

December 11, 2020

Members of the Legislature,

The Children and Youth Behavioral Health Work Group (CYBHWG) is pleased to share its final recommendations for the 2021 legislative session.

These recommendations were developed by approximately 200 individuals, members of the CYBHWG and participants in its subgroups. Most of these participants represent countless others within their organizations, including behavioral health providers, hospitals, community organizations, advocacy groups, state and county agencies, schools, and philanthropic organizations. Youth who have received behavioral health services, and parents of children and youth who have received services, were also involved.

Members of the work group are aware of the challenges and budget constraints facing our State.

Therefore, the work group's recommendations for 2021 focus on:

- **Providing immediate relief** for children, youth, and families, particularly those who are most vulnerable;
- **Improving access** to services where it is most needed;
- **Addressing racial inequities** and closing health disparities for children, youth, and families of color;
- **Strengthening preventive measures and early intervention** from infancy to young adulthood to prevent more acute problems (requiring more costly services) later; and
- **Retaining and building our behavioral health workforce**, without which we cannot ensure that people have access to mental health and substance use disorder services.

Wherever possible, the work group has recommended strategies that:

- Leverage federal dollars through the federal Medicaid match;
- Explore federal funding options to pursue in the future; and
- Reduce current or future costs.

(Youth mobile crisis services in Clark County, for example, prevent emergency department visits for most of the calls they respond to.)

One of the impacts of the global pandemic has been a dramatic rise in behavioral health needs, straining our systems of care at a time when they are most needed. It is our hope that preserving and bolstering our state's behavioral health system will be high on the agenda for the 67th Legislature.



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



MaryAnne Lindeblad, BSN, MPH
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Medicaid Director
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Contents

Recommendations	1
About the Children and Youth Behavioral Health Work Group.....	3
Additional details and estimated costs.....	5

Children and Youth Behavioral Health Work Group

Recommendations for the 2021 legislative session

Prioritized recommendations

Priority 1:

- Inclusion of the 2020 budget proviso [SB 6168, Sec. 211(78), 2020] to increase Medicaid rates for behavioral health services to retain workforce and ensure access. (Passed in 2020 legislative session for 2021 fiscal year; then vetoed as part of pandemic response.) *All of the recommendations for improving access and quality of services rely on the ability to recruit and retain a skilled workforce. An increase in existing Medicaid rates for behavioral health services is critical to achieving this goal.*
- Continue funding the “Washington State Mental Health Referral Service for Children and Teens” which helps families find providers that accept their insurance. *Current funding ends July 1, 2021.*

Priority 2: Expand youth mobile crisis services statewide and ensure existing teams can meet increased demand.

Priority 3: Change Medicaid policy to match best practices for mental health assessment and diagnosis of children 0-5, including allowing 3-5 sessions for intake/assessment, in children’s homes and other natural settings.

Priority 4: Establish a workgroup to develop a behavioral health teaching clinic enhancement rate. *The rate would apply to Behavioral Health Agencies that are training and supervising students and those seeking their certification or license.*

Priority 5:

- Expand the Student Loan Repayment Program to serve 100 additional individuals and reduce existing barriers within the program.
- Preserve existing investments in infant and early childhood mental health consultation, *and*
- Establish a complex needs fund to expand access to consultant support for behavioral health challenges of children ages 0-5.

Priority 6: Direct the Health Care Authority (HCA) to explore Medicaid waiver options for respite care for youth with behavioral health challenges, without adversely impacting the respite waivers for children and youth in the foster care system and for children and families enrolled with the Developmental Disabilities Administration (DDA).

Priority 7: Expand availability of youth and family peer services across the continuum of care, reduce barriers to entry and retention, enhance diversity, and ensure peers are supported in their recovery.

Statements of support, policy only recommendations, and CYBHWG work (not prioritized)

The CYBHWG and its subgroups have strived to avoid duplicative or competing proposals with others doing this work and have, wherever possible, coordinated their efforts with these groups.

The work group operates with the understanding that the challenges children, youth, and families face require cross-system solutions and span many arenas.

The following statements of support acknowledge the importance of work others are doing. In many cases, members of the CYBHWG and its subgroups are participating in these efforts; representatives from these groups also participated in CYBHWG subgroups.

The items noted as *policy-only* and *work group activities* have no anticipated budget impact.

- Work with the Behavioral Health Apprenticeship Coalition to develop and implement a registered behavioral health apprenticeship model.
- Engage with and support the Workforce Training and Education Coordinating Board's efforts to address barriers to employment created by background checks.
- Remove clinical barriers to postpartum mood and anxiety screening by supporting the Washington Chapter of the American Academy of Pediatrics' "learning collaborative".
- Support the Multi-tiered Systems of Support (MTSS) decision package submitted by the Office of Superintendent of Public Instruction (OSPI).
- Increase staffing levels in schools to support students' social-emotional health by supporting the "Building Staffing Capacity to Support Student Well-Being" decision package submitted by OSPI.
- Improve transitional care for youth discharging from inpatient behavioral health and juvenile justice settings by supporting the work of the Senate Bill 6560 work group.
- Support efforts to ensure that quality, affordable childcare is available and accessible (workforce issue).
- Support development of a state implementation plan for the national 988 behavioral health crisis line, scheduled to go live in Washington in July 2022.

Statements of support, with policy-only recommendations

- Support current efforts to assess and improve telehealth, including audio-only, to reduce racial and income disparities in behavioral health service access and ensure that virtual services are clinically effective and provide relief to children and families. Recommend review of data and research focused on prenatal to age 25 and development of standards of practice, with stakeholders, as well as a requirement that providers publicize the Washington Lifeline. *The Washington Lifeline program offers free wireless services and cell phones to low income families and individuals.*
- Support legislation requiring continuing education for behavioral health professionals in the provision of culturally responsive treatment.
- Support Representative Lauren Davis' bill to create a Peer Support Specialist credential, allowing peers to serve individuals with commercial insurance and work directly for hospitals and correctional institutions.

CYBHWG subgroup activities

- *School-based Behavioral Health & Suicide Prevention subgroup:* Examine funding streams that contribute or could contribute to supporting K-12 students' emotional well-being and behavioral health (OSPI, HCA, and others).

About the Children and Youth Behavioral Health Work Group

Since 2016, this work group has brought together legislators, providers, agencies, managed care organizations, tribes and other stakeholders to identify and address barriers to access for behavioral health services for children, youth and families, and make recommendations to the Legislature. The 2020 recommendations were developed by four 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 at least 30 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.

Prenatal through Five Relational Health

Co-leads: Representative Debra Entenman (47th district) and Jamie Elzea (Washington Association for Infant Mental Health)

The Prenatal through 5 Relational Health subgroup did robust outreach to engage stakeholders of diverse race, income, and family situation in order to have a community-informed policy development approach. Six parents of children with behavioral health needs participated in subgroup meetings to share their perspectives and lived experience regarding barriers and solutions. Additionally, the group reached out to dozens of parents, practitioners, and community leaders to listen and learn. Besides parents, the group of 77 stakeholders included behavioral health clinicians, policymakers, advocates, physicians, regulators, and payers. As a result of these conversations, the group selected its three priority recommendations and one statement of support from 20 identified issues because they: (1) close health disparities for families of color; (2) provide immediate relief to families, especially those who are most vulnerable; and (3) focus on the urgent needs of children ages 0-5.

School-based Behavioral Health and Suicide Prevention

Co-leads: Representative My-Linh Thai (41st district) and Camille Goldy (OSPI)

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, and advocacy groups. Six public meetings included comment from family members, as well as presentations from stakeholders. They identified the need for increased staffing to support children's social, emotional, and behavioral needs, and a system for ensuring all students receive universal supports. The group found that the pandemic has highlighted existing gaps in support for students' behavioral health and emotional well-being, leaving Washington schools at a disadvantage to serve students' academic and emotional needs without an established multi-tiered system of support (MTSS), which would have provided the systems, structures, and practices to respond more effectively. As a result, the subgroup determined support for OSPI's decision packages funding MTSS and enhanced staffing levels of professionals are the most effective tools to address students' behavioral health needs now and in the future.

Youth and Young Adult Continuum of Care

Lead: Representative Lauren Davis (32nd district)

The Youth and Young Adult Continuum of Care subgroup, or YYACC, was newly formed this year. In addition to addressing the unique behavioral health needs of youth and young adults, ages 13-25, this group explores problems and proposed solutions from the regional network of Family, Youth and System Partner Round Tables (FYSPRTs) which identify access problems in local communities. With a mailing list of 90 individuals, the group

includes mental health providers, advocates, health plans, agency representatives, and youth – and parents of children and youth – who have received behavioral health services. In developing this year’s recommendations, the YYACC group brought in providers from every stage of the continuum of care – from prevention to inpatient treatment – to present and consult, and held listening sessions with youth and young adults. Of concern to everyone was the increase in psychiatric distress in youth due to the pandemic, including an increase in lethality of suicide attempts and acuity of symptoms in youth with no previous behavioral health history.

Representatives from the following organizations contributed to the 2020 recommendation

Advocates and Community Organizations

Accountable Community of Health for Southwest Washington
A Way Home Washington
Barnard Center for Infant Mental Health and Development
Forefront in the Schools
King County Behavioral Health and Recovery
Mercer Island Youth & Family Services
National Alliance on Mental Health
Partners for Our Children
Perinatal Support Washington
The Mockingbird Society
University of Washington Dept. of Psychiatry
University of Washington Evidence-based Practice Institute
Washington Association for Children and Families
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 PAVE
Washington School-Based Health Alliance
Washington State Association of Head Start/ECEAP
Washington State Community Connectors
Washington State Council of Child and Adolescent Psychiatry
Washington State Hospital Association
Washington State Medical Association
Washington State Psychological Association

Education

Chief Leschi School District
Educational Service District 101
Educational Service District 113
Medical Lake School District
Monroe School District
Mount Vernon School District
Spokane Public Schools
University of Washington

UW SMART Center

Managed Care Organizations

Community Health Plan of Washington
Coordinated Care
Kaiser Permanente
Molina Healthcare

Philanthropic organizations

Ballmer Group
Perigee Fund

Providers

Catholic Charities of Central Washington
Catholic Community Services of Western Washington
Columbia River Mental Health Services
Community Youth Services
Comprehensive Healthcare
Evergreen Recovery
Excelsior Wellness Center
Harborview Medical Center
Hope Sparks
Navos
Seattle Children’s Hospital
Seattle Counseling Service
Triumph Treatment Centers

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 (FYSPRT)
Governor’s Office
Health Care Authority
Legislators and Legislative Staff
Office of Homeless Youth
Office of the Insurance Commissioner
Office of the Superintendent of Public Instruction
Washington Workforce Training and Education Coordinating Board

And... Youth and young adults, and parents and caregivers, with lived experience

Additional details and estimated costs: 2021 recommendations

Budget proposal: **\$** = <\$200,000

\$\$ = \$200,000 - \$1 million

\$\$\$ = \$1 million - \$2 million

\$\$\$\$ = >\$2 million





Policy proposal





Collaborative effort; multiple agencies or organizations

Prioritized Recommendations

	Policy Brief/Request	Scalable?	Estimated Cost	Fiscal Note (FN) or Decision Package (DP)?	Fed Match?
\$\$\$\$	<p>Medicaid rate increase</p> <p><i>Advance timely and equitable access to behavioral health services grounded in best practices by ensuring that Medicaid rates are sufficient to increase access and support competitive salaries.</i></p> <p>Support inclusion of the 2020 budget proviso (SB 6168, Sec. 211 (78)), passed by the Legislature but vetoed by the Governor due to financial implications of the COVID-19 global pandemic.</p> <p><i>Lead: Health Care Authority</i></p>	Yes	<p>Cost:</p> <ul style="list-style-type: none"> \$10,004,960 annually for adults and children - \$3,713,531 General Fund (GF)-State and \$6,291,429 GF-Federal. \$5,988,467 annually for children only - \$2,671,773 GF-State and \$3,316,694 GF-Federal. <p>Estimates based on 2020 budget proviso.</p>	No	Yes
\$\$	<p>Mental health referral service for children and teens</p> <p>Continue funding the “Washington State Mental Health Referral Service for Children and Teens,” to prevent program shut-down in July 2021.</p> <p><i>Lead: Health Care Authority</i></p>	No	<p>\$850,000 per year; \$425,000 to be contributed by commercial carriers, beginning July 1.</p> <p>\$425,000 GF-State per year.</p>	No	Yes
\$-\$\$\$\$	<p>Youth mobile crisis services</p> <p>Expand youth mobile crisis services statewide and ensure existing teams can meet the significant increase in demand as a result of the pandemic.</p> <p><i>Lead: Health Care Authority</i></p>	Yes	<p>Cost: \$800,000 per year per team.</p> <p>Estimated annual cost (for 6 teams): \$4,800,000</p> <p>6 out of 10 regions currently do not have youth-specific mobile crisis services. Some regions that do are at or near capacity.</p>	No	Yes







	Policy Brief/Request	Scalable?	Estimated Cost	FN or DP?	Fed Match?
<p>\$ TBD</p> 	<p>Mental health assessment policy for children ages 0-5</p> <p><i>Change Medicaid policy so that best practices for mental health assessment and diagnosis of children birth through 5 years old can be implemented and diagnosis and treatment disparities reduced.</i></p> <p>Change Medicaid policy to allow three to five sessions (including in natural settings) utilizing the DC:0-5 manual so that misdiagnosis and subsequent ineffective/harmful treatment are avoided, thereby reducing diagnosis and treatment disparities currently experienced (particularly by boys of color) and cost of ineffective treatment.</p> <ul style="list-style-type: none"> • Allow three to five sessions for intake and assessment of children 0-5. • Allow children 0-5 to be served in their home or other natural settings, and reimbursing clinicians for necessary travel to natural settings. • Require clinicians to use the developmentally appropriate standard of practice for diagnosing children 0-5, the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC:0-5), rather than the Diagnostic and Statistical Manual of Mental Disorders. <p><i>Lead: Health Care Authority</i></p>	Yes	<p>Indeterminate cost; HCA actuaries are currently calculating estimated costs.</p> <p>Scalability Options:</p> <ol style="list-style-type: none"> 1. Delay reimbursement for travel time. <i>This may be most logical to delay as people are meeting less in person during the pandemic.</i> 2. Adopt policy to require use of DC:0-5. Option: Phase-in over time. <i>HCA plans to create a crosswalk for billable ICD 10 codes to facilitate clinicians in appropriately billing for use of DC:-0-5 should policy be implemented.</i> 3. Implement just the 3-5 visit assessment policy. <i>Currently, clinicians typically bill the required sessions as: 1 assessment session + 2-4 therapy sessions.</i> 	No	Yes
<p>\$</p> 	<p>Behavioral Health Teaching Clinic</p> <p><i>Establish a work group to develop a Behavioral Health Teaching Clinic enhancement rate for licensed and certified behavioral health agencies.</i></p> <p>Representatives from HCA, Department of Health, the Workforce Training and Education Coordinating Board, the Washington Council for Behavioral Health, licensed and certified behavioral health agencies (BHAs), and higher education must collaborate to develop a teaching clinic enhancement rate for BHAs training and supervising students and those seeking their certification or license.</p> <p>The group must develop:</p> <ul style="list-style-type: none"> • Standards for classifying a BHA as a teaching clinic, including serving a certain percentage of children and families; • A cost methodology to determine a teaching clinic enhancement rate; • A financing mechanism, including potential Medicaid/Medicare reimbursement; and • A timeline for implementation. <p>A report is due to the Governor and legislative committees on November 1, 2021.</p> <p><i>Lead: TBD</i></p>	No	<p>\$150K (assumes 0.5 FTE and \$100K for program and actuarial costs)</p> <p>Builds on related work currently underway by the Workforce Education & Training Coordinating Board and per legislative proviso ESHB 1190 Sec. 221 (22) as well HCA's work in carrying out the directives of proviso ESSB 6168 Sec. 215 (57). These next steps will ensure finalization of an implementation plan.</p>	No	No

	Policy Brief/Request	Scalable?	Estimated Cost	FN or DP?	Fed Match?
<p>\$ - \$\$</p> 	<p>Student Loan Repayment Program <i>Expand the Student Loan Repayment Program and reduce existing barriers to access in order to reach and retain more providers.</i></p> <p>Increase funds for Loan repayment/forgiveness in order to serve 100 additional individuals. The funds would be specified for Community Behavioral Health Agencies or Community Clinic staff working with the Medicaid population (public service) in exchange for retention. The student loan repayment/forgiveness program would be for the exclusive purpose of increasing <u>retention rates</u> of licensed clinical staff that work with youth and their families (age 0-24) in Washington State.</p> <p>Preference/priority would be given to those applicants with diverse ethnic and cultural backgrounds (though not required). The Washington State Achievement Council (WSAC) would be directed to ensure that the application process is streamlined and easy to navigate and that conditional complexity be kept to a minimum for both the individual and the agency to qualify. The required length of the conditional commitment should be 4-5 years of total services or 2-3 years post licensure.</p> <p>Specifics related to implementation will be developed in collaboration with WSAC. Funding sources will be explored, including funding from the private sector and establishing a dedicated funding source.</p> <p><i>Lead: Washington Student Achievement Council</i></p>	Yes	<p>Estimated at \$1 million for a maximum of \$10,000 per person in student loan payments.</p> <p>In addition to any overhead cost for WSAC to implement, it is likely there will be minimal additional cost to scale up the existing loan repayment program to serve more people and make a few changes in qualification criteria or award processes.</p>	No	The existing federal loan repayment program carried out by WSAC could be considered federal match dollars.
\$\$	<p>Preserve infant and early childhood mental health consultation funding <i>Support existing investments in infant and early childhood mental health consultation so that children in early care and education experience reduced bias that leads to expulsions and suspensions.</i></p> <p>The Prenatal through 5 Relational Health Subgroup supports full preservation of the state investments in infant and early childhood mental health consultation (IECMH-C). The state funding supports six mental health consultants to support early providers in addressing challenging behaviors.</p> <p>These consultants are situated at the six regional affiliates of Child Care Aware Washington. As of September 15, 2020, there were 3,271 child care providers who are serving 107,678 children who can access one of these six consultants. That leaves 1,721 providers serving 54,883 children who do not have access to these consultants.</p> <p>Thus, there is high unmet need and in order to someday address that unmet need, we must preserve what we have in order to build upon it in the future. Additionally, the state investment leverages private funding for things the state investment does not cover. IECMH-C is one of the few evidence-based interventions that we have found that can have an impact on the disproportionate expulsion of boys of color.</p> <p><i>Lead: Department of Children, Youth and Families</i></p>	Not applicable (N/A)	<p>Cost: \$773,000 GF-State annually Note: This builds on previous recommendation, implementation and statute. Funding is ongoing.</p>	N/A	No



	Policy Brief/Request	Scalable?	Estimated Cost	FN or DP?	Fed Match?
\$-\$\$\$	<p>Complex needs fund for children ages 0-5 <i>Establish a complex needs fund to address the behavioral health challenges experienced by children ages 0-5 and their families so that children, families, and early learning providers can experience reduced bias and have immediate relief.</i></p> <p>Establish an account to help address the behavioral health challenges children ages 0-5 experience. This account is for: (a) early learning providers to get support to pay for infant and early childhood mental health consultants; and, (b) infant and early learning childhood mental health consultants to pay for behavioral health, anti-bias, and anti-racist coaching that will make an immediate impact on their practice.</p> <p>With the added (and in some cases severe) trauma due to the pandemic, children, families, child care providers, and the mental health consultants working with them urgently need more support. Research shows infant and early childhood mental health consultation is an effective strategy that leads to improvement in children's social and emotional functioning, early learning providers' relationships with families, and in dyadic relationships. It is effective in reducing racial disparities in children's socio-emotional functioning and teacher-child relationship, suspensions and expulsions, and missed workdays for parents.</p> <p>This account will help increase access to unbiased consultation and evaluation services, taking into account child development and family experience for Black/African American children and families, specifically, and children and families of color, in general, to decrease the numbers and ameliorate the impacts of preschool suspensions and expulsions as well as child welfare involvement. It will also help increase access to mental health consultation for families experiencing poverty and those living in rural and under-resourced communities. In turn, equitable and expanded access to unbiased mental health consultation and evaluation services will also improve the quality of services provided to children and families.</p> <p><i>Lead: Department of Children, Youth, and Families</i></p>	Yes	<p>Cost: As appropriated by the Legislature. <i>For comparison - the ECEAP complex needs fund is a one-time \$2.2M investment spanning SFY20-21.</i></p> <p>Scalability Options:</p> <ol style="list-style-type: none"> 1. Control the fund amount. 2. Restrict support to specific high-need regions or populations. 3. Layer this support within the shared services hub. <i>The shared services hub is funded by federal Preschool Development grant (PDG). This PDG work is currently being developed and launched by DCYF.</i> 4. Restrict to specific supports with an existing administrative structure (e.g., infant and early childhood mental health consultation, contract with a community-based organization that has existing reach with early learning providers or consultants to streamline services). 	No	No
\$	<p>Respite care for youth with behavioral health challenges and their families Direct HCA to explore Medicaid waiver options for respite care for youth with behavioral health challenges, without adversely impacting the DDA and DCYF respite waivers. <i>Lead: Health Care Authority</i></p>	No	\$150,000 for one FTE and associated costs	No	No
\$ TBD 	<p>Youth and family peer access and workforce Expand the availability of youth and family peer services across the continuum of care, remove barriers to entry and improve retention of peers in the workforce, enhance diversity in the peer workforce, and ensure peers are supported in their own recovery. <i>Further discussion is needed to distill which elements would be incorporated into a bill or budget proviso and what those precise asks would be.</i> <i>Lead: Health Care Authority</i></p>	Yes	Indeterminate	No	Possible






Statements of support, policy-only recommendations, and CYBHWG subgroup activities




(Not prioritized)


	Policy Brief/Request	Scalable?	Estimated Cost	FN or DP?	Fed Match?
  	<p>Behavioral health apprenticeships</p> <p><i>Work in partnership with the Behavioral Health Apprenticeship Coalition to advocate for legislative support for funding and the necessary statutory changes to develop and implement a registered behavioral health apprenticeship model.</i></p> <p>This model will serve to diversify the workforce and increase access to critically needed behavioral health services, including services for children and youth ages 0-24. Funding is needed to enable employers to participate in the program. Additionally, legislative support and direction is necessary to ensure that rule changes to licensing eliminate onerous requirements, which are barriers for individuals seeking dual Substance Use Disorder Professional and mental health credentialing.</p> <p>The demand for behavioral healthcare – mental health and substance use disorder treatment – exceeds the availability of services throughout the state. The vision is to build a statewide behavioral health educational pathway infrastructure launched through apprenticeship opportunities that is supported and endorsed by Washington State and used by employers across the region promoting accessibility, retention and stability within the behavioral health workforce.</p> <p><i>Lead: Behavioral Health Apprenticeship Coalition</i></p>	Yes	<p>Approximately \$1.6 million.</p> <p>This is for the start of the apprenticeship program that will include education costs for enrollees as well as funds for employers participating in the program.</p>	No	No
 	<p>Revise background check requirements for behavioral health professionals</p> <p><i>Engage with and support the Workforce Training and Education Coordinating Board's efforts to address barriers created through often-inflexible background checks as requirements for behavioral health professionals.</i></p> <p>In the behavioral health field, lived experience is highly valued, there is considerable support for the use of peer counselors, and efforts are underway to establish an apprenticeship program.</p> <p>There is also a great need to increase and diversify the workforce, making it more important than ever to eliminate barriers and open up the field to individuals who have a tremendous amount to offer and should be provided opportunities to do so.</p> <p><i>Lead: Workforce Training and Education Coordinating Board</i></p>	TBD	Awaiting the Workforce Board's recommendations.	No	No
	<p>Postpartum mood and anxiety screening</p> <p><i>Remove clinical barriers to postpartum mood and anxiety screening so that health disparities can be eliminated.</i></p> <p>Support the exploration of the Washington Chapter of the American Academy of Pediatrics' (WCAAP) "learning collaborative" (September 2020 – June 2021) to identify and prepare to remove clinical barriers and eliminate racial disparities in routine postpartum mood and anxiety disorder screening and treatment.</p> <p><i>Lead: WCAAP</i></p>	N/A	<i>WCAAP is already staffing this effort. Findings and recommendations can inform actions taken in future legislative sessions.</i>	N/A	No

	Policy Brief/Request	Scalable?	Estimated Cost	FN or DP?	Fed Match?
<p>\$\$\$\$</p>	<p>Funding for Multi-tiered Systems of Support (MTSS) in schools</p> <p><i>Provide support for districts to implement equity-based MTSS, including the Interconnected Systems Framework (ISF) for behavioral health, through training, coaching, and technical assistance using a consistent, statewide framework.</i></p> <p><i>MTSS uses data-based decision making to support improved student outcomes and accountability at each level of the system (state, district, school, classroom, and student).</i></p> <p>A multi-tiered system of supports (MTSS) is a framework for enhancing the adoption and implementation of a continuum of evidence-based practices to improve important outcomes for all students and decrease adverse outcomes for student groups who experience opportunity gaps. MTSS integrates both academic and non-academic supports to meet the needs of the whole child.</p> <p>By integrating these supports, schools may also increase the efficiency, effectiveness, and sustainability of their services (McIntosh, K., & Goodman, S. 2016). As students (and adults) are experiencing the additional traumatic effects of a global pandemic, MTSS also provides a framework for more effectively integrating behavioral health supports into the school setting.</p> <p>For the purposes of this recommendation, the School-Based Behavioral Health and Suicide Prevention Subcommittee recommends support for the MTSS Decision Package submitted to the 2021 Legislature by OSPI.</p> <p>The package funds 12 regional implementation specialists to train, coach and support districts in order to align policies, personnel, and other resources so that their schools can implement and sustain MTSS with fidelity.</p> <p><i>Lead: Office of the Superintendent of Public Instruction</i></p>	Yes	\$4.47 million for the biennium	Supporting Students through Multi-Tiered Systems of Support	No

	Policy Brief/Request	Scalable?	Estimated Cost	FN or DP?	Fed Match?
	<p>Increase staffing levels in schools to support the social/emotional/behavioral health of students. <i>Increasing staffing will improve tier 1 universal supports for students, as well as provide increased staffing to provide individual and targeted supports to students with more significant behavioral health needs.</i></p> <p>Endorse the staffing enhancements proposed by OSPI to support the social/emotional/behavioral well-being of students which requests increased staff allocations in the prototypical school funding model for school counselors, school nurses, social workers, psychologists, family engagement coordinators, and student and staff safety personnel no later than the 2024-25 school year.</p> <p>The work group recommends support for Components 1 and 2 of the decision package:</p> <ul style="list-style-type: none"> • Component 1 includes more appropriate staffing allocations to help ensure students are in healthy, safe, and productive learning environments. • Component 2 includes additional days of professional development for certificated and classified staff. This increase phases in over three years, with the end result of six days for certificated instructional staff and classified staff, and three days for certificated administrative staff. The professional development would include mandatory learning on racial literacy and cultural responsiveness, which is necessary to accelerate the closure of persistent opportunity gaps. Training on these topics is critical for serving all students, regardless of race. Professional development for racial literacy will be expected of all district personnel statewide on an ongoing basis. <p>The work group did not make a recommendation on Components 3 and 4 of the decision package.</p> <p><i>Lead: Office of the Superintendent of Public Instruction</i></p>	Yes	\$194,831,000 for the 2022-23 school and fiscal year	Building Staffing Capacity to Support Student Well-Being	No
	<p>Improve transitional care for youth discharging from state systems</p> <p>Support the work of the Senate Bill 6560 work group in Improving transitional care for youth discharging from inpatient behavioral health and juvenile justice settings, including ensuring that young people do not end up experiencing homelessness post-discharge.</p> <p><i>Lead: Department of Commerce, Office of Homeless Youth</i></p>	N/A	\$0 in 2021; awaiting recommendations from the Senate Bill 6560 work group	No	No

	Policy Brief/Request	Scalable?	Estimated Cost	FN or DP?	Fed Match?
	<p>Support efforts to ensure access to childcare</p> <p>The CYBHWG strongly supports efforts to ensure that quality, affordable childcare is available and accessible. There is a direct link between the behavioral health workforce and access to affordable, quality childcare.</p>	TBD	The CYBHWG will be following efforts related to childcare/early learning, which will most likely have a fiscal impact. The amount is TBD, depending on the specific recommendations that are advanced.	No	No
<p>\$ TBD</p>  	<p>National 988 behavioral health crisis line</p> <p>The Congressionally approved national behavioral health crisis line, 988, will become live in Washington in July 2022. This presents a unique 18-month runway to earn the public's trust by building a comprehensive behavioral health crisis response system to respond to the roughly 10 percent of 911 calls that are behavioral health related. In order to prepare for 988, Washington must spend the next 18 months focused on creating a 988 implementation plan, including sophisticated crisis technology that tracks real time bed availability and ensures individuals who touch our crisis system receive follow-up care.</p> <p><i>Lead: TBD</i></p>	TBD	TBD	No	No
<p>0-\$</p>  	<p>Support telehealth for behavioral health services</p> <p>Support and advocate for the use of telehealth for behavioral health services, including audio only, for children and youth 0-25 that are appropriately compensated, consistent with standards of practice, maximize the effectiveness of the tool, ensure accessibility for individuals of varying income levels, abilities and available bandwidth, and build on lessons learned.</p> <p>2020 has been an unplanned and at-scale pilot of telehealth models that have been long-discussed. One promising finding has been that our clients can benefit from some tools in the telehealth toolkit. It is critical, though, to assume that tactics can be broadly applied. Behavioral health stakeholders need the chance to struggle through the pandemic demands and then evaluate the lessons learned. This will likely result in findings that some telehealth tools are appropriate and should be secured and expanded, and other services depend on in-person, contemporaneous interaction.</p> <p>Policy recommendations:</p> <ul style="list-style-type: none"> Charge a current or new committee to develop standards of practice for audio and video telehealth services so racial and income disparities in behavioral health service access are eliminated and virtual services provide clinically effective relief for children and families. Require state-funded programs to publicize the availability of Washington Lifeline, ask families about the need for digital access, and make appropriate referrals so that low income families can effectively access appropriate virtual behavioral health services. <p><i>Lead: TBD</i></p>	Yes	<p>\$0 - \$130,000</p> <p>Scalability Options:</p> <ol style="list-style-type: none"> \$0 if work is done by an existing group or agency. \$130K/year if this is new work. 	NA	No

	Policy Brief/Request	Scalable?	Estimated Cost	FN or DP?	Fed Match?
 	<p>Continuing education requirements</p> <p><i>Support legislation requiring that continuing education requirements for all licensed, certified, and registered behavioral health professionals include the provision of culturally and linguistically responsive treatment.</i></p> <p>While it is critical that the behavioral health workforce become more diverse, behavioral health professionals who are working with children and youth of different races, ethnicities, cultures, religions and gender identities must have ongoing training in diversity, equity, and inclusion in order to be as effective as possible. Additionally, training should be available that focuses on the emotional well-being of children and youth of diverse backgrounds.</p> <p>The relevant licensing boards and commissions shall develop standards and criteria for the training and will determine the number of required hours based on available research and evidence. Training shall be no less than a minimum of 4 hours for every new license, certification or registration renewal.</p> <p><i>Lead: Washington State Medical Association</i></p>	N/A	There should not be a cost to the state unless there are minimal startup funds needed at DOH for tracking, etc.	No	No
	<p>Peer credential bill</p> <p>Would create a new health profession in Washington: Peer support specialist. At present, there is no peer credential. Peers receive a certificate after completing a one-week training course and then, if they seek employment, must work at a community behavioral health agency and pursue an Agency Affiliated Counselor credential. Creating a peer credential would allow peers to serve individuals with commercial insurance (50% of the state's children) and it would allow peers to work directly for hospitals and correctional institutions. It would advance the field of peer support and improve equity with other healthcare professions.</p> <p>Lead: TBD</p>	N/A	Budget neutral – Professional credentials must be self-supporting.	No	No

	Policy Brief/Request	Scalable?	Estimated Cost	FN or DP?	Fed Match?
	<p>Examine funding streams (including Medicaid, private insurance benefits, K-12 funding, and other federal, state and local funds) which contribute or could contribute to supporting the emotional well-being and behavioral health care of students in K-12 schools.</p> <p>The School-based Behavioral Health and Suicide Prevention subcommittee will receive presentations, reports and other relevant information from HCA staff who are specialists in Medicaid funding, including covered services for children and youth, and from specialists familiar with coverage requirements for commercially available insurance plans, including individual and employer-based coverage.</p> <p>The committee will also receive presentations from OSPI staff who are specialists in state and federal funds provided to schools by OSPI. The committee would also invite experts to discuss the prevalence of mild, moderate and severe behavioral health disorders and symptoms among children and youth between the ages of 6-21.</p> <p>The committee will examine available resources, systems of support and service delivery, and the prevalence of behavioral health needs, including needs exacerbated by the COVID-19 pandemic, among children and youth in K-12 schools in Washington. The committee will also access existing and previous reports to obtain the information necessary to conduct this assessment efficiently.</p> <p><i>Lead: School-based Behavioral Health and Suicide Prevention subcommittee</i></p>	N/A	Work to be done with existing resources.	No	No