

*Children and Youth Behavioral Health Work Group*

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

**October 20, 2023**

Members					
<input checked="" type="checkbox"/>	Representative Lisa Callan, Co-Chair	<input checked="" type="checkbox"/>	Libby Hein	<input type="checkbox"/>	Joel Ryan
<input type="checkbox"/>	Keri Waterland*, Co-Chair	<input checked="" type="checkbox"/>	Dr. Robert Hilt	<input type="checkbox"/>	Noah Seidel
<input type="checkbox"/>	Hannah Adira	<input checked="" type="checkbox"/>	Kristin Houser	<input type="checkbox"/>	Maureen Sorenson
<input type="checkbox"/>	Javiera Barria-Opitz	<input checked="" type="checkbox"/>	Avreayl Jacobson	<input checked="" type="checkbox"/>	Mary Stone-Smith
<input type="checkbox"/>	Dr. Avanti Bergquist	<input type="checkbox"/>	Andrew Joseph, Jr.	<input checked="" type="checkbox"/>	Delika Steele
<input checked="" type="checkbox"/>	Shelly Bogart	<input checked="" type="checkbox"/>	Kim Justice	<input type="checkbox"/>	Representative My-Linh Thai* (alternate)
<input checked="" type="checkbox"/>	Kelli Bohanon	<input checked="" type="checkbox"/>	Michelle Karnath	<input checked="" type="checkbox"/>	Jim Theofelis
<input type="checkbox"/>	Representative Michelle Caldier (alternate)	<input checked="" type="checkbox"/>	Preet Kaur	<input type="checkbox"/>	Dr. Eric Trupin
<input type="checkbox"/>	Diana Cockrell*	<input checked="" type="checkbox"/>	Judy King	<input type="checkbox"/>	Senator Judy Warnick
<input checked="" type="checkbox"/>	Lee Collyer	<input type="checkbox"/>	Amber Leaders	<input type="checkbox"/>	Lillian Williamson
<input type="checkbox"/>	Elizabeth De La Luz	<input checked="" type="checkbox"/>	Laurie Lippold	<input checked="" type="checkbox"/>	Senator Claire Wilson
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<input type="checkbox"/>	Summer Hammons	<input type="checkbox"/>	Michele Roberts		

### Subgroup presentations – present proposed 2024 recommendations

See TVW recording (11:50)

Proposed recommendations were presented by Subgroups to discuss and prepare for the recommendation vote taking place on 10/23/2024.

#### Behavioral Health Integration (BHI)

See TVW recording (11:50)

- Fund care coordination and Community Health Workers (CHWs) under the supervision of licensed providers to address the behavioral, social, emotional, and developmental needs of children on Apple Health (Medicaid). Provide sustainable funding to ensure successful navigation of screening services and allow billing codes to for coordinated care services.

#### Prenatal through 5 Relational Health (P5RH)

See TVW recording (20:30)

- P5RH recommends both a fiscal allocation and policy change to expand Early ECEAP (Early Childhood Education and Assistance Program) services.
  - We recommend an expansion of the Early ECEAP (aka birth to three ECEAP) program, a comprehensive, childcare partnership model for high-need children 0-3 who need both classroom and family support services. Early ECEAP is modeled after the federal Early Head Start childcare partnership program that has been shown to reduce families' involvement with child protective services (CPS).
- Increase investment in Infant and early Childhood Mental Health consultants (IECMH-C) by \$1.75 million annually to address unmet need and increase equitable access to IECMH-C for WA's children, families, and adult caregivers in childcare.

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### Q&A – Comments

- Is the funding requested for the increase in childhood consultation to increase staffing levels?
  - Yes, it would double the number of staff.
- Early ECEAP services do not have enough slots for early ECEAP. There was a study on early head start by child trends that shows the program reduces child welfare. The reduction on child welfare happens by reducing stress and mental health issues. I hope the workgroup and larger body will take these issues up. Only 178 slots, not enough room to meet the needs.
- This is a childcare program with additional interventions that targets families with very high needs. The research is strong around CPS reduction in correlation with the program. Promotion and prevention of early wellbeing and catching early trauma is important.
- WCCW offers an early head start program. This is a place that is family focused but impacts the success of families. It's the birth to 3 and multi recidivism.

### Youth and Young Adult Continuum of Care (YYACC)

See TVW recording (33:15)

- Fund development of BH360, previously known as the Parent Portal, by amending the 2023 budget proviso to use state funds for this purpose instead of the federal Mental Health Block Grant (MHBG) funds currently specified in the budget.
- Create a pot of flexible funds to identify and pilot the utilization of technological innovations to scale access to a variety of services across the behavioral health continuum of care.
  - Deployed properly, technological innovations improve equitable access to services, short- and long-term patient crisis management and stabilization, patient adherence to treatment plans, efficiency of clinician workflow, documentation compliance and continuity of care, all while reducing overall cost and liabilities across the behavioral health continuum of care from assessment and early intervention to treatment and recovery support services.
- Programs such as PACT (Program of Assertive Community Treatment), HOST (Homeless Outreach Stabilization Transition), WISe (Wraparound with Intensive Services), and New Journeys (for First Episode Psychosis) are intended to support individuals with complex behavioral health needs. These programs are not currently delivering the full continuum of care to all the youth and young adults they are intended to serve.

### Q&A – Comments

- Has there been any networking with other systems to make sure there is connection and alignment (e.g., help me grow, BH360)?
  - Yes, this is what we want to do; make all systems accessible through the parent portal.
- New Jersey's may not completely fit, but it offers intensive care, so we are glad to have them included. Important to make sure systems are working the way they were intended. The expectation is not to add more administrative burden.
- Are you looking at implementation drivers in these programs when accessed to determine if systems are working.
- Administrative burdens are extensive and the rate for the PACT program is low.
- We need to make sure we don't lose sight of lived experience and life stories.

### Workforce & Rates (W&R)

See TVW recording (49:20)

- Direct the Health Care Authority (HCA) to create parity in clinical auditing practices between physical health and behavioral health providers. Process auditing is particularly burdensome for the Wraparound with Intensive Services (WISe) program.

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- Access to data for workforce planning is a major challenge in the field of behavioral health, therefore we recommend that a centralized data repository be created using linked administrative data to create visualizations for a wide variety of non-technical end-users.
- the state should support and sustain the current CCBHC expansion grant programs by providing bridge funding to current CCBHCs in Washington during the statewide planning process.
- Amend the current Revised Code of Washington (RCW) [28B.115](#) so that the Behavioral Health program funding language mirrors the language used for the general Washington Health Corps. This would enable Behavioral Health program funding to be used for conditional scholarships. The language is currently limited to loan repayment.
- Allocate funds to the Washington State Department of Health (DOH) for the stipend program they were directed to establish per [HB 1724](#) and amend statute as necessary to activate other models if recommended.
- Conduct a feasibility study (either through a legislative allocation or through HCA) of introducing “well-being specialists” into the clinical service array of community mental health agencies.

### Q/A – Comments

- There are a lot of reforms that need to be looked at for commercial insurance, so we need to look at this in the future.
- Network adequacy is being explored as part of the strategic plan work taking place. Tackling insurance is hard, hopefully take a deep dive and see what network adequacy looks like, especially when it comes to specialty care.
- Well-being specialist position, how is that different than a peer? What is the training?  
Well-being specialists will provide more psychosocial services. The peer role does have overlapping competencies but is more of an advocacy and support role.
- What is the difference between a CHW and a well-being specialist?  
Also have overlapping competencies, but CHWs tend to have more of a navigation role and engagement of services.
- Would the well-being role be easier to recruit and train for?
  - The goal is to get folks in the field at a fast pace. There are natural therapeutic competencies that can be utilized while we wait for folks to move through formal education. This would work within a clinical team as an extension of treatment and move people more rapidly into the workforce.

### School-based Behavioral Health & Suicide Prevention (SBBHSP)

See TVW recording (1:23:30)

- Provide funding directly to local education agencies (LEAs) to plan, coordinate, and/or provide school-based supports that address the emergent mental health crises in their student populations, specifically targeting funding for LEAs who have not been able to develop a plan for recognition, initial screening, and response to emotional or behavioral distress as required by RCW 28A.320.127.
- Provide funding to school districts to provide culturally responsible, evidence-based and/or Professional Education Standards Board (PESB) approved mental health and suicide prevention training for certificated and classified staff and student families.
- Designate a statewide leadership authority for student behavioral health and well-being, with a mandate to ensure student access to a continuum of effective behavioral health services in school and interconnected community settings. Provide funding to the leadership authority to act on that mandate.
- Provide funding to a state agency (Office of Superintendent of Public Instruction or Department of Health) to fund an FTE staff position to serve as a mental health curriculum lead responsible for reviewing, disseminating, and cataloging high-quality, mental health literacy instructional curriculum for the P-12 education system.

### Q/A – Comments

- We have work to do to map out grants that schools get to do the work. Can't be described as a system, grants are

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patchworked and a lot of schools don't know what grants are out there.

- Are conversations taking place on the roles ESD's play, how are we looking at places and spaces that already deliver in K-12 and early learning.
  - Yes.
- Does MH literacy include Inclusion and restraints?
  - Need to find a way to include it, but not sure how to do that within the proposed recommendations.
  - Social Emotional Learning and mental health literacy are separate, and a place Washington could lean in to help at a tier 1 level.

### Overarching Recommendation

See TVW recording (1:51:30)

#### Highlights

- *Recommendation* – Update legislation directing development of the P-25 Strategic Plan to: Adjust delivery times, align advisory group membership, and update plan content to reflect learnings from the first year, and ensure this effort is included in the work of the Joint Select Committee on Health Care and Behavioral Health Oversight, the Joint Executive Legislative Committee on Behavioral Health – both established in 2023 – and the Substance Use Recovery Services Advisory Committee (SURSAC).
- Group discussion took place on this recommendation to determine if it should be presented as an overarching recommendation.
- Members vote to bring the recommendation forward as an overarching recommendation.

### System Framework

See TVW recording (2:03:25), See page 6 for slides

#### Highlights

- A System Framework review was given to the group.
- Vision: Washington's Children and Youth and their families achieve maximum thriving in the not-too-distant future.
- System framework helps to move from struggling to thriving and help prevent falling into current or future struggles
- The capacity of the workforce must be large enough to meet the needs of delivery access and the identification of behavioral health needs to begin to prevent those with behavioral health needs from falling into the struggling zone.

### Public Comment

See TVW recording (2:24:20)

- Thank you for the time, I would like to comment on numerous of these asks; however, due to time restraints, I will only address the three I feel are most important.
  - The first is the recommendation to fund Community Health Workers. This is a highly important part of moving the children's behavioral health community forward in a strength-based and successful way to allow families to have a better chance at success. Just as our system partners have knowledge and passion only, they can bring to families, those of us with lived experiences have our own toolboxes full of knowledge and passion that only we can bring. Funding CHW's is an imperative part of moving us forward as a state. Without these dollars, our families will continue to struggle, and the expenses connected to those struggles far outweigh the dollars recommended for this program, so even in a fiscal sense, this is by far the wisest use of the dollars used.
  - The recommendation to further fund the BH360 program needs passing. As a family in crisis, we were not able to find the resources needed for our daughter and oftentimes got outdated information that bred

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confusion and frustration in our search for support. These early intervention services will once again save countless dollars in future expenses as our children struggle, and in their unmet needs, their actions of theft, drug usage, school truancy, legal costs for the state, and many other expenses have countless fiscal impacts. This program will allow families like mine to find and access early interventions to help us meet our children's needs before their trauma leads them on a dangerous path that costs all of us so much more than simply dollars.

- The ask for funding to ensure state standards are met in programs like WISE must pass. Our children are falling through the cracks in the WISE program because there are not enough funds available to provide the level of care needed to support families like mine to move forward toward health. Within these cracks, we are losing our children. Once again, these dollars provided now will impact the fiscal future in a positive way. These dollars will lead to fewer families needing to seek services through the Children's Long-Term Inpatient Program, known as CLIP, shorten the interest list for WISE as families are able to successfully exit the program sooner, decrease the instances of truancy, and countless other positive results that will benefit the state fiscally, and more importantly, benefit our families for generations to come.
- Those who are voting members, please vote with our children in mind. There is no dollar amount you can put on the lives of our children and the impact of your votes will alter the future in positive ways with yes votes on these three asks. Thank you.
- Excited about the strategic plan work. It will be important to make sure voices that are not at the table or involved in the process are connected to the work and are given the ability to share new ideas for system changes. .
- By adding a CHW to the pediatrician's team-based care it would allow the pediatrician to do early prevention and early intervention and identification. If a striving child turns to a struggling child, then a closed loop referral can be done that would ensure with the CHW that the child will get the appropriate care that the pediatrician recommended develop a co-managed care plan with schools or behavioral health organization to try and try to get the child back to striving.

### Next Steps and Closing

- Voting meeting taking place on 10/23
- [TVW Link to view the meeting](#)



**BEHAVIORAL HEALTH**  
— CATALYST —

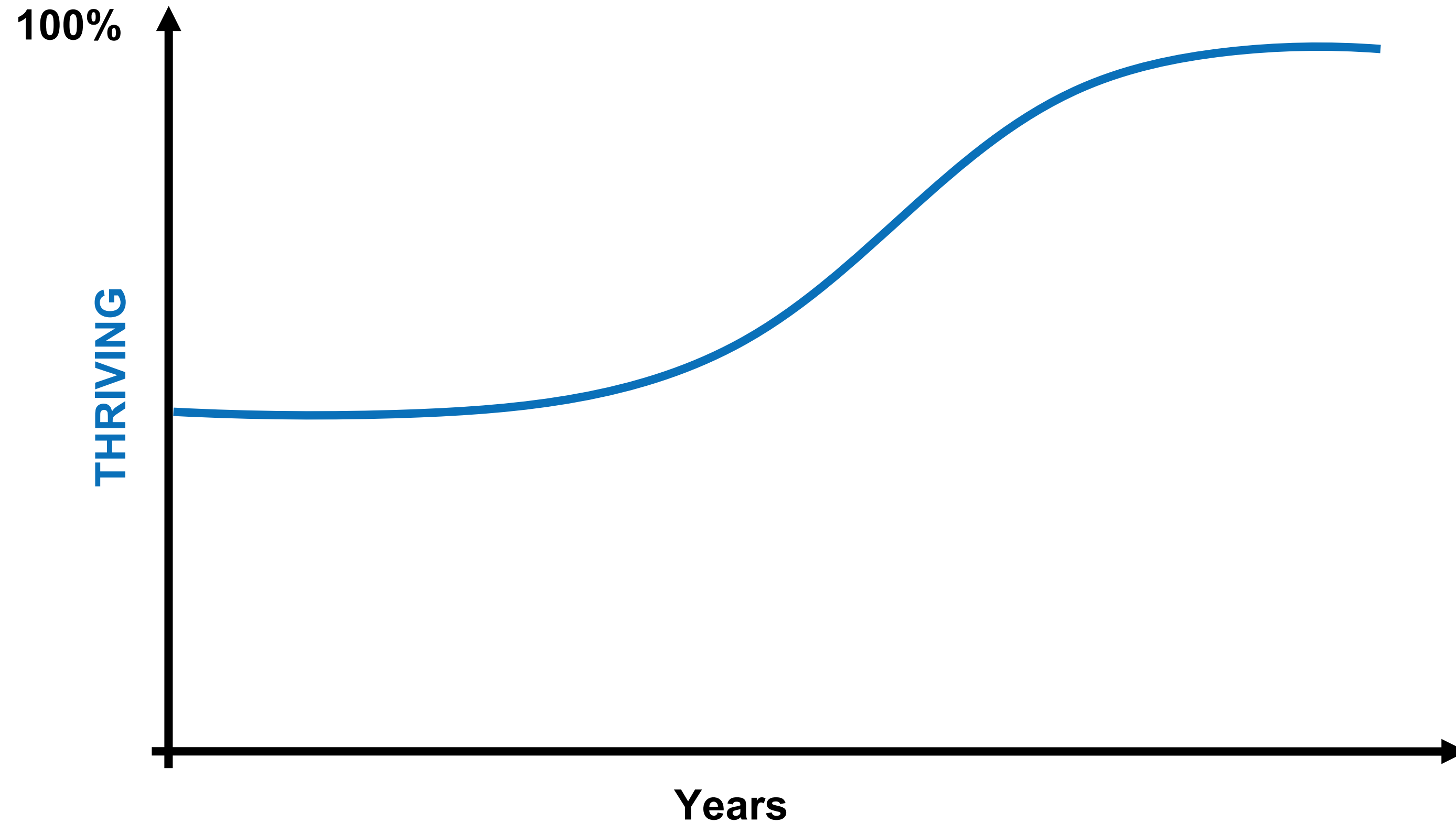
# **Washington Children and Youth Behavioral Health System**

**A framework for understanding the potential impact of proposed recommendations**

# FRAMEWORK REVIEW

What  
you're  
up to

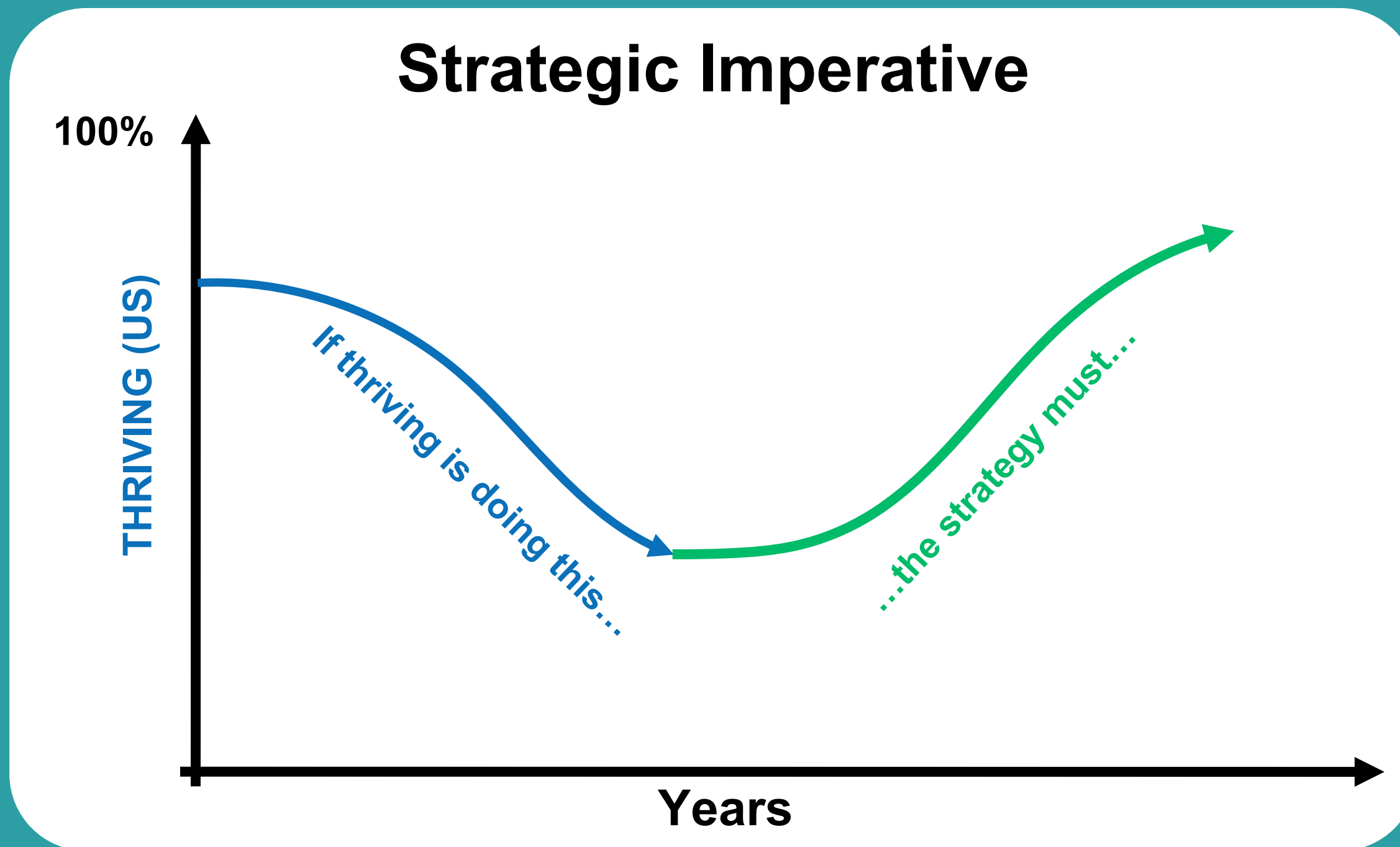
## VISION for WA Children & Youth



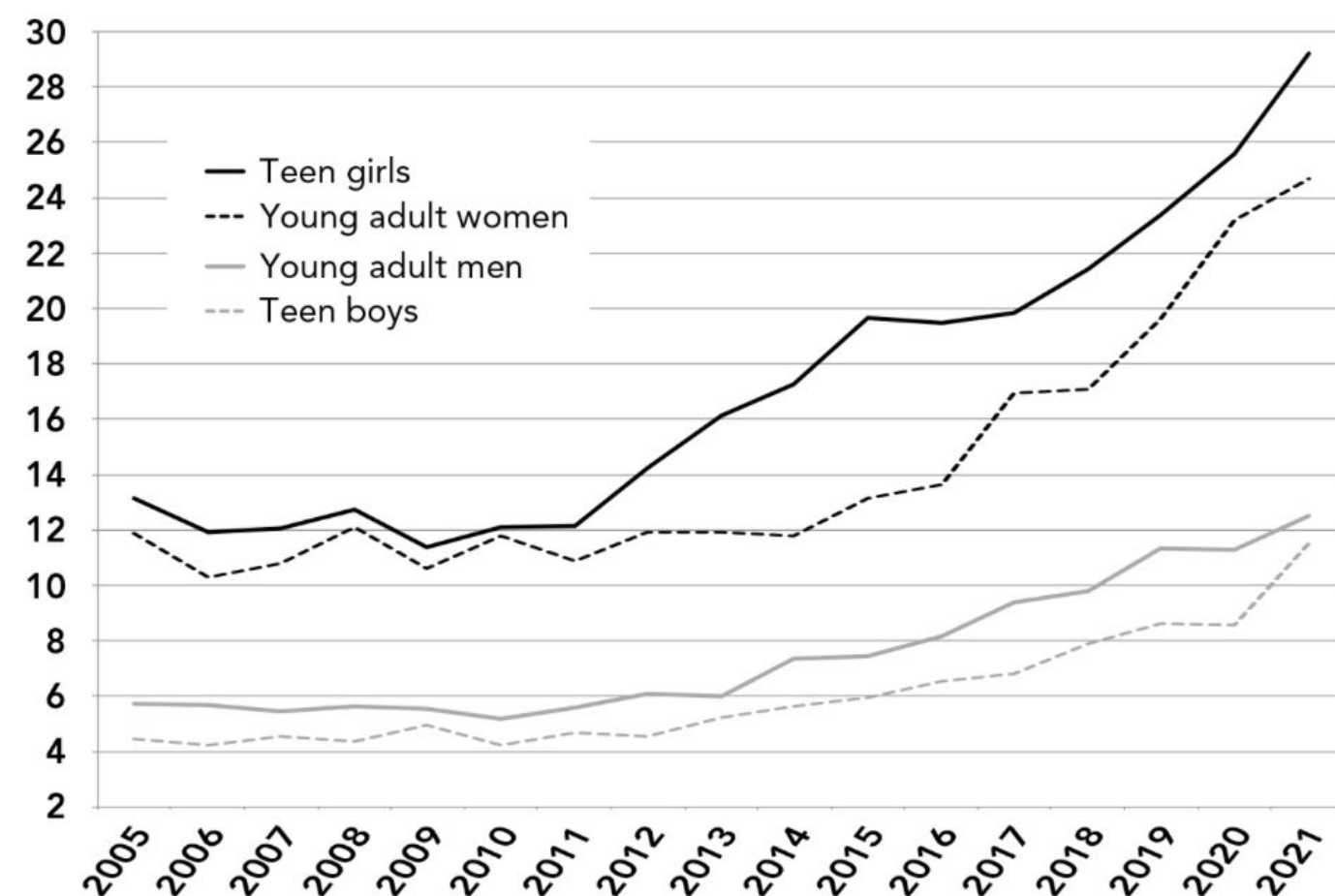
Washington's Children and Youth (and their families) achieve  
**maximum THRIVING** in the not too distant future



What  
you're  
up  
against



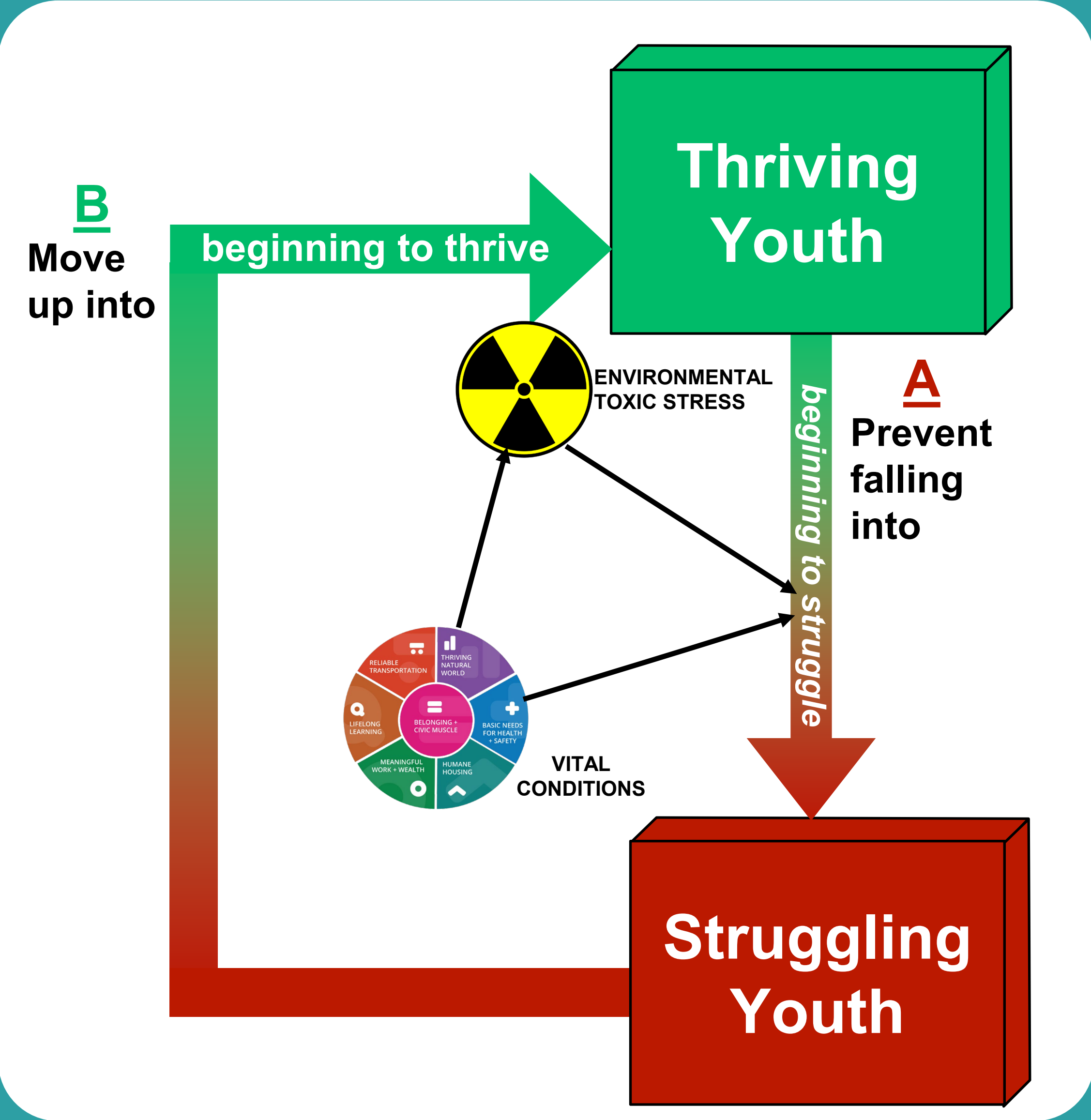
### CLINICAL DEPRESSION DIAGNOSIS



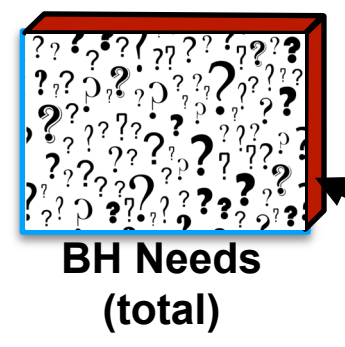
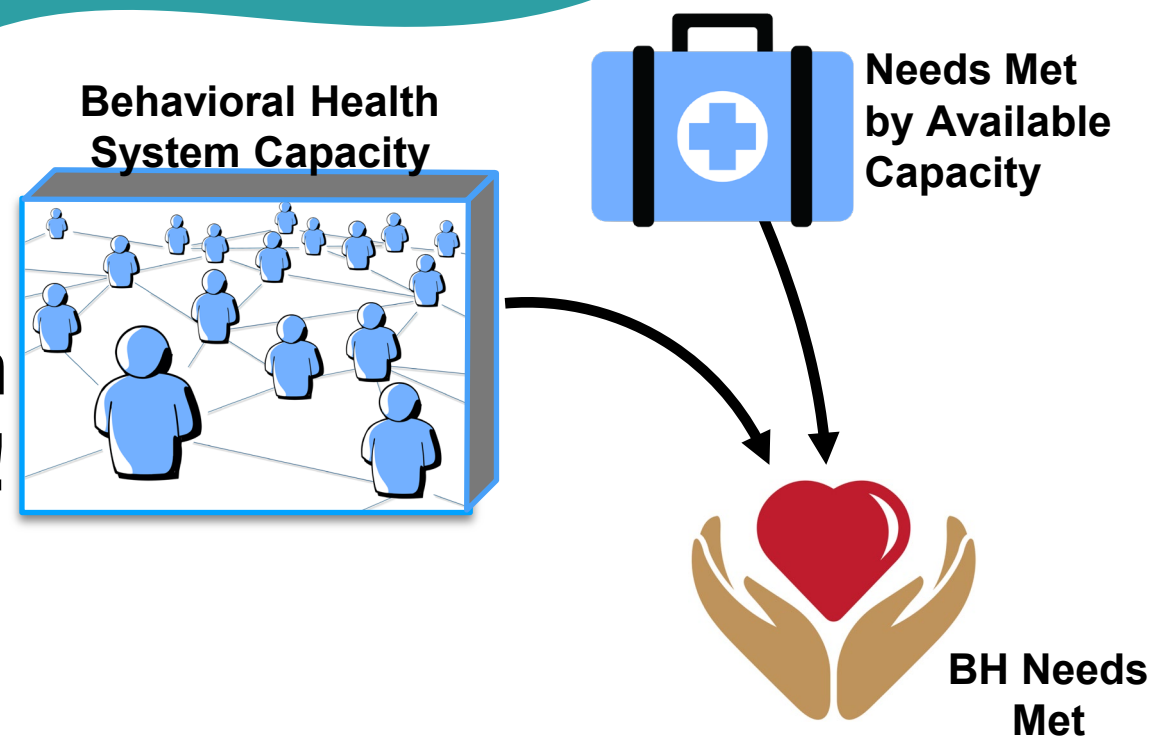
An effective strategy does two things...

- A) **Prevent** Thriving Youth from falling into Struggling Youth
- B) Help Struggling Youth **move up** into Thriving Youth

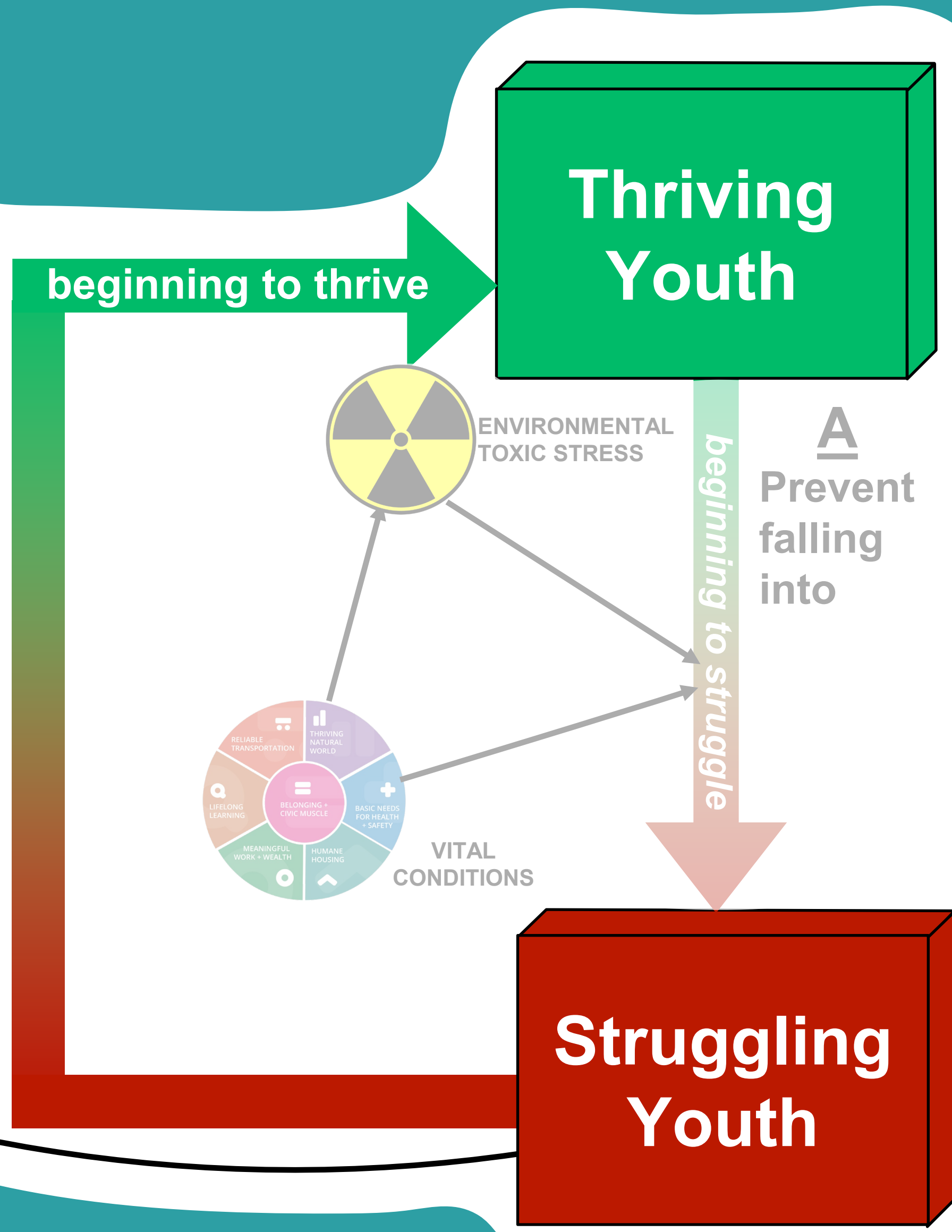
# The drivers behind PREVENTION

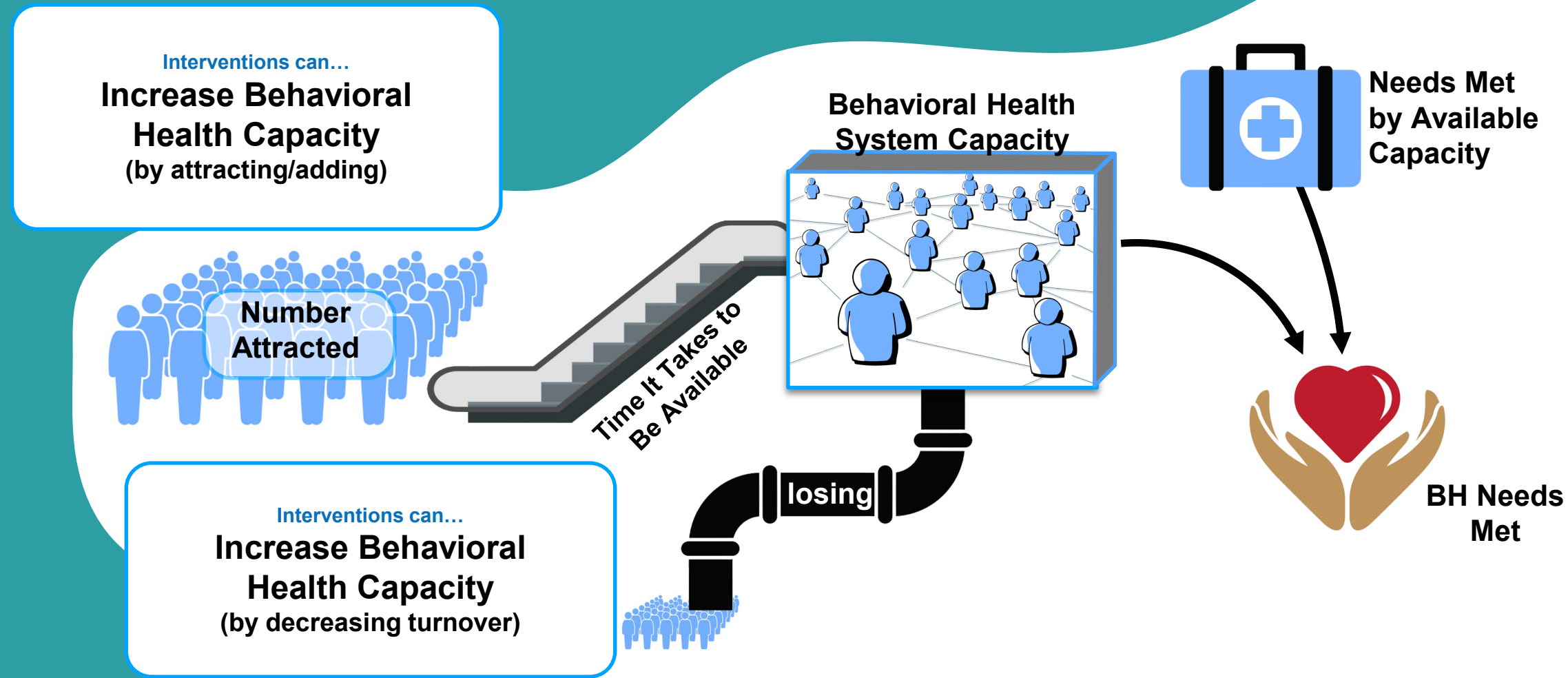


The workforce can expand in 2 ways!

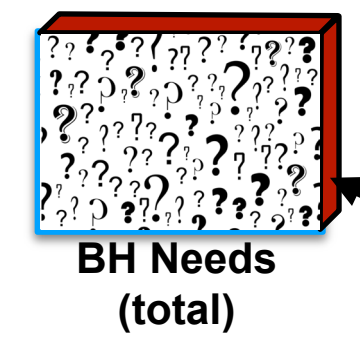
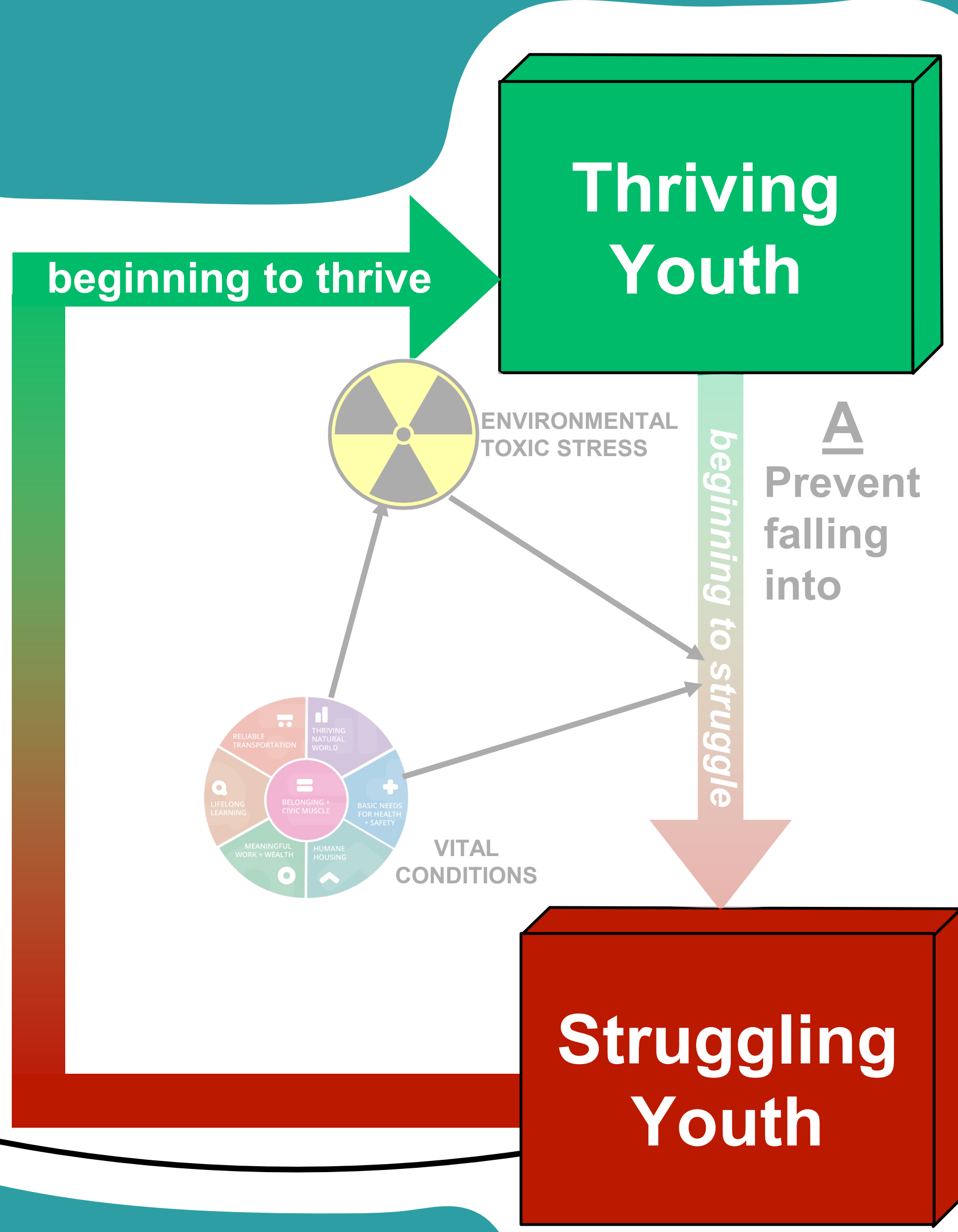


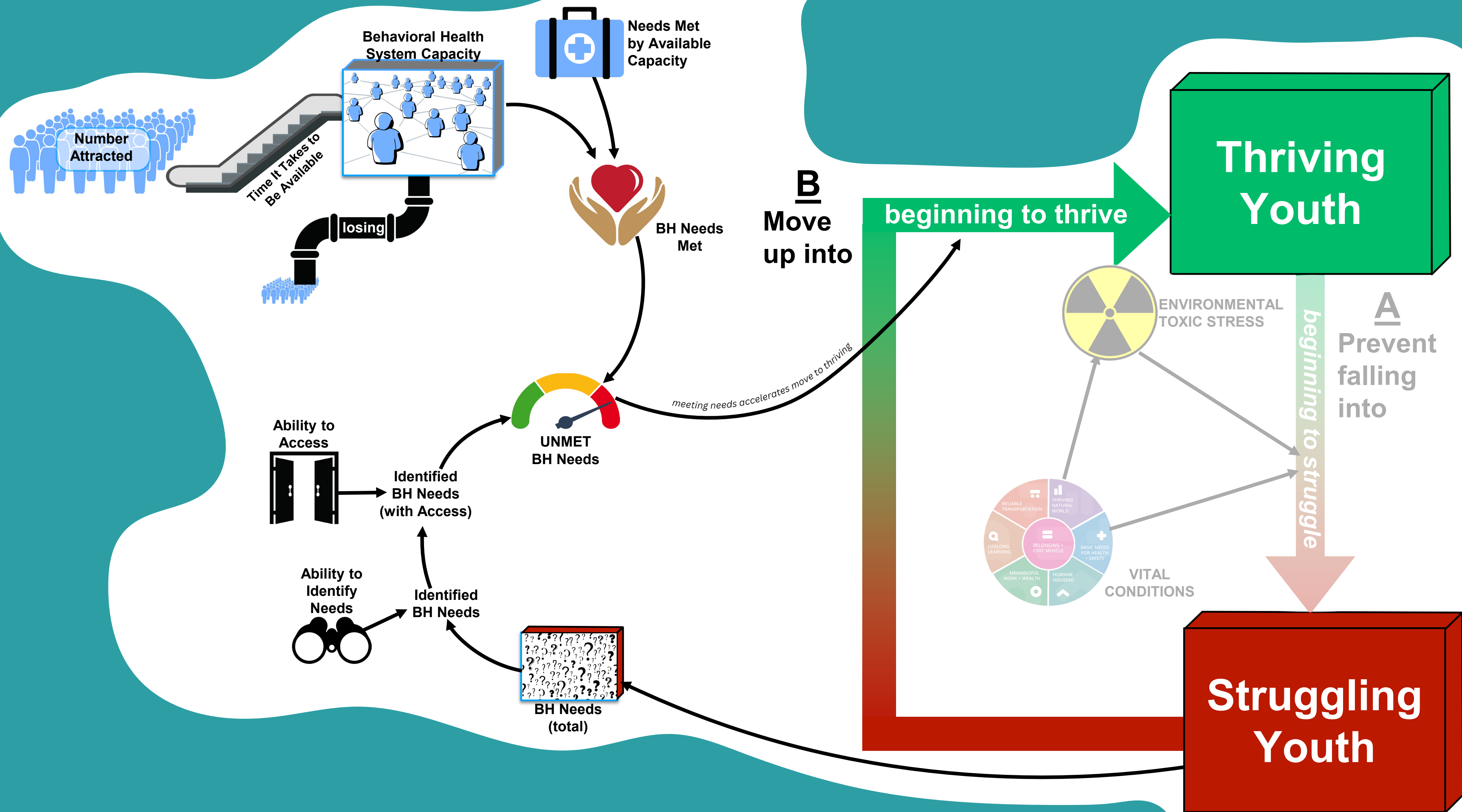
**B**  
Move up into



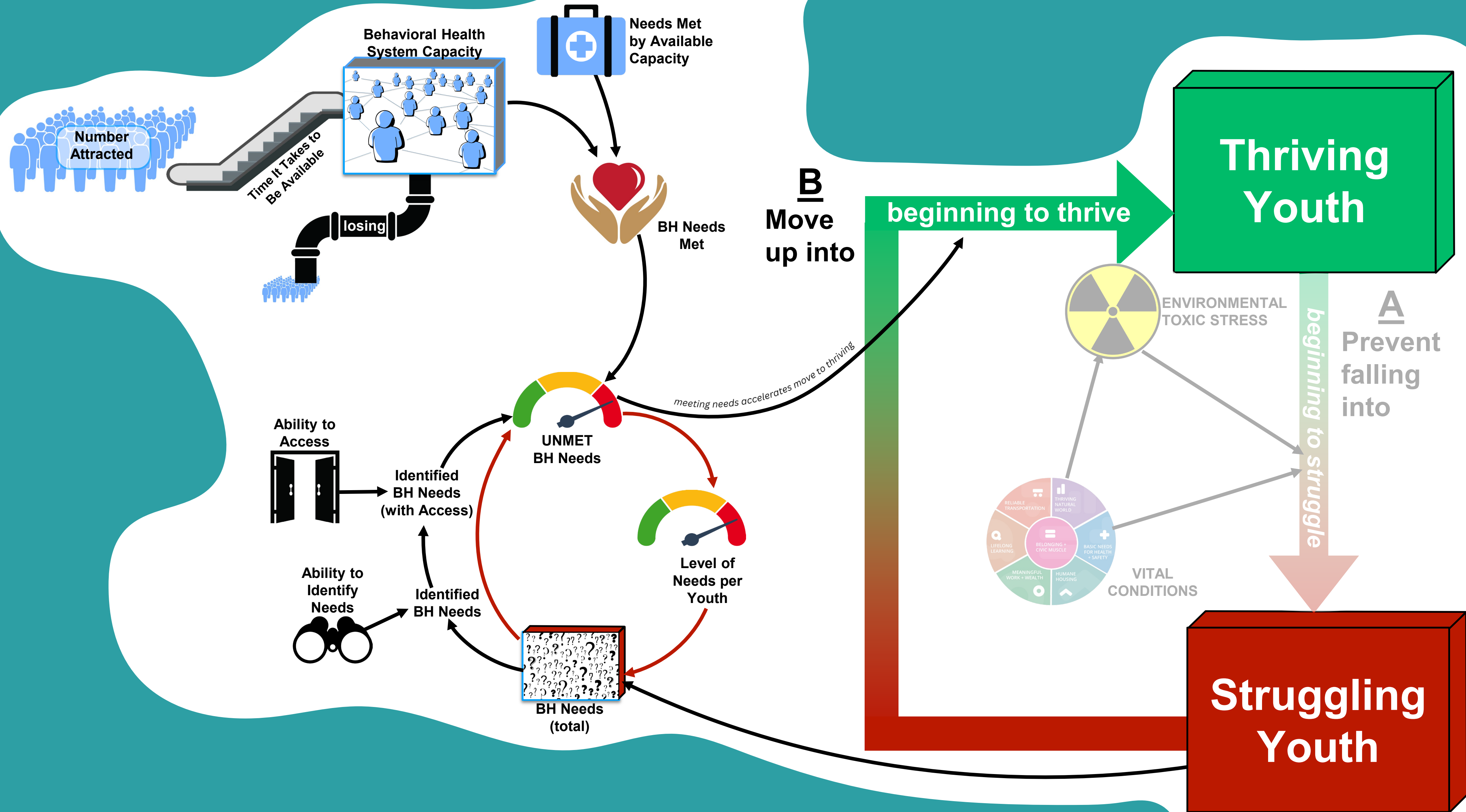


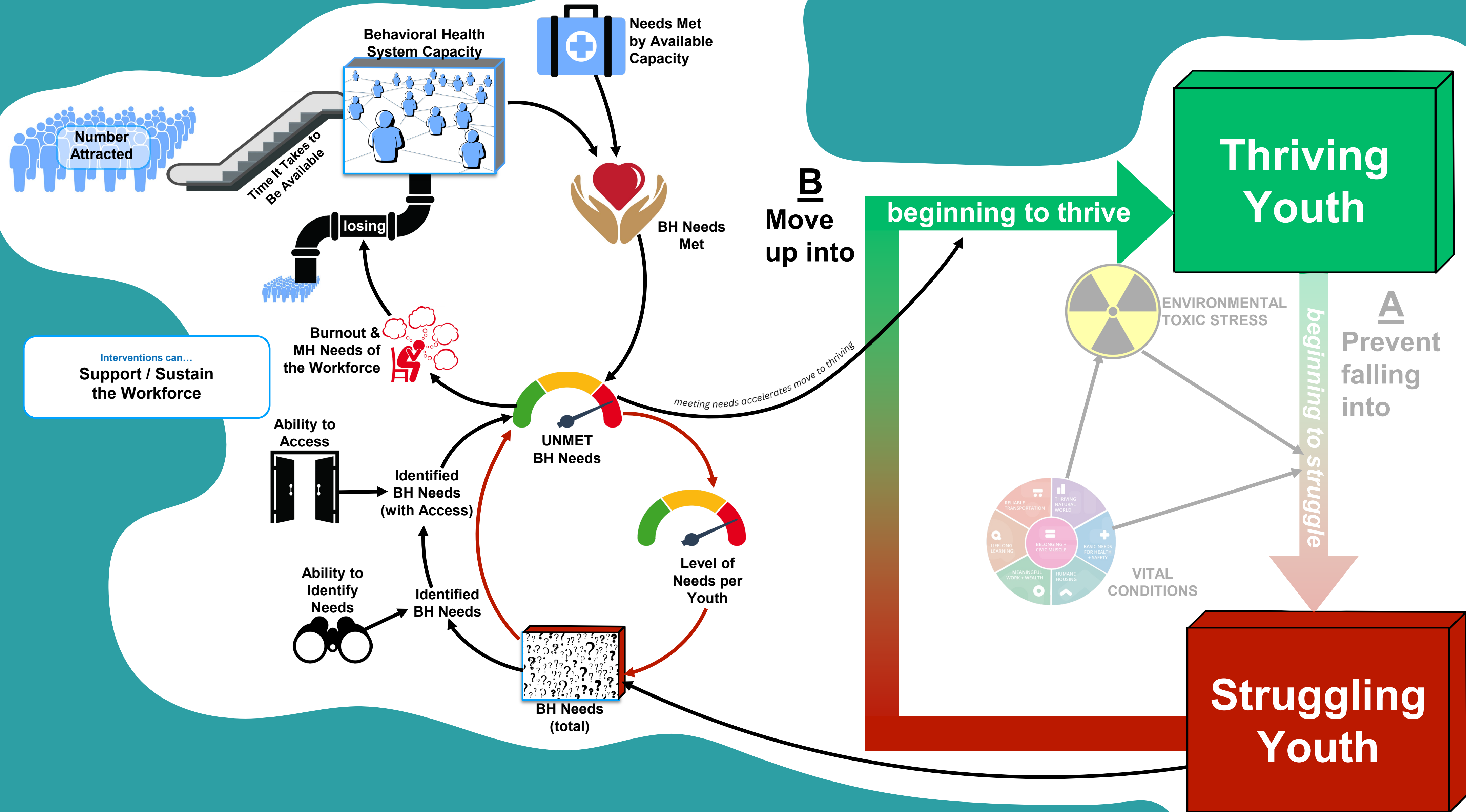
**B**  
Move up into

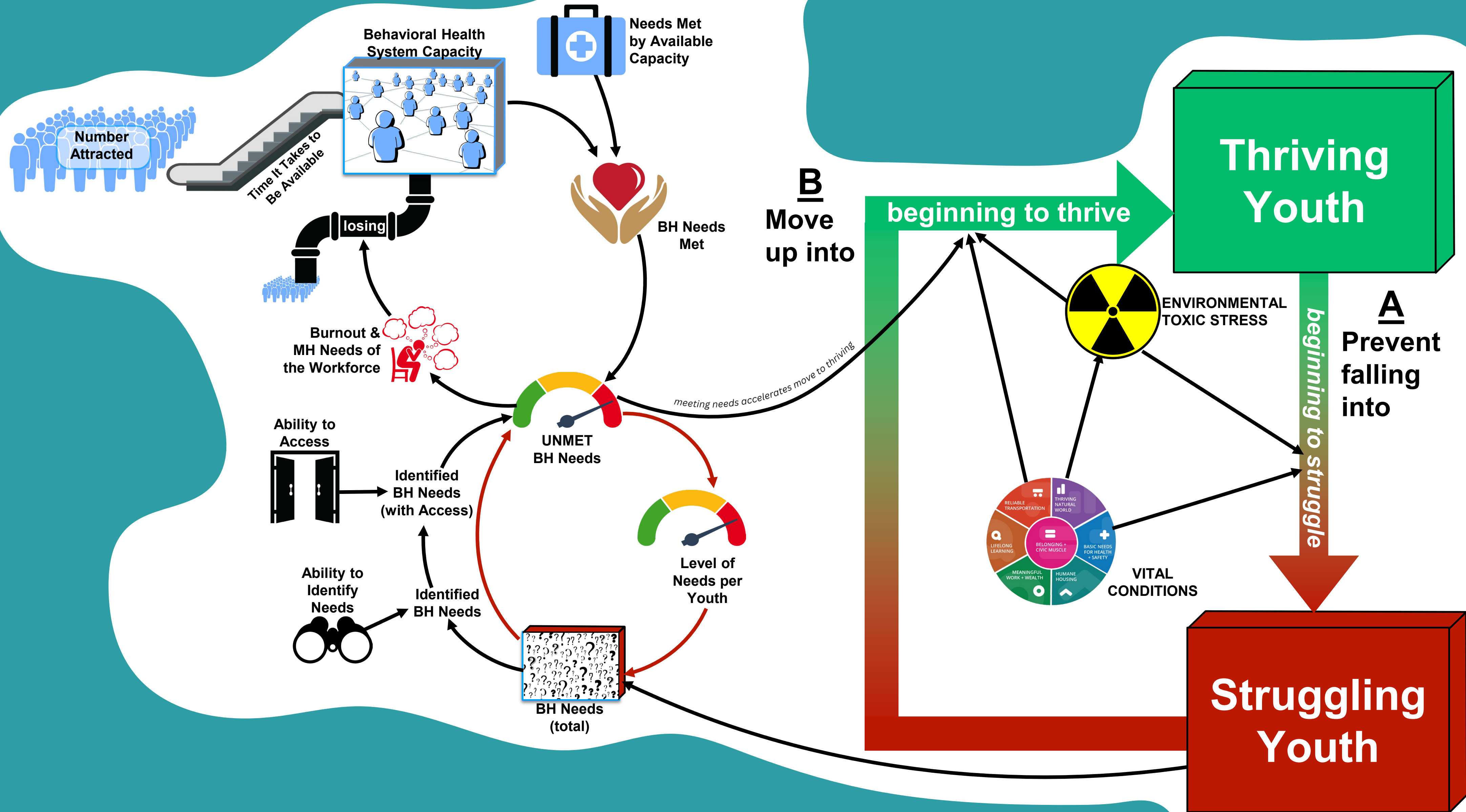








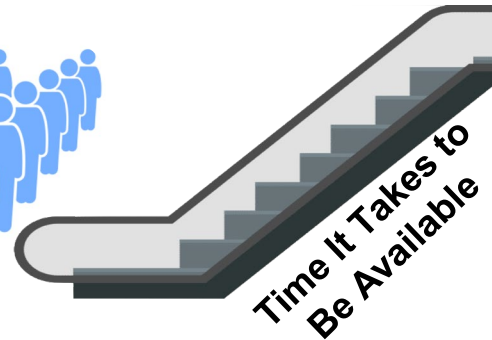
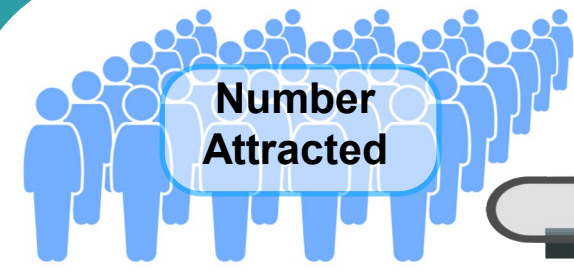






**EQUITY** influences many critical aspects of the ecosystem—and requires improvement. The impacts differ based on where equity is improved.

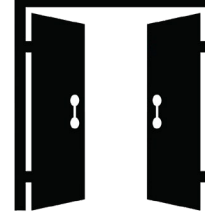
Diversity of workforce improves ability to meet needs



BH Needs Met



Ability to Access



Identified BH Needs (with Access)

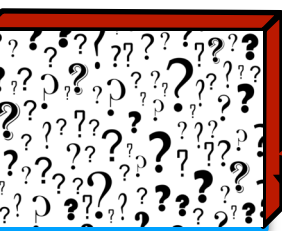
Ability to Identify Needs



Identified BH Needs



Equitable System Design



BH Needs (total)



Level of Needs per Youth

System design determines equity in access to vital conditions.



Level of Needs per Youth

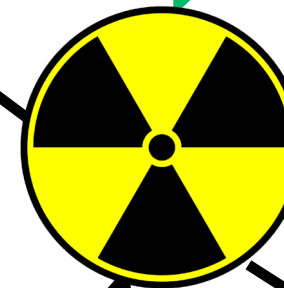
beginning to thrive



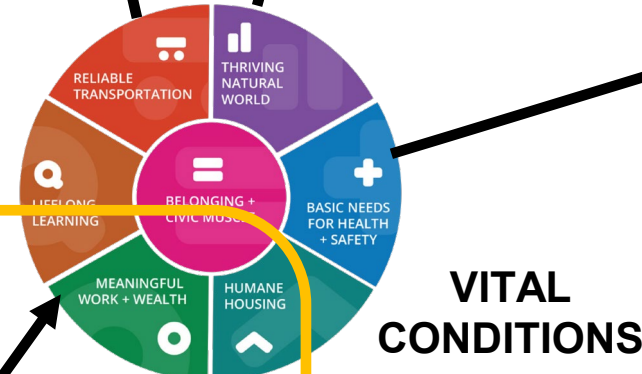
Thriving Youth

**B** Move up into

meeting needs accelerates move to thriving



ENVIRONMENTAL TOXIC STRESS



VITAL CONDITIONS



Equitable System Design

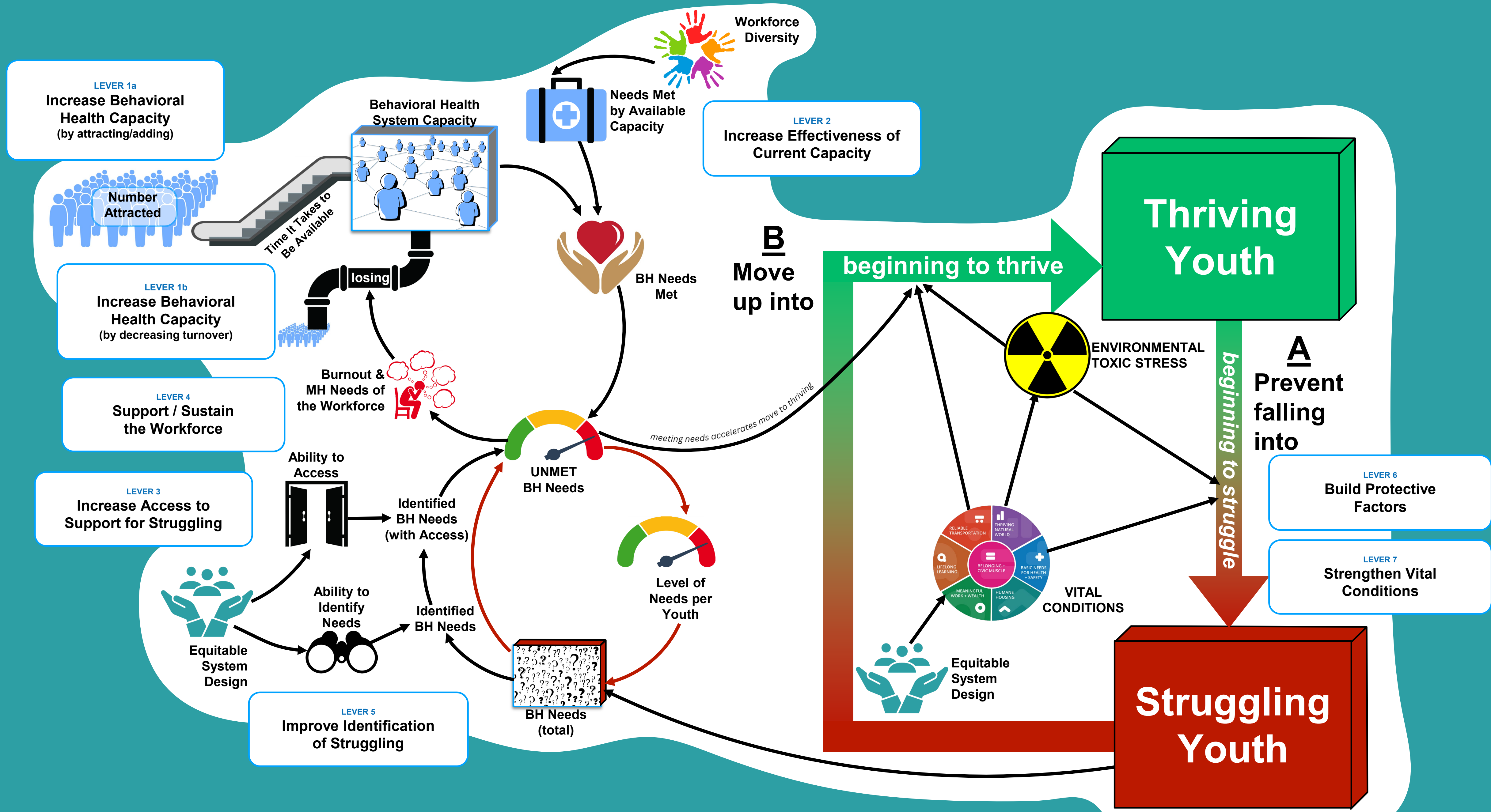
beginning to struggle

**A** Prevent falling into



Struggling Youth

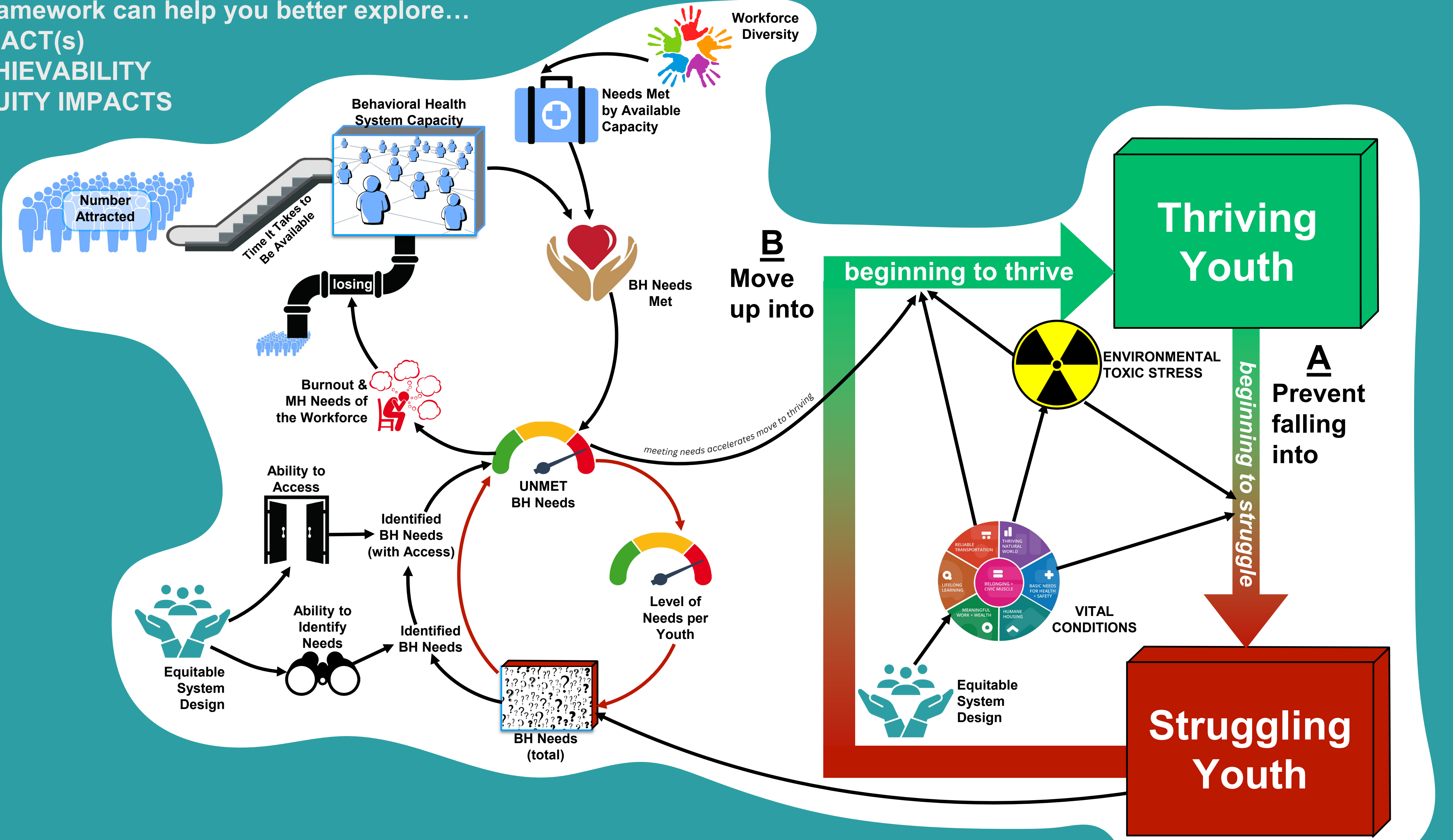
System design determines equity in access to support and ability to identify needs.

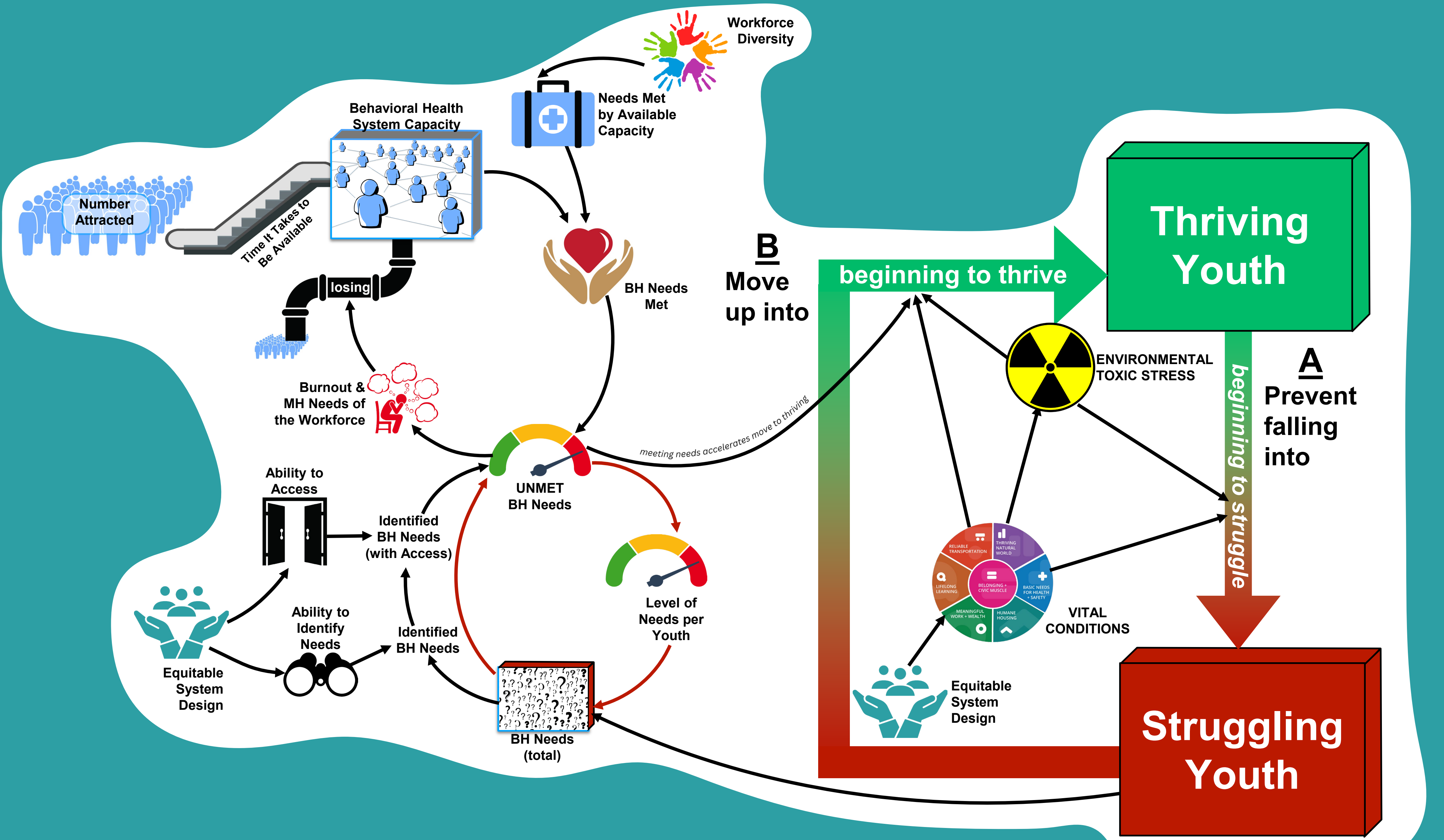




The framework can help you better explore...

- IMPACT(s)
- ACHIEVABILITY
- EQUITY IMPACTS

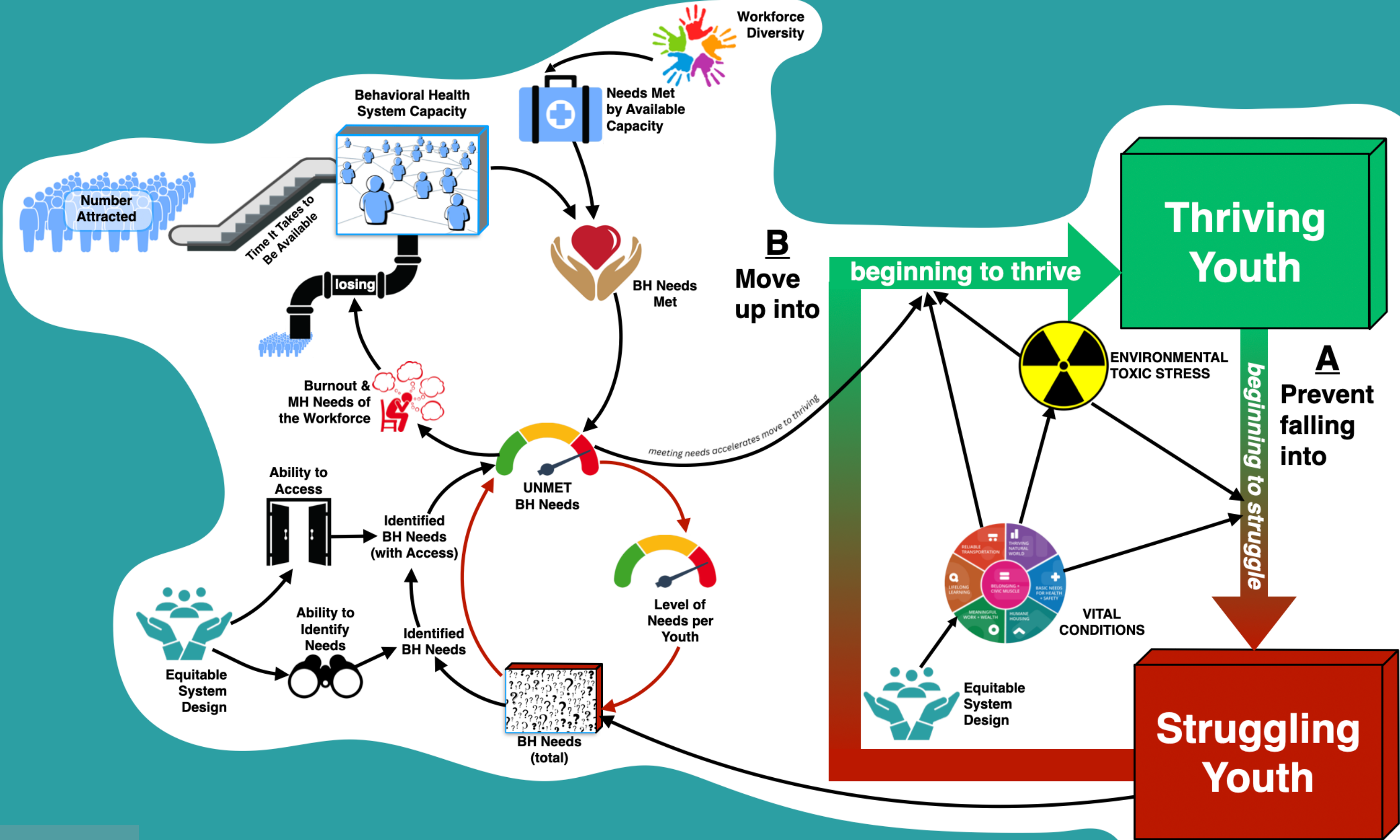




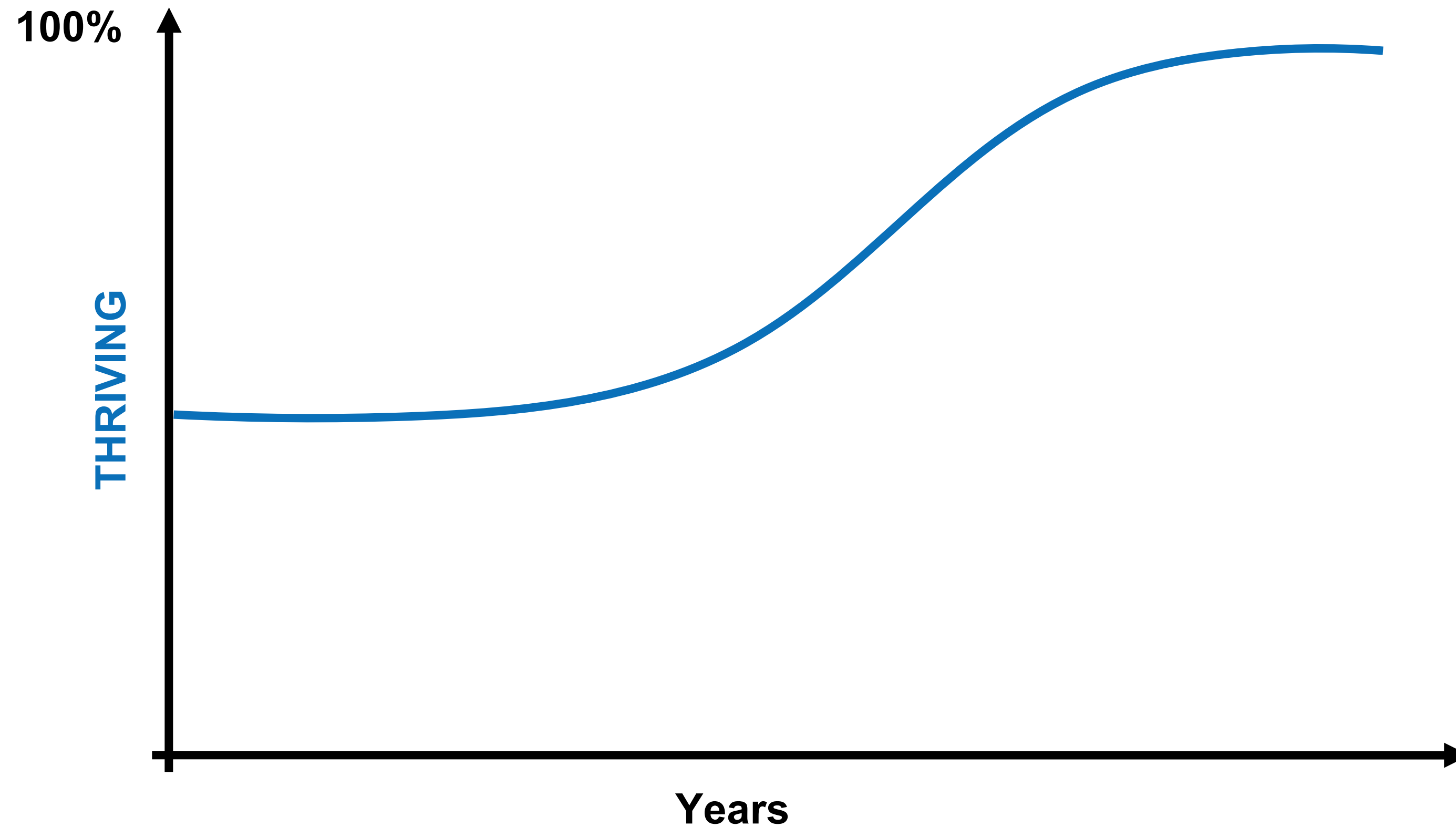


Over the weekend, as you assess and prioritize your recommendations consider the following attributes of each recommendation, its...

- IMPACT(s)
- ACHIEVABILITY
- EQUITY IMPACTS



# VISION for WA Children & Youth



Washington's Children and Youth (and their families) achieve **maximum THRIVING** in the not too distant future