

Children and Youth Behavioral Health Work Group (CYBHWG)

Recommendations for 2022

Work Group Co-Chairs

Representative Lisa Callan

*Washington State Representative
5th Legislative District*

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Health Care Authority*

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Overview

- ✓ Introduction/ 2022 Goals
- ✓ Member panel
- ✓ Recommendations
- ✓ Q & A



2022 Goals

Meeting critical needs *and* addressing long-term issues

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, and
- Developing longer term strategies for fundamental fixes to meet the behavioral health needs of young people ages 0-25 and families, including prenatal services for those expecting.

Children & Youth Behavioral Health Work Group (CYBHWG)

Member panel

Lillian Williamson - CYBHWG YYACC Young Adult Co-Lead

- UW student and activist

Michelle Karnath - CYBHWG YYACC Parent Lead

- Statewide parent tri-lead – Family, Youth & System Partner Round Table (FYSPRT)
- Family Assistance Specialist, Clark County Juvenile Court

Dr. Thatcher Felt, DO - Yakima Valley Farm Workers Clinic

- Trustee, Washington Chapter of the American Academy of Pediatrics

Recommendations

Overarching recommendations

Work group members consider these recommendations as foundational for preserving the behavioral health safety net and providing the groundwork for real improvements for children, youth, and families.

Recommendation	Relative Cost
Implement a 7% Medicaid rate increase directed to community behavioral health agencies retroactive to January 1, 2022 to stabilize the community behavioral health safety net.	\$\$\$\$
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.	\$
Provide compensation for youth and family members who have received behavioral health services and participate in the CYBHWG work group and its subgroups by providing funding and changing RCW 43.330.220. <i>Also: Department of Commerce/Office of Homeless Youth request legislation.</i>	\$

Recommendations

Subgroup recommendations

Workforce and Rates

Recommendation	Relative Cost
Provide funding to explore implementation of Certified Community Behavioral Health Clinics (CCBHCs) to create a sustainable alternative payment model for community behavioral health services.	\$
Create a clinical supervision work group to reduce barriers to certification tasked with making recommendations to the legislature on supervision hours for all three masters level licenses,	\$

Behavioral Health Integration

Recommendation	Relative Cost
Provide funding for startup activities for behavioral health integration in primary care clinics to build collaborative care behavioral health integration programs in primary care settings and expand access to early identification and treatment of mental health issues in children and youth.	\$
Reimbursement for non-licensed staff in primary care settings – such as Community Health Workers, navigators and care coordinators – to support and coordinate children’s behavioral health care.	TBD

Recommendations

Subgroup recommendations

Prenatal through Five Relational Health

Recommendation	Relative Cost
Expand the Parent Support 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

Recommendation	Relative Cost
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.	\$\$
<i>Long-term (2023 and beyond): Reimbursement for non-licensed staff in primary care settings</i> – such as Community Health Workers, navigators and care coordinators – to support and coordinate children’s behavioral health care.	TBD

Recommendations

Subgroup recommendations

Youth and Young Adult Continuum of Care

Recommendation	Relative Cost
<p>Ensure stable housing and care coordination for youth exiting inpatient settings</p> <p>Potential solutions include:</p> <ul style="list-style-type: none">• Implementing peer bridgers for transition age youth (TAY),• Expanding behavioral health housing vouchers and earmark for TAY• Grant funding to develop TAY-specific SUD and mental health recovery housing• Flexible funds to prevent TAY homelessness upon discharge• Amending managed care contracts to require housing-related care coordination,• Creating performance measures related to TAY housing stability, and• Expanding behavioral health supports in youth shelters.	\$-\$\$\$
<p>Provide a parent portal and tool kit to make it easier for families in crisis to get information.</p>	\$
<p>Invest in a communications/outreach position at HCA to share information with providers and families about behavioral health services and related legislation.</p>	\$

Thank you!

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- Work group e-mail:
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To join a subgroup or be added to our mailing list.
- [Visit our website](#)

