

Members of the Legislature,

The Children and Youth Behavioral Health Work Group (CYBHWG) is pleased to share its final recommendations for the 2022 legislative session.

In March 2021, Governor Jay Inslee declared a youth mental health emergency. While most students are back in classrooms, the number of children, youth, and families (prenatal through age 25) experiencing significant mental health and substance use struggles remains at crisis levels, with limited resources to serve them.¹

This year's recommendations focus on:

- Providing immediate relief for children, youth and families in crisis;
- Retaining and building our behavioral health workforce which is also in crisis, with clinician shortages limiting access even more²; and
- Developing longer term strategies for fundamental fixes to effectively meet the behavioral health needs of young people ages 0-25 and their families, including prenatal services for those expecting, and covering prevention through recovery support services.

The common thread in this year's subgroup discussions was the need for more behavioral health services across the continuum of care. Parents and young people shared their difficulties in getting timely access to services, even in crisis situations. Providers shared their frustration with the reality that they simply cannot serve all the individuals and families that need their services. Every group wrestled with how to address immediate, crisis-level needs and how to move toward longer-term solutions to ensure that every child, youth, young adult, and expecting parent has their behavioral health needs met.

The work group continues to focus on strategies that leverage federal funding sources. Subgroups and participants have a shared understanding that by bolstering and building new services at the less acute end of the continuum of care, we can – in the long-term – reduce the more significant costs of treating young people who need intensive services.

We appreciate the significant investments the Legislature and Governor have made in improving behavioral health services for all of Washington's people and particularly the prenatal through 25 population. We hope that the 68th Legislature and Governor will build on these efforts to address this continuing crisis.



Representative Lisa Callan
CYBHWG Co-Chair
Washington State Representative
5th Legislative District



Dr. Keri Waterland
CYBHWG Co-Chair
Director, Division of Behavioral Health & Recovery
Health Care Authority

¹ Since the start of the pandemic, calls from families requesting referrals to the Mental Health Referral Service for Children and Teens have more than doubled, with 3 out of 4 requests coming from families with commercial insurance. It currently takes an experienced referral specialist 14-20 days to find a provider. (*Dr. Robert Hilt, Washington Mental Health Referral Service for Children and Teens*)

Today more than half of pediatric primary care visits are for behavioral health concerns; up from 25% before the pandemic. (*Washington Chapter of the American Academy of Pediatrics*)

Almost half of Seattle Children's emergency department beds are filled with patients with behavioral health issues, many of whom could not be discharged safely due to inadequate community supports or are "boarding" while they wait for inpatient beds. (*Kashi Arora, 10/19/21 testimony at House Children, Youth and Families Committee*)

Washington was among the 15 states with the highest teen suicide rates, a rate that has been steadily climbing since 2012. ([Explore Teen Suicide in Washington | 2021 Health of Women And Children Report | AHR \(americashealthrankings.org\)](#))

² Vacancy rates for master-level clinicians in community behavioral health average 30%. Over half of surveyed provider agencies have closed or limited access to outpatient services, treatment beds have been taken offline, and branch office sites have closed (*Washington Council, August 2021 provider survey*) Community mental health agencies in some counties are closed to new clients or are asking families to call back in a month. (*Dr. Robert Hilt, Washington Mental Health Referral Service for Children and Teens*)

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Children and Youth Behavioral Health Work Group

Recommendations for the 2022 legislative session

Summary

The recommendations in this report were voted on by the work group as the top priorities brought forward from over 200 stakeholders who participated in one or more of the five subgroups. These priorities span the foundational needs impacting every aspect of behavioral health to targeted recommendations addressing specific needs identified as a pivotal issue related to one of the subgroups. The current subgroups include:

- Workforce and Rates
- Behavioral Health Integration
- Prenatal through Five Relational Health
- Youth and Young Adult Continuum of Care
- School-based Behavioral Health and Suicide Prevention

Overarching recommendations

These recommendations were unanimously approved by the workgroup as overarching. The work group recognizes that these top actions are foundational for preserving the behavioral health safety net and provide the groundwork so other recommendations for this year and future years lead to real improvements for children, youth, and families.

| | |
|---|---|
|  | <p>Medicaid rate increase To stabilize the community behavioral health safety net and improve access to care, implement a 7% Medicaid rate increase directed to community behavioral health agencies retroactive to January 1, 2022.</p> |
|  | <p>Prenatal to Age 25 Behavioral Health Strategic Plan Develop a strategic plan to ensure that all Washington’s children, youth, and young adults (prenatal through 25 years), and their families, have timely access to high-quality, equitable, well-resourced behavioral health education, care and supports across the continuum when and where they need it, including prenatal care.</p> |
|  | <p>Compensation for people with lived experience Change RCW 43.330.220 to allow people with lived experience with system services who participate in work groups to be compensated; provide funding to compensate youth and family members who participate in the CYBHWG and its subgroups. <i>Also: Department of Commerce/Office of Homeless Youth agency request legislation</i></p> |

Budget proposals:  < \$500,000  = \$500,000 - \$999,000  = \$1 million - \$10 million  > \$10 million



Policy changes; requires legislation



Collaborative effort; multiple agencies or organizations

Subgroup recommendations

Each subgroup submitted 1-3 recommendation to the work group addressing critical needs in their area. The work group voted unanimously to adopt all nine recommendations noting the significant work of the subgroups to present only their highest priorities to the full work group, and all are needed to meet the current and growing demand for services.

While the workgroup recognized all the recommendations unanimously as the top actions the state needs to take, Appendix A records the voting count of the nine subgroup recommendations for reference

| | |
|--|---|
| Workforce and Rates | |
| \$ | Provide funding to explore implementation of Certified Community Behavioral Health Clinics (CCBHC) Develop a sustainable, alternative payment model for comprehensive community behavioral health services by studying the Certified Community Behavioral Health Clinic (CCBHC) model, conducting related actuarial analysis, and proposing a pathway for statewide implementation. <i>Also: Health Care Authority budget request (decision package)</i> |
| \$  | Create a clinical supervision work group to reduce barriers to certification This workgroup shall be made up of individuals with clinical supervision experience to make recommendations for all three masters level licenses on the number of supervision hours, and any specific specialty supervision hours needed. Some funding will be needed to support the workgroup. |
| Behavioral Health Integration | |
| \$\$\$ | Provide funding for startup activities for behavioral health integration in primary care clinics Provide start-up funds to clinics which demonstrate objective and specific readiness to build collaborative care behavioral health integration programs in primary care settings to expand access to early identification and treatment of mental health issues in children and youth. |
| \$ TBD  | Reimbursement for non-licensed staff in primary care settings to support and coordinate care Allow reimbursement for non-licensed staff like Community Health Workers, navigators, and care coordinators to support kids' behavioral health in primary care settings. |
| Prenatal through Five Relational Health | |
| \$-\$\$ | Expand the Parent Support Warm Line to better support expectant and new parents Invest in Perinatal Support Washington's Parent Support Warm Line (the Warm Line) so un- and underserved expectant and new parents have greater and more equitable access to mental health services through peer-to-peer engagement and increased public awareness. |
| School-based Behavioral Health and Suicide Prevention | |
| \$\$ | Provide grants to put more behavioral health clinicians in schools to meet urgent needs of students Provide base-level funding grants for 100 school-based licensed behavioral health clinicians in 2022 at \$65,000/FTE. To be eligible, school districts would need to designate matching funds from another source to fund full-time positions, including other district funds, grants, Medicaid billing, etc. |
| Youth and Young Adult Continuum of Care | |
| \$-\$\$\$  | Ensure stable housing and care coordination for youth exiting inpatient settings Potential solutions include (1) implementing peer bridgers for transition age youth (TAY), (2) expanding behavioral health housing vouchers and earmark for TAY, (3) grant funding to develop TAY-specific SUD and mental health recovery housing, (4) flexible funds to prevent TAY homelessness upon discharge, (5) amending managed care contracts to require housing-related care coordination along with funding a position at HCA to provide oversight, (6) creating performance measures related to TAY housing stability, and (7) expanding behavioral health supports in youth shelters. |
| \$ | Provide a parent portal and tool kit to make it easier for families in crisis to get information Convene stakeholders including parents/caregivers and youth and young adults to develop a work plan to design the Parent Portal, look for funding partners, and send out an RFP for ongoing care and management of the portal. |
| \$ | Invest in a communications/marketing position at HCA to share information with providers and families Fund a full-time staff person at HCA to connect families, providers, educators, and others with current information about behavioral health care legislation. |

Detailed information about each of these recommendations is available in the companion document, *CYBHWG 2021 recommendation proposals*. Statements of support for other groups' proposals will be added later as an addendum.

Appendix A: Results – Prioritization vote by work group members (22 voting members)



Appendix B: About the Children and Youth Behavioral Health Work Group

Since 2016, this work group has brought together legislators, providers, agencies, managed care organizations, tribes, advocates, and family members and youth who have received mental health and substance use services to identify and address barriers to access to these services for children, youth, and families, and make recommendations to the Legislature. Recommendations for the 2022 legislative session were developed by five subgroups, described below.

Workforce and Rates

Co-leads: Representative Mari Leavitt (28th district), Hugh Ewart (Seattle Children's Hospital), and Laurie Lippold (Partners for Our Children)

The Workforce and Rates subgroup is open to anyone who wants to participate. With a mailing list of over 100 people and 30 or more people attending each meeting, the work group benefited from the participation of many individuals with considerable expertise who drew on their professional and personal experience. Throughout the process, the group coordinated with others, including the Workforce Training and Education Board, the Behavioral Health Institute, University of Washington, and the philanthropic community. Their recommendations, leading with the critical need for rate increases, reflect their findings that: (1) there is a significant shortage of behavioral health providers for children and youth, at a time when behavioral health needs are expected to grow; and (2) the greatest shortages are among providers who are reflective of the communities and people they serve. The Workforce and Rates subgroup is in the process of developing and disseminating a survey related to access that is expected to go out in mid-November.

Prenatal through Five Relational Health

Co-leads: Representative Debra Entenman (47th district) and Bridget Lecheile (Washington Association for Infant Mental Health), with support from Kristin Wiggins (Kristin Wiggins Consulting LLC)

In 2021, the Prenatal through Five Relational Health Subgroup did robust and intentional outreach to engage stakeholders of different racial, ethnic, and cultural backgrounds, incomes, and family structures as well as professionals who work directly with children and families to have a community-informed policy development approach. Numerous parents of children with behavioral health needs participated in subgroup meetings and one-on-one conversations to share about the barriers that prevent families from accessing support and potential solutions. Stipends were available to some parents to participate in subgroup meetings to compensate them for their time and respect and appreciate their expertise. Additionally, the group reached out to dozens of parents, practitioners, and community leaders to listen and learn. There was a particular focus on outreach to parents who have experienced perinatal mood and anxiety disorders themselves as well as parent leaders who are knowledgeable about the experiences of others in their communities. In addition to parents, the group of nearly 100 diverse stakeholders included behavioral and mental health professionals and clinicians, policymakers, advocates, physicians, and those familiar with Medicaid and private insurance.

Top criteria for adopting any recommendations in 2021 and putting them before the Children and Youth Behavioral Work Group for consideration were (1) being community-informed by prioritizing approaches and ideas shared by impacted communities; (2) centering and advancing equity, meaning recommendation concepts held the promise of measurably closing gaps; (3) being achievable; (4) having capacity to implement well and quickly; (5) strengthening and transforming foundational systems; and (6) it fit the scope of the subgroup and work group at large and did not duplicate the work of others.

School-based Behavioral Health and Suicide Prevention

Co-leads: Representative My-Linh Thai (41st district) and Lee Collyer (Office of Superintendent of Public Instruction)

The 25 appointed members on this subgroup represent families and students; behavioral health providers and agency representatives; school district and educational service district staff and administrators; and stakeholders from health care organizations, higher education, philanthropy, and advocacy groups. Non-members are encouraged to join the mailing list and attend the group's meetings and share their perspectives during the public comment period. From December 2020 through October 2021, six public meetings included comment from family members, as well as presentations from stakeholders.

Building upon the work done in 2020, the subcommittee examined funding systems and streams which support, or often fail to support, school-based behavioral health services. The subcommittee heard a presentation on the 2021 performance audit and subsequently invited a presentation from South Carolina's Department of Community Mental Health, which has successfully placed behavioral health clinicians in 63% of the state's public schools. The subcommittee continues to recommend support for the implementation of a Multi-Tiered System of Supports in Washington schools, which will help to

provide prevention universal supports for students' social, emotional, and behavioral needs, and will help to ensure that any behavioral health services delivered through school settings are integrated through the Interconnected Systems Framework. The subcommittee also proposed a grant program loosely based upon the South Carolina model to help fund 100 behavioral health clinicians in schools as an interim step until a more comprehensive gap analysis and strategic planning process can be completed to identify more sustainable approaches to funding school-based behavioral health services in schools.

Youth and Young Adult Continuum of Care (YYACC)

Quad leads: *Representative Lauren Davis (32nd district), Representative Carolyn Eslick (39th district), Michelle Karnath (parent), and Lillian Williamson (young adult)*

The YYACC addresses the unique behavioral health needs of youth and young adults, ages 13-25, across the continuum of care, including prevention, early intervention, outpatient services, intensive services and inpatient treatment, and recovery supports. As part of this work, the group studies problems and proposed solutions raised by the regional network of Family, Youth and System Partner Round Tables (FYSPRTs) which identify access problems in local communities. The subgroup includes mental health providers, advocates, health plans, agency representatives, youth who have received mental health and substance use services, and their parents or other family members.

This year, the group's recommendations focus on two immediate and critical problems – parents whose children and youth are experiencing behavioral health crises who are having trouble finding help, and the many young people who leave inpatient treatment and end up homeless within days, weeks, or months.

Behavioral Health Integration

Co-leads: *Kristin Houser (Parent Advocate) and Sarah Rafton (Washington Chapter of the American Academy of Pediatrics)*

The Behavioral Health Integration subgroup was newly formed this year to respond to the large unmet need for behavioral health services early on when children and teens first present with needs. Primary care clinics can identify behavioral health issues early in a child's life and provide effective treatment before problems become more severe.

There is a growing consensus that behavioral health integration, which embeds behavioral health counselors in primary care clinics and provides a team-based approach to care actively involving the primary care provider, is an effective means of leveraging scarce behavioral health resources to provide such early identification and treatment. A variety of integrated pediatric services exist in Washington State, but they cover only a small portion of youth, whose needs are reaching crisis levels, in part due to the stresses of COVID-19.

This subgroup's purpose is to determine what the gaps and barriers are to implementing behavioral health integration in primary care, determine what the successful models are, and make recommendations for expansion of such services to children and youth throughout the State. The subgroup includes statewide representation from behavioral health centers, primary care clinics, Seattle Children's, UW Medicine, Medicaid MCOs and commercial carriers, and state agencies. It is open to anyone who wants to participate.

Representatives from the following organizations contributed to the 2022 recommendations

Advocates and Community Organizations

A Way Home Washington
Association of Washington School Principals
Behavioral Health Institute
Building Changes
Childhaven
CHOICE Regional Health Network
Communities in Schools of Washington
Forefront in the Schools
National Council for Mental Well-being
NorthStar Advocates
Northwest Healthcare Response Network
Partners for Our Children
Washington Association for Community Health
Washington Association for Infant Mental Health
Washington Association of School Social Workers
Washington Chapter of the American Academy of Pediatrics
Washington Council for Behavioral Health
Washington Education Association
Washington Mental Health Counselors Association
Washington National Alliance on Mental Illness
Washington PAVE
Washington School-Based Health Alliance
Washington State Council of Child and Adolescent Psychiatry
Washington State Hospital Association
Washington State Medical Association
Washington State Parent Teachers Association
Washington State Psychological Association
Washington STEM

Education

Chief Leschi School District
Educational Service District 101
Educational Service District 105
Educational Service District 113
Educational Service District 114
Medical Lake School District
Monroe School District
Mount Vernon School District
Puget Sound Educational Service District
Snoqualmie Valley School District
Spokane Public Schools
Sumner-Bonney Lake School District
UW Dept. of Psychiatry
UW Evidence-based Practice Institute
UW SMART Center
Washington Association of Educational Service Districts

Managed Care Organizations

Amerigroup Washington

Community Health Plan of Washington
Coordinated Care
Kaiser Permanente
Molina Healthcare
Premera Blue Cross

Philanthropic organizations

Ballmer Group
Perigee

Providers

Advanced integrative Medical Science Institute
Amazon Care
Catholic Charities of Central Washington
Catholic Community Services of Western Washington
Children’s Village
Community Youth Services
Compass Health
Comprehensive Healthcare
Excelsior Wellness Center
Hope Sparks
Kitsap Children’s Clinic
Mary Bridge Children’s Hospital
Mercer Island Youth and Family Services
Northwest Neighborhood Clinics
Northwest Pediatric Center
Peace Health
Pediatrics Associates of Whidbey Island
Seattle Children’s Hospital
Seattle Counseling Service
SMP Services from Washington
UW Neighborhood Clinic
Yakima Valley Farmworkers Clinic

State and County Agencies

Clark County Juvenile Justice
Department of Children, Youth and Families
Department of Health
Department of Social and Health Services
Family, Youth and System Partner Roundtable
Governor’s Office
Health Care Authority
King County Behavioral Health and Recovery
Legislators and Legislative Staff
Office of Homeless Youth
Office of the Insurance Commissioner
Office of the State Auditor
Office of Superintendent of Public Instruction
Ombuds Services
Tacoma-Pierce County Health Department
Workforce Training and Education Coordinating Board

And youth and young adults who have received behavioral health services, and their parents

Children and Youth Behavioral Health Work Group Members

Co-Chairs: Representative Lisa Callan, 5th legislative district
Dr. Keri Waterland, Health Care Authority

Hannah Adira, *Youth/Young adult (alternate)*
Javiera Barria-Opitz, *Youth/Young adult*
Dr. Avanti Bergquist, *Child and Adolescent Psychiatry*
Jane Beyer, *Office of Insurance Commissioner*
Tony Bowie, *Child Study and Treatment Center, DSHS*
Representative Michelle Caldier, 26th legislative district
Diana Cockrell, *Health Care Authority*
Lee Collyer, *Office of the Superintendent of Public Instruction*
Representative Carolyn Eslick, 39th legislative district (alternate)
Dr. Thatcher Felt, *Yakima Valley Farm Workers Clinic*
Tory Gildred, *Coordinated Care (resigned Oct. 2021)*
Dorothy Gorder, *Parent*
Summer Hammons, *Tulalip Tribes*
Dr. Bob Hilt, *Seattle Children's*
Kristin Houser, *Parent*
Avreayl Jacobson, *King County Behavioral Health and Recovery*
Nichole Jensen, *Developmental Disabilities Administration, DSHS (non-voting)*
Andrew Joseph, Jr., *Confederated Tribes of the Colville Reservation*
Kim Justice, *Office of Homeless Youth, Department of Commerce*
Michelle Karnath, *Statewide FYSPRT parent tri-lead*
Judy King, *Department of Children, Youth and Families*
Amber Leaders, *Office of the Governor*
Bridget Lecheile, *Washington Association for Infant Mental Health*
Laurie Lippold, *Partners for Our Children*
Cindy Myers, *Children's Village*
Michelle Roberts, *Department of Health*
Joel Ryan, *Washington State Association of Head Start and ECEAP*
Noah Seidel, *Developmental Disabilities Ombuds*
Mary Stone-Smith, *Catholic Charities of Western Washington*
Representative My-Linh Thai, 41st legislative district (alternate)
Jim Theofelis, *Northstar Advocates*
Dr. Eric Trupin, *UW Evidence-based Practice Institute*
Senator Judy Warnick, 13th legislative district
Senator Claire Wilson, 30th legislative district
Lillian Williamson, *Youth/Young adult*
Dr. Larry Wissow, *University of Washington/Seattle Children's*
Jackie Yee, *Educational Service District 113*