



Children and Youth Behavioral Health Work Group (CYBHWG)

April 9, 2024

Legislative Session Review / Recommendations for 2024

See TVW recording (10:10), see page 5 for slides

Highlights:

- The status of the 2024 prioritized recommendations submitted to the legislature was shared with the attendees.

2024 Recommendation timeline

See TVW recording (49:10), see page 11 for slide

- The yearly recommendation timeline was shared with the attendees to give them an overview of key dates for recommendation development throughout the year.

Questions and Comments

- Consider recommendations that are legacy items and how we identify them early in the process.
- Do the legacy items deserve to have a higher level of expectation?
 - Legacy still needs to be put in the total ask of all recommendations because legislation does not look at them differently when considering new legislation.
- It will be important to define a clear process for the prioritization of both legacy and new recommendations.

Subgroup Information

See TVW recording (56:45)

Workforce & Rates (W&R) (56:45)

- Meet on the first and third wed of the month from 10-11 am.
- The subgroup has a primary focus of work force issues.
- The subgroup's mission is to pass recommendations that will have a positive impact on the workforce in the behavioral health system.
- All meetings are open to the public if you show up you are a member.

School-based Behavioral Health Suicide Prevention Subgroup (SBBHSP) (1:04:00)

- This subgroup focuses its efforts on increasing access to behavioral health services and supports for students and their families.
- There are 2 changes that were made to [HB 2256](#) to provide more clarification to the subgroup.
 1. Changed to include preschool in identified population, instead of the previous population reference of K-12.



2. Language was updated for clarity to consider the broader behavioral health issues impacting children youth and families while focusing on the issues that are unique to children and families that interface with schools.
- The subgroup will be looking at previous recommendations that were not moved forward in 2024.
 - This year, the subgroup has expanded their meeting schedule to meeting once a month instead of every other month.
 - This subgroup has appointed members but is open to the public with a public comment period.

Prenatal through 5 Relational Health (P5RH) (1:10:40)

- The subgroup focuses on the perinatal through 5 developmental period.
- The primary focus is centered on policy recommendations that facilitate the development of safe, stable, care between this age group of children and their caregivers.
- The subgroup's work does interface with many other subgroups when developing recommendations.
- The current focus is on creating robust and meaningful recommendations.
- Our meetings are open to everyone, if you show up you are considered a member.

Youth and Young Adult Continuum of Care (YYACC) (1:16:50)

- The subgroup focuses on youth and young adults ages 13 to 25.
- This subgroup is really looking to have conversations with the group about what we've accomplished and how we're going to frame and accomplish what is needed for the next session.
- The membership is a mix of providers, people with lived experience, parents, caregivers, youth, young adults, and other stakeholders in the community.
- All meetings are open to the public if you show up you are considered a member.

Behavioral Health Integration (BHI) (1:20:00)

- The BHI subgroup is focused on mental health and substance use services that intersect with primary care for early identification of needed supports and services.
- The BHI has been fortunate to have parents participating in the subgroup since about December and we encourage any parents, youth, and young adults to join us and participate in the discussion.
- All meetings are open to the public if you show up you are considered a member.

Break out group report out

See TVW recording (1:33:45)

Highlights

System gaps identified that may need to be addressed by the work group.

- Address barriers around workforce shortages
- More pathways for youth are needed to decrease the emergency room visits.
- Need more programs that offer step down from inpatient services.
- Decrease barriers around Family Initiated Treatment (FIT) for Substance Use Disorder (SUD).
- More outreach, engagement and resources for Transitional Age Youth (TAY).
- More access points Access point Community education around Mobile Response Stabilization Services (MRSS) as an upstream intervention.



- Wraparound With Intensive Services (WISe) eligibility limitations – no comparable resources for families with private insurance.
- Autism Spectrum Disorder (ASD) and youth with significant needs due to developmental delays have substantial trouble finding respite and residential support.
- Age of consent presents an issue with the use of residential options.
- Better training is needed for pediatricians and primary care providers around available services for prenatal through age 5.
- More standardized funding is needed for school systems; when levies do not pass, the basic things needed for the health of the school are not funded.
- Increase access and available services for those on Medicaid.
- Need more services and behavioral health representation in Eastern Washington.
- There is a lack of services for screenings and providers who will take Medicaid.
- Need to increase services for young children ages 5-12.
- Challenges working with commercial payers.
- Medicaid reimbursement rate increases might not be keeping pace with needs.
- There is a need for programs to address not only the mental health or SUD aspects of support but also social determinants for the young person and their family.
- Services and support needs for young people who are really impaired by acute illness or substance use:
 - Continue to increase funding for Program for Assertive Community Treatment (PACT) and New Journeys.
 - Make sure that there is more knowledge of Assisted Outpatient Treatment (AOT) and what it can do so that more young people are directed toward it.
 - Make sure that there are pathways for community members/parents to ask for accountability from the programs, especially when the programs are not acting assertively enough given the young person's needs.

Are there any interactions you want to have with the subgroups?

- Private health insurance impacts and hoping to influence current gaps.
- Exploring impacts of parents of children losing access to Medicaid.
- What are all the schools doing around mental health?
- What behavioral health supports are not available or are inadequate that we need to address?

Crisis Response Improvement Strategy (CRIS) Committee Update

Kashi Arora, Seattle Children's

See TVW recording (1:47:00)

- The Washington state legislature passed legislation that asked the Committee to look more broadly at the crisis system as a whole.
- Three pillars of crisis system:
 1. Call for help needed.
 2. Go to where the crisis is taking place.
 3. Determine a safe place to go, or for the person in crisis to be.



- The committee has also spent some time talking about what the three pillars look like.
- Legislation was passed to extend the CRIS committee timeline to December of 2026.
- CRIS committee has an international focus on children and youth.
- The committee is working to ensure the referral given when someone calls 988 is directed to the appropriate services.
- The CRIS committee meets every other month.
 - [CRIS Committee website with meeting dates/times](#)

Questions & Comments

- Is there going to be a special focus on like children with intellectual and developmental disabilities and those kinds of populations as well?

As far as I understand it, there have been There's been a lot of interest in how we make sure that people, but callers to 9 8 8 and the connections they that are made for them to other crisis services are done so in ways that are responsive to a variety of needs including geographical variation, agricultural population, the range of intellectual developmental needs including autism, a range of racial and ethnic identities, a range of languages, with the inclusion of youth.

Strategic Plan Update

See TVW recording (2:01:55)

- An overview of the strategic plan work was given to the group to inform them of the current and future plans.

Public Comment

See TVW recording (2:20:40)

- I really appreciate your time and dedication to the P to 25 strategic plan and all of the committee and subcommittee members just really wanna thank you all for your advocacy. It's nice to see some things moving along.
- The Washington state community connectors is holding the [2024 Children's Behavioral Health Summit](#) in Wenatchee on Monday, May 6th. This event is free and the topic will be on 988 and other crisis services for youth and families. There's are lot of changes happening around our crisis system right now and we really want to be as supportive as we can of all of the changes to try and make sure systems can support family and youth in the best way possible.

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Overarching recommendations

✓ = passed | ↗ = progress made | X = did not pass | **Related legislation

Recommendation	Bill	Budget
Update House Bill 1890 (2022) to reflect current work plan for the P-25 Behavioral Health Strategic Plan	ESHB 2256	✓

Prioritized recommendations

Recommendation	Bill	Budget
Finance behavioral health care coordination as performed by community health workers (CHWs)		✓
Ensure equitable access to and realize the intended outcomes of intensive programs serving youth and young adults with the most complex behavioral health needs.		X
Reduce administrative complexities in the Wrap-around with Intensive Services (WISe) program.		**related / ↗

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Prioritized recommendations Cont.

✓ = passed | ↗ = progress made | X = did not pass | **Related legislation

Recommendation	Bill	Budget
Expand Early ECEAP (birth to three ECEAP) program.	HB 2124	↗
Provide school-based behavioral health funding for school districts		X
Fund House Bill 1724 stipend program for recent graduates in the behavioral	HB 2247	**related / ↗
Deliver and sustain approved funding for BH360 (formally Parent Portal)		✓
Allow funding for the Washington Health Corps Behavioral Health Program to be used for conditional scholarships	HB 1946	↗
Improve Student Access to mental health literacy education		✓
Provide bridge funding for Certified Community Behavioral Health Clinics (CCBHCs)		✓
Increase investment in Infant and Early Childhood Mental Health consultation (IECMH-C)		↗
Enable public access to behavioral health data		X

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Additional recommendations

✓ = passed | ↗ = progress made | X = did not pass | **Related legislation

Recommendation	Bill	Budget
Accelerate the adoption of technological innovations across the behavioral health continuum of care		↗
Evaluation of loan repayment programs		X
“Well-being specialist” designation		X
Mental health training in school communities		X
Designating and funding a lead agency for school-based behavioral health		X

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Statements of support

✓ = passed | ↗ = progress made | X = did not pass | **Related legislation

Recommendation	Bill	Budget
Universal K-12 free meals	HB 1238	✓
Making childcare and intensive birth to 5-year services more accessible for working families	HB 2124	✓
Early Support for Infants and Toddlers ESIT monthly count	HB 1916	✓
Barriers to becoming credentialed – aka HB 1724 – 2.0	HB 1724	↗
Social Worker Compact	HB 1939	✓ Policy
Credentialing Improvements – DOH Request		✓
Well-Being Specialist		X
Loan repayment evaluation		✓
Training and supporting providers to meet the clinical needs of their clients		X
Occupational Therapists in Community Behavioral Health Agencies		✓
Amend Senate Bill 1520 to allow youth services in 23-hour crisis relief centers	SB 5853	↗
Workforce for Student Well-Being extension		X

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Statements of support Cont.

✓ = passed | ↗ = progress made | X = did not pass | **Related legislation

Recommendation	Bill	Budget
Committee for Children Social Emotional Learning proposal		X
Support the expansion of school-based health centers (SBHCs) to increase access to behavioral health care in academic settings		X
Provide ongoing funding to the WA Homeless Student Stability Program		X
Maintain and expand school-based prevention and intervention services for student behavioral and mental health through the AESD Network		✓
Fund The Bridge Residential	HB 1929	✓
Addressing restraint and isolation in the school setting		X
Office of Homeless Youth: Expand young adult housing		X
HCA: Non-Emergency Medical Transport (NEMT) services		✓

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2024 Legislation that aligns with work group goals

Legislation	Bill
Fentanyl and other substance use prevention education	<u>HB 1956</u>
Implementing the FAST Program (First Approach Skills Training Program)	<u>HB 1851</u>
Budget provisos – Funding provided for the following	
Youth Stabilization Teams	
Tribal supports – Icelandic Model	
Clinical Contract Cost Increases/PAL and PCL Funding model	
IECH Workforce / UW Barnard Center	
Implementation of BH screening in the schools	
Naloxone access in high schools	

2024 Children and Youth Behavioral Health Workgroup (CYBHWG) Timeline

