-focused curriculum for Behavioral Health Support Specialists (BHSS)

## **Additional Recommendations**

- Fund administration of Central Assessment of Psychosis Services (CAPS) and streamline pathway to First-Episode Psychosis care
- Improve ratio of social workers in Washington schools
- Behavioral health funding for school districts
- Well-Being Specialist designation
- Sustainable funding to enhance behavioral health capacity among home visiting providers
- Infant & Early Childhood Mental Health (IECMH) Alternative-payment model (APM) pilot

## **Share and Discuss Statements of Support (SoS)**

See TVW recording (24:01), see [Statements of support](#) for details

Statements of Support were presented with an opportunity for members to ask clarifying questions.

### **Statements of Support**

- Provide funding to the Office of the Superintendent of Public Instruction to provide free school meals to all school-aged children and teens (K-12) in Washington State.
- Restore and sustain prevention and intervention services for student behavioral health through the AESD Network.
- Family therapy rates for young children (HCA)
- Staffing support for Maternity Support Services (MSS) & other maternal health programs (HCA)
- Support the Department of Children, Youth and Families (DCYF) Prevention-Community Pathways Decision Package (DP)



- Support the funding request to continue the 'Community Approach to Supporting Youth Mental Health Promotion' project lead by the Boys & Girls Club of WA
- Support continued funding to school-based health centers (SBHCs) to increase access to integrated physical and behavioral health care in academic settings
- Support legislation that improves student well-being through instruction in social-emotional skills
- Health Workforce Planning Decision Package
- Department of Health Credentialing Decision Package
- Support the DCYF Decision Packet (DP) for Family Reconciliation Services (FRS)
- SPARK peer support services for youth and young adults in school settings
- Central Assessment of Psychosis Service (CAPS)
- Maintain funding for Office of Homeless Youth programs

## Questions & Answers

- Is the request to support funding for Boys and Girls Club, Schools Out WA, and other youth developmental programs, is this another funding source?
  - Both Schools out and this proposal are a part of OSPIs budget asks and should be working together in different ways
- How are the free school meals getting out to school districts?
  - No specific dollar figure has been set yet. The focus is on K-5 and K-8 schools, and the initiative reduces stigma by eliminating any qualifiers, ensuring a more inclusive access to free meals for eligible students.
- Are there more specifics, or an answer regarding credentialling?
  - Trying to push forward the credentialling across state lines as WA has stricter rules than other states. This bill coming out should support this, but it depends on the budget. Hopefully a cost savings. No specific answers yet for independent advocacy on credentialing but potential support from related associations or subgroup discussions was noted.

## Public Comment

There was no public comment requests presented during this section.

## MentiMeter Vote – Move to approve SoS

*See TVW recording (42:41)*

## Highlights

- CYBHWG members voted in support of advancing the proposed set of support items via consensus.
  - 22 yes
  - 0 yes, with discussion
  - 0 no



## WA Thriving (Prenatal through 25 Strategic Plan) Update | Joint Legislative Executive Committee on Behavioral Health (JLECBH)

See TVW recording (50:50)

### Highlights

#### WA Thriving

- WA Thriving shared Strategic Planning Process, including its phase and next steps.
- An update on the WA Thriving Progress Report to the Legislature was given.
- WA Thriving held 4 discovery sprints to take a deep dive into specific challenges faced by children, youth, young adults and their families, and caregivers within the behavioral health system.
- The discovery sprints included:
  - K-12: connecting kids to behavioral health through schools.
  - Pregnancy: Connecting pregnant people to behavioral health supports
  - Complex Hospital Discharge
  - Transition Age Youth (TAY)
- The current engagement work streams include:
  - Youth/young adults, and parents/caregivers with living experience who have and haven't accessed services.
  - Behavioral health providers and other professionals such as teachers, pediatricians, those who work in community-based organizations, and other workforce.
- They are asking for feedback regarding the best way to engage or connect beyond what WA Thriving has already done.
  - Please send feedback to [WA Thriving](#)

#### Joint Legislative Executive Committee on Behavioral Health (JLECBH) Update

- JLECBH was authorized in 2023 and is responsible for identifying key strategic action to improve access to behavioral health services with a plan due by June 2025.
- Project staff from both efforts (JLECBH and WA Thriving) collaborate regularly to share information and status updates to identify opportunities for alignment and synergy between efforts.
- WA Thriving can be a conduit for information share between JLECBH and the CYBHWG
- Subcommittees for JLECBH are just starting.

#### Group Discussion

Questions were asked of attendees:

- How would you like to engage with Discovery Sprint findings?
- How would you like to engage with community engagement findings? What recommendations do you have for 2025 engagement?
  - There really isn't anything for young adults, or Transition Age Youth (TAY). There are unique needs to young people who have experienced homelessness, which is almost re-traumatizing. Bridge housing is designed to help meet this need for this population.



- The Recovery High School program might be worth looking into and learning more about. It's everything that Bridge can hope to build with youth culture and community centered on recovery. Very powerful to see it there.
- It is worth calling out the homophobia and the stigma people face. There are young adults who have to leave home because of their identity, and they could no longer live at home leading them to a nomadic lifestyle. It is very hard for adolescents to get into the right supports in the current system especially if they are queer.
- Young people are saying what they need. If they go into inpatient, they need a soft-landing space for when they are discharged. We have to be there and support them in these stages
- Recommend learning about prenatal and maternal depression, including how to identify maternal depression, this is an area we need to do better as a state.
  - We need to find an opportunity to provide training to providers around the importance of this screening and how to do it. This would help to further this screening as basic infant care. It is a part of the bright futures guidelines.
  - Screening would provide an opportunity to reach out to providers and teach the importance of identifying the parents who wouldn't say they were depressed but when you do the screening you learn they are. They would have been missed without screening.
  - We have got to work upstream and pay attention to pregnant people with depression; it is common in developmental history
- Appreciative of the conversation around bright futures, helpful in figuring out how to start and sustain something and how we are engaging other systems.
- Thinking about screening pregnant people for depression, doulas, plans of safe care, where are other places we need to be supporting and following.
- We tend to focus on the infant and less time is tuned on the parent and that is often when we see maternal depression and would love to stay connected with the people doing this sprint to make sure we are leveraging and utilizing the resources already in our state.
- Thinking of WIC and other spaces we engage and where we could be attending to these needs as they come into our care.
- The Bree Collaborative also has some great recommendations on addressing Perinatal Behavioral Health.
- What would be most helpful for us to engage providers in a training opportunity around identifying maternal depression, is there something you need from us in this engagement that would be helpful? Is there a purpose for this that you really want to make sure we cover?
  - The purpose of this is to educate others on these things that are important to the outcomes of people across the state and the whys, as well as what to do about it (speaking to the pregnancy sprint) and what to do when you get a positive screening.



## Resources

- [Children and Youth Behavioral Health Work Group Annual Report – Part 2: Progress Report on the development of the Prenatal-through-age-25 Behavioral Health Strategic Plan](#)
- [Prenatal through 25 Behavioral Health Strategic Plan \(WA Thriving\) Webpage](#)
- [Joint Legislative Ethics Committee Behavioral Health \(JLECBH\) Webpage](#)
- [Joint Legislative Ethics Committee Behavioral Health \(JLECBH\) Charter](#)

## Breakout Group Report Out

See TVW recording (1:49:10)

## Highlights

Attendees broke into small groups to discuss the question below and then reported the key takeaways to the larger group.

- What topics or issues would you want the work group to address in 2025?
  - Improve communication between schools and primary care regarding learning and behavioral health concerns.
  - Requiring that high schools (perhaps middle schools) have a club to support LGBTQ+ youth.
  - Every high school and perhaps middle schools should have a club of sorts to give them community.
  - Reid (UK last name) had great thoughts around universal access for MH and enforcing social media access age limits. Please reach out to him.
  - Process oriented group – Desire to dev recs into further aligned package, which may have an opportunity to relate things together for the upcoming year.
  - Need to bring additional voices into the room such as advocacy groups and WA thriving can be a place where that lives.
  - Perennial admin burden what weighs heavily on the workforce.
  - How are communities and families are connected? Also know that parents are not okay. Kids are telling their therapists that their parents are not okay.
  - Working with Recovery Schools in WA.
  - Gang Structures – Keep kids safe and prevention. Keep kids out of gangs.
  - Support for teen parents.
  - Overarching Accountability (countless efforts not working in synchronicity with each other) , creating spaces for young people bring forth solutions.
  - How do we support elementary kids?
  - Crisis, prevention, Mobile Response (MRS) Service; to move system up stream early connection for families to BH services and community-based resources is needed.
  - How do we support elementary kids?
  - There is a lack of treatment resources for families to stay together during Substance Use Disorder (SUD) treatment.
  - Consider workforce capacity to adequately support youth with these initiatives. Do we have enough workers?
  - Two stages for kids and families



- Early Childhood Dev: investing in high quality early learning programs. Lack of access to those kinds of programs correlates to long term negative outcomes.
- TAY. Healing with families when there been a rift especially with young adults. Promoting kinship care and trying to bring families together even in difficult circumstances.

## Crisis Response Improvement Strategy (CRIS) Update

*See TVW recording (2:05:55),*

### Highlights

- The CRIS committee met on 9/24/24 for an in-person meeting.
- We invited a panel of individuals with Autism and/or Intellectual or Developmental Disabilities (IDD), to share what they need. Responses included:
  - In-person crisis response and follow up is needed, not just phone.
  - 988 does not connect you to Developmental Disabilities Administration (DDA). People with autism are feeling this gap, especially if non-verbal or non-speaking.
  - Not feeling served by the classic crisis response system, need to build one that is tailored to this population
- We see crises starting younger and younger, and puberty is an especially trying time, as bodies and brains change.
- For ages 18-25, if parents haven't had the resources to think ahead, children can fall through the cracks if they haven't been connected to these services already.
- Families consistently say that the transition from pediatric to adult systems of care is jarring.
- We also had a presentation from the lived experience subcommittee of the CRIS committee. They collected stories for 2 months of folks who had used crisis care. The takeaways were powerful.
  - There are still protocols that don't match each other leaving gaps where folks are falling through the cracks.
- Follow-up needs to be more needs to be more robust, and natural supports need to be boosted.
  - One parent gave 6-7 bullet points of what they wished existed for their son.
- The CRIS Committee talked about their final recommendations and what they would like to see in the final report as the group is set to end in 2025.
- The work will continue at HCA, despite the current consultant structure going away.
- The CRIS would love your feedback in a comment.
  - Send information to [CRIS committee](#) or [Kashi Arora](#).

### Resources

- [CRIS Committee meeting presentation from 9-24-2024](#)

## Public Comment

There was no public comment requests presented during this section.