



Children and Youth Behavioral Health Work Group – Youth and Young Adult Continuum of Care (YYACC) Subgroup

October 10, 2024

Glossary of Terms

ASD: Autism Spectrum Disorder

CMS: Centers for Medicare and Medicaid Services

CTE: Career and Technical Education

DCYF: Department of Children, Youth, and Families

ESD: Educational Service District

HCA: WA Health Care Authority

IDD: Intellectual and Developmental Disabilities

MTSS: Multi-Tiered System of Supports

OSPI: WA Office of Superintendent of Public Instruction

PAL: Partnership Access Line

SUDP: Substance Use Disorder Professionals

WISe: Wraparound with Intensive Services

Meeting Topics

Review results of YYACC recommendation prioritization

Further refinement and discussion of the 'Expand Peer Support Services' recommendation

Brainstorm potential 'Support Items'

Discussion Summary

Review results of YYACC recommendation prioritization

1. The YYACC recommendation prioritization results are as follows. The results from the meeting and absentee votes were combined, and duplicates were removed.
 - a. #1 - Support the expansion of recovery high schools
 - b. #2 - Expand the Bridge Housing program
 - c. #3 - Expand access to peer supports
 - d. #4 - Fund CAPS & streamline pathways to First-Episode Psychosis care
2. Two of the items - Autism Spectrum Disorder (ASD)/ Intellectual and Developmental Disabilities (IDD) from Mary Bridge, and Youth Wellness Zones did not receive majority consensus from the vote.
3. The [HB 1580](#) (2023) extension as well as the maintenance funding request for the Partnership Access Line (PAL) and referral network are overarching (and thus not included in this prioritization vote).
4. Issue leads should plan to be in the meeting on October 14th, if possible.



Further refinement and discussion of the 'Expand Peer Support Services' recommendation

1. This recommendation has been updated since last meeting.
2. The following are the various components of the recommendation, in detail:
 - a. Network Adequacy Standards:
 - i. The concept of network adequacy or access is that in a healthcare network, an insurance carrier (Medicaid or commercial) has to have a certain amount of a certain kind of provider (i.e., primary care providers, specialists).
 - ii. [SB 5555](#) (2022) created the new profession of certified peer specialists and will allow individuals who have commercial insurance coverage to access peer services for the first time in July 2025 when this goes into effect.
 - iii. A provision in the bill directs the Office of the Insurance Commissioner to come up with network adequacy standards for access to peer services for commercial carriers and associated rulemaking.
 1. There is no such equivalent on the Medicaid side.
 2. There are still massive gaps in access.
 - iv. The hope is that all carriers, commercial and Medicaid, will create adequate networks of specific types of peers (i.e., parent peers, youth peers, adult peers).
 - b. Peer services are Medicaid reimbursable and soon to be reimbursable by insurance carriers; however, a lot of care services in the state are delivered and not reimbursed, partially because it is burdensome to bill insurance.
 - i. It is a lot of work to become a behavioral health agency, which is a precursor to billing insurance.
 - ii. Given the budget deficit, the best way to enact progress is maximizing the participation of insurance carriers.
 1. This is insurance billable work; however, these peer services are currently being delivered by state, federal, and local grants, rather than being covered by insurance carriers.
 2. The idea is to work on a mechanism to help providers maximize insurance participation, who are not currently.
 - c. Maximizing billing:
 - i. There are other programs that are not billing insurance, such as the Recovery Navigator Program, which is an intensive case management program that is almost entirely staffed by peers.
 1. The bulk of the service delivery is peer services, but it's not currently set up to bill insurance – creating a potential missed opportunity.
 2. If we ensure that the Medicaid plans and the commercial carriers are paying appropriately for their covered lives, we could then take general fund state dollars or flexible funding, and use it for things that insurance can't buy, such as housing or peer services for people who are uninsured, such as recent immigrants or undocumented folks.
 - d. Washington Peer Network:
 - i. This program went live about a year ago and provides two things for peers in the workforce:



1. Professional development, including access to continuing education opportunities, professional career opportunities, networking opportunities, and learning opportunities.
2. Wellness services for the peer workforce.
 - a. To be a peer you are required to be on your own journey of recovery from mental health or substance use challenges, often both and as such peers are often incurring vicarious and secondary trauma through work they're doing with other people who are currently in crisis.
- e. Washington Peer Jobs Database:
 - i. This is associated with the peer network.
 - ii. The database functions like a matchmaking service for peers seeking employment – matching employers who are looking to hire peers with peers who are looking to either enter the peer workforce or potentially change jobs.
- f. Discussion surrounding these components of the recommendation included the following:
 - i. Private insurance coverage for peer services – for a commercial insurance carrier to bill for any service, that service must be delivered by a health care provider.
 1. Prior to the passage of [SB 5555](#) (2022), peers were not considered a health provider, but under the new legislation peers will have the same level of certification as a paramedic.
 2. In July 2025 people can begin getting the credential, and then they need to be made in-network with commercial carriers.
 - The Insurance Commissioner will be developing network adequacy standards for commercial carriers.
 - ii. Mental health peers and substance use disorder peers were both added to the Medicaid state plan in the past and are thus covered by Medicaid.
 1. This is only new for commercial carriers – not Medicaid.
3. Support for the Spark Peer Learning Curriculum was added to this recommendation. Information presented about that program included the following:
 - a. Spark started in 2019 in an alternative high school.
 - b. Spark asked the state if they could build a curriculum for youth to discern whether someone is ready to become a certified peer.
 - i. The curriculum is a combination of 3 different curriculums: Toddlers to Teens, Love Notes by the Dibble Institute, and the Core Peer Curriculum.
 - c. Spark ran a pilot with interns from different agencies around the Tri-cities.
 - i. 8 students participated.
 - ii. All 8 students graduated and got their certificates and are either working as peers or went onto the medical profession, and said the course helped with their bedside manner with patients.
 - d. The Spark program has continued to operate for 6 years, offering opportunities for young people to hone their skills, providing ongoing education, helping job search, helping with resumes and more, and they are now a statewide organization.



- e. Spark received the Youth Network grant and is working with the Department of Children, Youth and Families (DCYF) to get contracts to offer their training in group homes.
 - f. The program has a variety of peers with different backgrounds, working in areas such as crisis awareness, school-based settings and gang-related areas, and as Substance Use Disorder Professionals (SUDPs), and a youth liaison for the Tribes.
 - i. Many peers started in Wraparound with Intensive Services (WiSe) and then moved into other areas.
 - g. Spark has many consulting contracts, including with Catholic Charities in Wenatchee, Comprehensive Health Care in Yakima, University of Washington working on a wellness credential for peers in primary care offices, in schools in Pasco, in the Recovery High School in Seattle, and with the YMCA (Young Men's Christian Association).
 - h. Spark is a training entity but goes into schools for meetings to map out services – they go where they are needed, but also need funding to support this.
 - i. Spark is planning to become a billing entity so they can bill for services.
 - i. Spark is working with Health Care Authority (HCA) and in the North Central region with the Wenatchee school district to put the 80-hour peer curriculum into a class, so youth going into high school can take the training course and graduate with a peer certification and then go straight into work.
 - j. Discussion surrounding the Spark Peer Learning Curriculum included the following:
 - i. Currently, Spark is exploring different pathways for the curriculum to fit into Office of Superintendent of Public Instruction's (OSPI's) scope.
 - The class also must fit within the Centers for Medicare and Medicaid Services (CMS) requirements for the state to have within the scope of the class.
 - Spark has been invited to collaborate with the Career and Technical Education (CTE) programs.
 - Spark is hoping to have a class in the high school at the beginning of next school year.
 - ii. Spark is also equipping these students to be able to offer peer support within the school setting, outside of the certification, via additional trainings.
 - There is a current model for this in Pasco High School, and they are also working in Wenatchee and with the Recovery High School.
4. Mental Health Literacy in Schools:
- a. Chad's Legacy Project is very involved in advancing peers in the workforce.
 - b. There was a proviso to create a mental health literacy coordinator, which was recently put into place to be a lead at OSPI to help drive mental health education in schools.
 - i. The role is under a multi-tiered system of supports (MTSS), with the intention for the position to remain in the first tier of supports – the universal tier of supports that is mental health education.
 - c. This coordinator is going to be working on the following:
 - i. Helping to fine tune the learning standards at OSPI.
 - ii. Using those standards to create a national model of learning standards.
 - iii. Outreach to Educational Service Districts (ESDs) to talk about the current programs in the mental health literacy library.



1. The library will be expanding soon to include social emotional learning, suicide prevention and substance misuse.
- d. There was discussion regarding whether this mental health literacy coordinator could cover the Spark learning pilot this legislative session.
 - i. It is unclear what this coordinator's capacity will be, and folks need to be mindful of his scope.
 - ii. A few options for this collaboration that were discussed:
 1. Run the Spark pilot through the Smart Center – survey, identify the components that it addresses, and inventory any evidence – and add it into mentalhealthinstruction.org.
 - a. This allows the coordinator to onboard and prepare to rollout the pilot in 2026.
 2. The legislature could incentivize this in the form of mini grants for districts who want to run the Spark pilot in the form of a different position at OSPI.
- e. Other discussion included the following:
 - i. The independent foster care review needs to have an updated reform at the legislative level.
 1. There is a desire to wedge behavioral health access to care into this.

Brainstorm potential 'Support Items'

1. Support items are a separate section in the legislative report that is presented to the governor, in addition to the prioritized recommendations.
2. Support items do not come through the YYACC subgroup – they are recommendations that are being pursued by other organizations or state agencies, that are included in their decision packages or agency-related legislation.
 - a. These are items that the YYACC subgroup wants to indicate support for.
3. The floor is open for subgroup members to share ongoing initiatives that folks want to present as potential support items for the subgroup to vote on.
4. The subgroup will hear support items and perform a consensus vote at the next meeting.