

Prenatal through 25 Behavioral Health Strategic Plan Notes

August 29, 2022

No	Agenda Items	Time	Lead
1.	Overview of HB 1890 (2022) - Prenatal through 25 behavioral health strategic plan <i>See TVW recording (27:26).</i>	1:30 – 1:50	Lena Langer <i>Legislative Staff</i>
2.	Introduction: Kauffman and Associates <i>See TVW recording (43:20).</i>		Co-chairs Jo Ann Kauffman Crystal Tetric
3.	What comes next <i>See TVW recording (52:42) and page 4 for draft timeline.</i>	1:50 – 2:20	Co-chairs Jo Ann Kauffman
4.	Public comment <i>See TVW recording (1:06).</i>	2:20 – 2:55	Co-chairs
5.	Closing	2:55 – 3:00	Co-chairs

Chat comments

- FYSVRT - Family Youth System Partner Round Table - regional groups meet regularly on issues of behavioral health access for children, youth and, families. Issues and concerns are elevated to a statewide group. Priority concerns are submitted as recommendations to the Children and Youth Behavioral Health Work Group through the Youth and Young Adult Continuum of Care subcommittee.
- *Keri Waterland*: Part of our work with KAI will be to share historical information, similar work, and recommendations so that those great historical ideas are incorporated into the work, as appropriate! Thank you, Peggy, for bringing up the historical work.
- Data source on who is being served is available from the Wrap Around with Intensive Services (WISe) program and Children's Long-Term Inpatient Program (CLIP). Another data point to use is the number of youth/young adults denied beds because they are "too acute".
- I don't know if the scope of this committee can extend to federal topics, but the IMD exclusion is a huge part of the reason there aren't adequate in-patient and residential options for care. There is federal legislation being considered to reverse that discriminatory policy that is part of the Social Security amendments, limiting Medicaid reimbursement for inpatient stays at facilities larger than 16 beds.
- I would hope that we look at federal issues/barriers that need to be addressed, as well as state issues. Thanks for raising this!
- Here's an overview of the topic of IMD Exclusion: <https://www.seattletimes.com/seattle-news/mental-health/how-an-old-federal-rule-limits-inpatient-mental-health-beds-in-washington/>
- *Ashley Mangum, Kids Mental Health Pierce County, Mary Bridge Children's*: I appreciate these comments and lived experiences. We are seeing the same in Pierce and the health inequities that exist for youth with Intellectual Disabilities and co-occurring disorders being able to access appropriate level of services. There have been various systems changes that have resulted in hospitals being the boarding facilities for kids with some of

the most complex needs. Thank you for the work of the committee. I look forward to this work and seeing how we can support our youth and families.

- Hello, Marcellina DesChamps here. Introducing myself. Very happy to attend as a community member. I am an Associate Director of Program and Operations at the UW Center for Child & Family Well-being, a research center at the University of Washington in the Department of Psychology. We conduct multidisciplinary research and engage in community outreach to promote the well-being of children, youth and families from the prenatal period through emerging adulthood. We are currently working on prevention programs and task-sharing models. I am passionate about this work especially as a person with lived experience who's family was greatly impacted by neglected mental health. I am looking forward to listening, learning and contributing anywhere I can.
- As we work through this process we need to do a better job serving individuals with Complex Dual Diagnosis involving Developmental and Behavioral Health. These individuals often fall through the cracks because their needs fall between 2 systems.
- Particularly interested in increasing the adequacy of supports for those with comorbid behavioral health and other disabilities or special health care needs and their caregivers.
- We also welcome comments in the weeks to come. Comments received through our e-mail - cybhgw@hca.wa.gov - will be shared with the co-chairs and Kauffman and Associates.
- We must stop turning away youth who aren't willing we have hospitals that turn these youth away.
- *Chris Ladish, Mary Bridge*: I would like to echo the concerns about children and individuals with Autism and intellectual disabilities. Our system has failed them and we have a fantastic opportunity with this work group to correct this. Opportunities include respite, mandated provider training to increase compassion, familiarity and comfort, and I would urge that we consider a financial incentive to practices and groups that are able to develop services to appropriately serve individuals who are so in need. Boarding should be one of our very last options.
- Thanks to leadership of Rep. Callan, Eslick and the rest of the legislature, a bill passed this year that will require partial hospitalization and intensive outpatient services to be covered under the Medicaid program. Hopefully providers across the state take it up and provide these services.
- I suggest starting with a common definition of what is a complex behavioral health diagnosis and how do we identify it at the earliest levels. On the other side of it, we need to clarify common developmental expectations ACROSS A CONTINUUM so that we aren't applying Piaget's standard of cognition to a child with attachment disorder, autism, or fetal alcohol spectrum disorder.
- Intensive Outpatient Treatment and transitional care are almost non-existent. Yes, Ashley, a huge problem and part of what I meant by everyone is getting less than what they need. Another point I didn't include is that the most acute cases are often handled by people with the least training and expertise. Mild mental health condition often means a psychiatrist. Severe Mental Illness often is managed by professionals with fewer credentials.
- Are there examples of any other states that have successfully built robust continuum of BH services that we could learn from?
- History is important, but post-covid has blown up much of the past.
- I support the recommendation related to supports and services for autistic people who are also impacted by behavioral health challenges. However, I also want to strongly suggest that autistic individuals be included in the process of developing better understanding of the landscape of services and gaps, and developing recommendations. We have an incredible community of autistic adults in WA who have lived experience that is essential to these conversations, and many work in the behavioral health field as well so have expertise in relevant service providing systems.

- All of our children deserve better than we have shown them in the last twenty years. It is great to see so many familiar faces some with people with life experiences but also the experts in their field. Thank you for attending and taking this on.
- I'm hoping in-home services can be considered as part of the continuum. We are active with the child welfare population and would like to see expansion in mental health.
- I appreciate the work of this committee. I would just add that it is important that services across the entire continuum address not only the needs of youth but also the needs of the families and households they live within. A critical component of behavioral health wellness is meaningful connections to natural supports and often times as behavioral challenges increase youth become increasingly isolated from family and natural supports as they work to get "well". Thank you for listening!
- To learn more about the Children and Youth Behavioral Health Work Group, visit the website: <https://www.hca.wa.gov/about-hca/behavioral-health-recovery/children-and-youth-behavioral-health-work-group-cybhgw>
- Thank you for highlighting the need for intensive outpatient and transitional care in this state. This is a huge gap and pretty shocking in a state that is usually supportive of human services. There was funding for day hospital treatment expansion in the last session, but we need so much more!

Appointees		Other representatives		Staff	
<input checked="" type="checkbox"/>	Representative Lisa Callan, Co-Chair	<input checked="" type="checkbox"/>	Hugh Ewart <i>or</i> Laurie Lippold (Workforce & Rates)	<input checked="" type="checkbox"/>	Jo Ann Kauffman (Kauffman & Associates)
<input checked="" type="checkbox"/>	Keri Waterland, Co-Chair (HCA)	<input checked="" type="checkbox"/>	Summer Hammons (Tulalip Tribes)	<input checked="" type="checkbox"/>	Crystal Tetrick (Kauffman & Associates)
<input checked="" type="checkbox"/>	Hannah Adira (Young adult)	<input checked="" type="checkbox"/>	Kristin Houser (parent)	<input checked="" type="checkbox"/>	Rachel Burke (HCA)
<input checked="" type="checkbox"/>	Shelley Bogart (DSHS-DDA)	<input checked="" type="checkbox"/>	Kristin Houser <i>or</i> Sarah Rafton (Behavioral Health Integration)	<input checked="" type="checkbox"/>	Nate Lewis (HCA)
<input checked="" type="checkbox"/>	Lee Collyer (OSPI)	<input checked="" type="checkbox"/>	Michelle Karnath (parent, Youth & Young Adult Continuum of Care)	<input type="checkbox"/>	Cindi Wiek (HCA)
<input checked="" type="checkbox"/>	Byron Eagle (DSHS-Child Study Treatment Center)	<input checked="" type="checkbox"/>	Kristin Wiggins (Prenatal through 5)	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Representative Carolyn Eslick	<input type="checkbox"/>		<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Steven Grilli (DCYF) – (Mary Garland alternate)	<input type="checkbox"/>		<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Barb Jones (OIC)	<input type="checkbox"/>		<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Kim Justice (Commerce – Office of Homeless Youth)	<input type="checkbox"/>		<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Amber Leaders (Governor’s Office)	<input type="checkbox"/>		<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Colleen Thompson (for Michele Roberts) (DOH)	<input type="checkbox"/>		<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Lillian Williamson (young adult)	<input type="checkbox"/>		<input type="checkbox"/>	

Prenatal to 25 Behavioral Health Strategic Plan - Initial Springboard Timeline

Dates and sequence subject to change.

