November 10, 2022

Members of the Legislature,

The Children and Youth Behavioral Health Work Group (CYBHWG) is pleased to share its final recommendations for the 2023 legislative session.

This year, as always, the CYBHWG subgroups spent hours studying and prioritizing those issues that addressed the most critical needs. Ultimately, the subgroups submitted 20 recommendations to the work group. To aid the Governor and the Legislature, the work group voted on their top priorities, while emphasizing that all the recommended solutions are needed to address the ongoing crisis in youth behavioral health.

The most critical issue – raised by every subgroup – is the ongoing behavioral health workforce shortage and its impact throughout the continuum of care. The CYBHWG is recommending several strategies to address this crisis, beginning with the overarching goal of raising Medicaid reimbursement rates. Other recommendations include providing conditional grants and loan repayment, reducing administrative burdens, and proposals to shore up supports for schools and primary care providers who are seeing increasing numbers of young people with behavioral health concerns.

The rest of the recommendations address crises where the system is unable to meet immediate needs – such as youth who are "stuck" in hospitals because they have no place to discharge to – and systemic problems which are preventing children, youth, and families from receiving the services they need.

A brief status report on the Prenatal through 25 Behavioral Health Strategic Plan development process is also included in this report. The strategic plan is intended to provide a statewide assessment of behavioral health needs of children, youth and families across the continuum of care and a roadmap for making systemic changes to better meet these needs. Beginning in 2023, CYBHWG recommendations will be informed by what is learned from the strategic plan development.

We are grateful to the over 380 stakeholders who participated in the development of these recommendations – and the partnership and collaboration their efforts reflect. We appreciate the commitment the Governor and the Legislature have made – especially over the past few years – to address the behavioral health crisis and improve services for all Washingtonians. We know, even with these recommendations and the efforts underway from past legislation, there is still much work to do. We hope the 69th Legislature and beyond will continue to focus and partner with providers and communities to build a Washington State where behavioral health care is available when, where, and how it is needed for every resident, including our youngest.

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

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Children and Youth Behavioral Health Work Group

Recommendations for the 2022 legislative session

Overview

A challenging year

In 2022, mental health and substance use challenges for children, young people, and their families continue to be at crisis levels.

Evidence of the continuing crisis and trauma children, youth and families are experiencing includes the following:

- Suicide is the second leading cause of death for Washington teens 15-19 years old. In the 2021 Healthy Youth Survey, 20% of 10th graders said that they had considered attempting suicide in the past year, and 8% said they had attempted suicide. 9% of 8th graders said they had attempted suicide.
- According to the 2022 Mental Health America survey of states, nearly half (49.8%) of youth experiencing major depression do not receive any mental health treatment.
- In Washington, approximately 1 in 3 children and youth (0-17) enrolled in Apple Health with an identified mental health need did not receive any mental health services. The majority of youth enrolled in Apple Health (13-17) with identified substance use treatment need did not receive any SUD services, even after an SUD-related emergency department visit.[1]
- Record numbers of Washington state children and youth are presenting in emergency departments in mental health crisis (Seattle Children's Hospital 2022 Community Health Assessment).
- Preliminary research suggests that pandemic-related stress during pregnancy increases the risk of developmental delays, along with reduced verbal, motor, and overall cognitive capacity of children born in recent years, as compared to those born pre-pandemic.[2]
- From July 1, 2021 through June 2022, Washington's Mental Health Referral Service for Children and Teens received 81% more requests from families than the previous year, with an average time between the initial phone call to referral of 20.7 days.[3]

After a challenging prioritization process within each subgroup, the CYBHWG ended up with a list of 20 recommendations, all of which address critical needs. The process of prioritizing these recommendations was the most difficult for the work group since its inception. To best serve the Governor and Legislature's needs, the group is submitting a prioritized list, developed through a two-tiered voting process (see Appendix A).

After voting, the work group spent the rest of the meeting reviewing the results and working through their concerns. Of greatest concern was the profound shortage of clinicians throughout Washington state and a shared sense that we should be doing everything possible to address issues that affect worker recruitment and retention.

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[1] Access to Behavioral Health Services for Children and Youth (draft), Health Care Authority, anticipated publication date: January 1, 2023.
[2] Adams, Caralee, "How the pandemic is affecting babies' brains" The Hechinger Report, February 24, 2022.
[3] Behavioral health consultation and referral services (draft), Health Care Authority, anticipated publication date: December 30, 2022.

A skilled workforce is foundational for *all* recommendations

"I think the vote speaks to the intensity and urgency of the behavioral health crisis — we need programmatic interventions immediately and we need the workforce to bring it alive."
- CYBHWG member, post-prioritization discussion

A recent study by the Washington Behavioral Health Council found an average 30% vacancy rate in community behavioral health clinics, rising to as high as 60% in some communities. The shortage of clinicians with the training and experience to serve children, youth and families is even greater.

The CYBHWG acknowledges that a skilled workforce is a structural and foundational prerequisite to improving behavioral health access for children, youth, and families. It is at the root of every issue raised in this report; none of the current gaps or crisis areas can be remedied without clinicians and other behavioral health workers to staff them. And none of the recommendations can come to fruition without understanding, supporting, and building our workforce.

Consequently, addressing the workforce shortage is truly the common thread across all the recommendations for the 2023 legislative session. To effectively solve some of the most egregious barriers and gaps in our system, the CYBHWG recognizes that we must build, support, and take care of our behavioral health workforce – particularly clinicians, but also all the other types of staff that support children, youth, and families getting access to the services they need.

The struggle – between critical programmatic improvements and the foundational work of bolstering the workforce – resulted in an exceptionally robust and participatory discussion about the recommendation results and people's concerns. In honoring the workgroup's discussion and voting outcomes, while there is a prioritized list below, workforce recommendations *and* essential program improvements must both occur; one without the other will perpetuate the crisis state we are in today. The work group was in strong consensus in their desire to ensure that elected officials are made aware that every subgroup and every individual involved in this work identified building the workforce as a foundational need and the lack of behavioral health workers as the most critical barrier to accessing services.

Following the recommendations is a summary of the work group's discussion about workforce and other issues that were raised when they debriefed on the voting results.

It will be important to note that workforce is a foundational need in any recommendation that includes the language "expand", "increase" or "extend" services.
Pediatric hospital administrator, post-prioritization discussion

Recommendations

Recommendation overview

Recommendations were proposed by each of the CYBHWG's subgroups:

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

While all the recommendations were deemed essential, this report breaks them into three groups: (1) an overarching recommendation, considered a top priority by the work group, (2) a prioritized list of recommendations that at least 43% of the voting members identified as a top priority, and (3) additional recommendations from the subgroups that were identified as critical.

When possible, this report includes budget estimates, using the scale below. These estimates were developed by the subgroups and were not developed by agency staff. They should not be used in legislative proposals.

$ < $500,000 $$ = $500,000 -$999,000 $$$ = $1 million - $10 million $$$$ > $10 million

Overarching recommendation

To aid in staff recruitment and retention efforts amid the ongoing shortage in the behavioral health workforce, work group members unanimously agreed that a substantial Medicaid rate increase is an overarching need and is essential to the success of any other initiatives.

Legacy **$$$$**	1. Medicaid rate increase - *Overarching* Building upon investments made by the 2022 Legislature, provide necessary stabilization and support to the behavioral health safety-net by appropriating and implementing a substantial Medicaid rate increase for all providers of pediatric behavioral health services, as well as a 15% rate bump for the Children's Long-Term Inpatient Program (CLIP). The CLIP rate increase shall be implemented on July 1, 2023 to address the workforce crisis that is affecting inpatient capacity. The overall rate increase, effective January 1, 2024 shall be implemented for all behavioral health inpatient, residential, partial hospitalization, intensive outpatient, and outpatient providers receiving payment for services through Medicaid managed care organizations and fee-for-service. The rate increase should apply to both parts of the budget and both parts of the state plan that cover behavioral health provider reimbursement. *Workforce & Rates*

Prioritized recommendations

The priority order of the rest of the recommendations in this list was determined through a ranking vote at the Nov. 4 CYBHWG meeting (see Appendix A).

New **$ TBD**	2. Expand services and codify a consistent approach to support the needs of youth who are effectively "stuck" in hospitals This package of recommendations includes four budget proposals and one policy proposal: • Expand the capacity in DDA in-home and out-of-home services. • Expand the capacity and capability of WISe to support high-needs youth – potential promising pilots include exploring how to concurrently offer ABA and WISe, piloting a Wraparound with Intensive Behavioral Supports (WIBS) model, and continuing educational opportunities such as RUBI and the ECHO for WISe teams. • Expand access to ABA supports. • Explore a therapeutic educational residential placement in Washington State through an evaluation/study. • Codify a new approach to creating a service and placement plan for children.
Legacy **$ TBD**	3. Expand the number of school- and community-based clinicians serving students and expand the Partnership Access Line (PAL) in Schools pilot statewide To increase the service capacity for schools across the state to provide access to and promote positive outcomes for Tier 2 and Tier 3 mental health interventions for all students: 1. Provide funding to districts to expand the number of school- and community-based mental health practitioners; and 2. Provide funding to expand the Partnership Access Line (PAL) in Schools pilot program statewide. Both these recommendations would target rural and remote schools with unique workforce and mental health service access needs. *School-based Behavioral Health & Suicide Prevention*
Legacy **$$$$**	4. Increase the Early Childhood Education and Assistance Program (ECEAP) and Child Care Complex Need Funds (CNFs) to meet need Providers and programs report an overwhelming and unmet demand for ECEAP and Child Care CNFs. CNFs provide the ECEAP and Child Care providers vital state funding to support children with developmental delays, differing abilities, or challenging behaviors. Early learning providers submit requests for CNF supports; to date, providers have submitted far more requests than the available budgets. *Prenatal through Five Relational Health*
New **$-$$**	5. Continue and expand supports for behavioral health integration in primary care (FAST, PAL, Mental Health Referral Service for Children and Teens) 1. Continue and expand First Approach Skills Training (FAST) through the Partnership Access Line (PAL) making it available to behavioral health professionals in all primary care and in behavioral health clinics who desire it. 2. Expand Washington's Mental Health Referral Service for Children and Teens (aka Referral Assist) 3. Expand funding for psychiatric consultation services by PAL to support newly integrated clinics *Behavioral Health Integration*

New **$ TBD**	6. Targeted investments in behavioral health and suicidality for indigenous youth To address the massive disparities in behavioral health needs in Indigenous youth, provide monetary assistance to tribes and Indigenous organizations to spend on behavioral health services as they see fit. *Youth & Young Adult Continuum of Care*
New **$-$$$**	7. Scale up culturally affirming mental health care for children and families (CARE project) Fund continued support for the next phase (two years) of the CARE project (culturally affirming mental health care for children and families) by bringing together diverse communities and sectors to collaboratively develop a three-pronged effort to: 1. Expand a culturally diverse, child mental health workforce; 2. Train licensed child mental health providers in culturally affirming care; and 3. Support specialty child mental health leaders to lead organizational change efforts to support these workforce shifts. *Workforce & Rates*
New **$$$$**	8. Reduce the educational debt burden for clinicians To address educational debt burden and increase the behavioral health workforce, we recommend a three-pronged strategy: 1. Allocate $25 million to recruit and support 325 master-level students with $75,000 conditional grants to diversify the behavioral health workforce by 2028; 2. Create a loan repayment fund specifically targeted to individuals employed in community behavioral health agencies; and 3. Allocate funds to support behavioral health loan repayment awards to address retention challenges within a variety of settings and conduct an evaluation of program outcomes. *Workforce & Rates*
Legacy **$ TBD**	9. Behavioral health respite for youth and families Direct HCA to continue to explore Medicaid waiver options for respite care for youth with behavioral health challenges, without adversely impacting the DDA and DCYF respite waivers, and to continue to expand the System of Care respite pilots. *Youth & Young Adult Continuum of Care*
New **$**	10. Reduce behavioral health workforce barriers To address barriers to retaining and expanding the Behavioral Health workforce: 1. Amend the Revised Code of Washington (RCW) to allow inclusion of Washington in the national Counseling Compact; and 2. Reduce or eliminate identified administrative burdens. *Workforce & Rates*
New **$ TBD**	11. Designate a lead agency for students' behavioral health Designate a lead agency responsible for ensuring student access to the continuum of behavioral health and wellness services in school settings. In Year One, allocate funding for the designated lead agency to develop a work and project plan. In Year Two, include flexible funding to education service districts (ESDs) and school districts for development of comprehensive behavioral health services, support in becoming a licensed behavioral health provider, and/or to partner with community-based organizations (CBOs) and other licensed providers to provide access to behavioral health services to students. *School-based Behavioral Health & Suicide Prevention*

Additional recommendations

These recommendations were identified as critical needs by the subgroup in which they originated. While they did not get prioritized in the top tier, the work group strongly supports their passage in the 2023 session and notes that many of these recommendations are relatively low-cost (less than $500,000) or are scalable.

Workforce and Rates	
Legacy **$ TBD**	Certified Community Behavioral Health Clinics (CCBHCs) Build on foundational work from FY2022 to develop a sustainable, prospective payment system for comprehensive community behavioral health services by refining the CCBHC model, pursuing federal demonstration state status, conducting related actuarial analysis, obtaining continued technical assistance from the National Council for Mental Wellbeing, and proposing a pathway for statewide implementation of CCHBCs.
Legacy **$**	Teaching clinic enhancement rate Allocate funds for a .5 FTE at the HCA to participate in a public/private partnership to implement the behavioral health teaching clinic demonstration project led by the Washington Council for Behavioral Health.
Behavioral Health Integration	
New **$ TBD**	Finance kids' behavioral health care coordination in primary care Direct HCA to adopt Medicaid billing codes that would reimburse primary care clinics for care coordination activities on behalf of children and teens with behavioral health problems.
Prenatal through Five Relational Health	
Legacy **$-$$$**	Expand Infant and Early Childhood Mental Health Consultation (IECMH-C) to meet need These funds would be used to (1) provide IECMH-C services by linguistically and culturally matched consultants; (2) attend to the wait list by offering "one to many" types of supports for childcare providers needing support; (3) expand capacity to provide individualized mental health consultation services to more providers, and (4) address on-going program needs to maintain quality and access to a variety of intensity of services. These funds will be used to hire 13 additional mental health consultants. As of August 2022, there were 110 early learning providers on the waitlist.
New **$**	Improve awareness and navigation support for parents and caregivers for families in the perinatal stage and children through age 5 HCA should direct a comprehensive analysis of relationally based awareness and navigation supports that is directly informed by parents/caregivers with lived experience seeking support for medical issues, developmental delays, and/or mental health. This analysis will be used to develop trainings and education resources that center the empowerment of parents and caregivers and potentially inform practices with existing services.

Youth and Young Adult Continuum of Care	
New **$ TBD**	Peer services for youth and families Expand access to peer services for parents/caregivers and youth/young adults accessing behavioral health services by funding Center of Parent Excellence (COPE) to sustain the program and add additional staff; add additional opportunities for the Certified Peer Training and testing specifically for youth and families.
Legacy **$**	Provide a parent portal and tool kit to make it easier for families in crisis to get information Convene stakeholders including parents/caregivers and youth and young adults to develop a work plan to design the Parent Portal, look for funding partners, and send out an RFP for ongoing care and management of the portal.
New **$ TBD**	Create a flexible fund to pilot the utilization of technological innovations across the behavioral health continuum of care Establish a pot of flexible funds intended to stimulate broader adoption of technological innovations in the mental health and addiction services sector. A myriad of such technologies exist, including applications and prescription digital therapeutics that address suicide crisis care, addiction recovery support, depression care, opioid use disorder, and more. These technological innovations exist across the behavioral health continuum of care from assessment and early intervention to treatment and recovery support services.

Discussion

The following are excerpts from work group members and others in discussion and in Zoom Chat regarding key issues raised about the resulting priorities.

Workforce

See page 4 for information about the overwhelmingly large number of members and other people with concerns about workforce and the need to build the workforce as a foundational prerequisite to resolving access and quality of care issues. Representative comments are included below.

- The programmatic efforts are necessary and important, and we all want them to move forward but we can't do them without the workforce.
- Many of our staff have left because of administrative burdens and other barriers. The damage to workforce in Community Behavioral Health is extensive. New programs and services are a fine idea, but where will workforce come from?
- We don't necessarily have the same prioritization for how we're going to support and sustain the clinicians who are going to provide these services, and the providers who are going to employ them, to ensure that they're taken care of while they're providing services.
- There is concern across the state about our lack of workforce. I'm not sure the other recommendations, such as expanding services, will be successful without sufficient workforce. If they are, it's likely to be at the cost of another system, like the community behavioral health system. Not looking at the system as a whole can destabilize part of the system.
- Adding additional services without having the ability to properly staff them will cause more frustration and distrust in the system that is meant to help their families.

- Workforce shortages go beyond clinicians to all workers in the behavioral health system, including proper ratios [and supports] for ECEAP, childcare, schools. All of these areas have a workforce component and they all address high needs. We need more resources for children's mental health from early learning through young adulthood.
- Many of the families I've spoken to as part of my work have voiced not having stable providers as one of the main reasons their children become "stuck in the hospital." For example, if youth had more providers available to help them meet their needs early on, then a crisis might not have escalated.
- I also didn't see direct support professionals and community respite providers that serve I/DD clients mentioned in the workforce items. These are critical supports for families that help them be able to support their children at home.
- The peer program is part of the workforce solution. I would hope that youth and family peers are considered part of the workforce. It is a workforce that is underutilized.
- Parents are actively asking for help in the moment across the continuum of care and for all ages. Peer services can provide the necessary supports while the family is navigating appropriate services.

Legacy recommendations, or works-in-progress

This year, for the first time, subgroups submitted "legacy" recommendations – proposals that were continuations of CYBHWG recommendations from previous years. These ranged from recommendations that outlined the next step in implementation for work that began the previous year to expansion of programs introduced in previous years. Some of these recommendations did not make it to the prioritized list and concerns were raised that this might be seen as abandoning commitments to existing priorities in favor of new programs though, as emphasized earlier, all the recommendations are viewed by the work group as critical.

Low-cost recommendations

Members also expressed regret that many of the lower-cost recommendations, or low-hanging fruit, which could provide great benefit at minimal cost were not prioritized. Several of these proposals are also legacy items in which a first step toward study or implementation was made in a previous year, and this year's recommendation supports the next step in a pathway to implementation. As mentioned earlier in this report, nearly all the recommendations that did not make it to the prioritized list are estimated at less than $500,000 or are scalable.

Moving forward: Prenatal through 25 Strategic Plan

Prenatal through 25 Strategic Plan Update

1. Background

In 2021, in response to the ongoing crisis in children and youth behavioral health – and a shared awareness that its proposed solutions were, by necessity, focused on responding to the most severe and life-altering gaps in the system, the CYBHWG proposed that development of a statewide Prenatal through 25 Behavioral Health Strategic Plan.

Second Substitute House Bill 1890 (HB 1890), enacted in 2022, authorizes the CYBHWG to convene a Prenatal through 25 Behavioral Health Strategic Plan (Strategic Plan) Advisory Committee to develop the strategic plan and submit it to the Governor and the Legislature by November 1, 2024.

The goal of the strategic plan is to develop longer term, system-wide strategies to ensure access to high-quality equitable care and supports in behavioral health education and promotion, prevention, intervention, recovery and ongoing well-being for families in the perinatal stage (pregnancy through the first year of life), children, young people transitioning to adulthood, and their caregivers.

While the Health Care Authority (HCA) is staffing the work, the strategic plan is the work of the Children and Youth Behavioral Health Work Group; decision-making rests with the CYBHWG co-chairs and the advisory committee.

2. Progress report

In August, HCA hired a Strategic Plan program manager and contracted with Kauffman & Associates (KAI), a Washington-based consulting firm to lead the work with their facilitation, project management, and community engagement expertise.

The advisory committee met on August 29 and October 13. Currently, only the members identified in HB 1890 have been appointed.

The CYBHWG co-chairs and members have agreed that the voices of young people who have received mental health and substance use-related services, their families, and communities that have experienced health inequities are central to this work.

Currently, the co-chairs and KAI are working together to ensure that the committee will include needed and appropriate representation. KAI is holding conversations with community and tribal stakeholders to get their guidance on the advisory committee representation. Once that work is completed, information will be shared with the public and the co-chairs will begin appointing additional members. In the meantime, advisory committee meetings will be organized with opportunities for all who attend to provide input, regardless of whether they are members or not.

The advisory committee will meet on November 18 to review a draft charter for the group. The group's next meeting, with a full slate of appointed members, will be scheduled for the first week in January 2023. After that, the group will meet every other month in 2023, with the next meeting scheduled for March.

Community outreach and engagement activities, as well as development of the landscape analysis, will begin in early 2023.

Appendices

Appendix A: Voting Process

With 20 recommendations and some technical challenges in the virtual world, this year's voting was conducted in three stages.

1. October 18 meeting

At the October 18 meeting, by consensus, the work group voted to:

1. Ensure that at least one recommendation from each subgroup would be included in the prioritized list of recommendations for the 2023 legislative session.
2. Advance the Medicaid rate increase as an overarching recommendation.

The group also voted on whether to advance the recommendation to expand services and codify a consistent approach to support the needs of youth who are effectively "stuck" in hospitals as an overarching recommendation. This recommendation failed to pass by consensus as an overarching recommendation.

22 of 35 potential voting members participated in these votes.
Note: Some agency representatives abstain from voting.

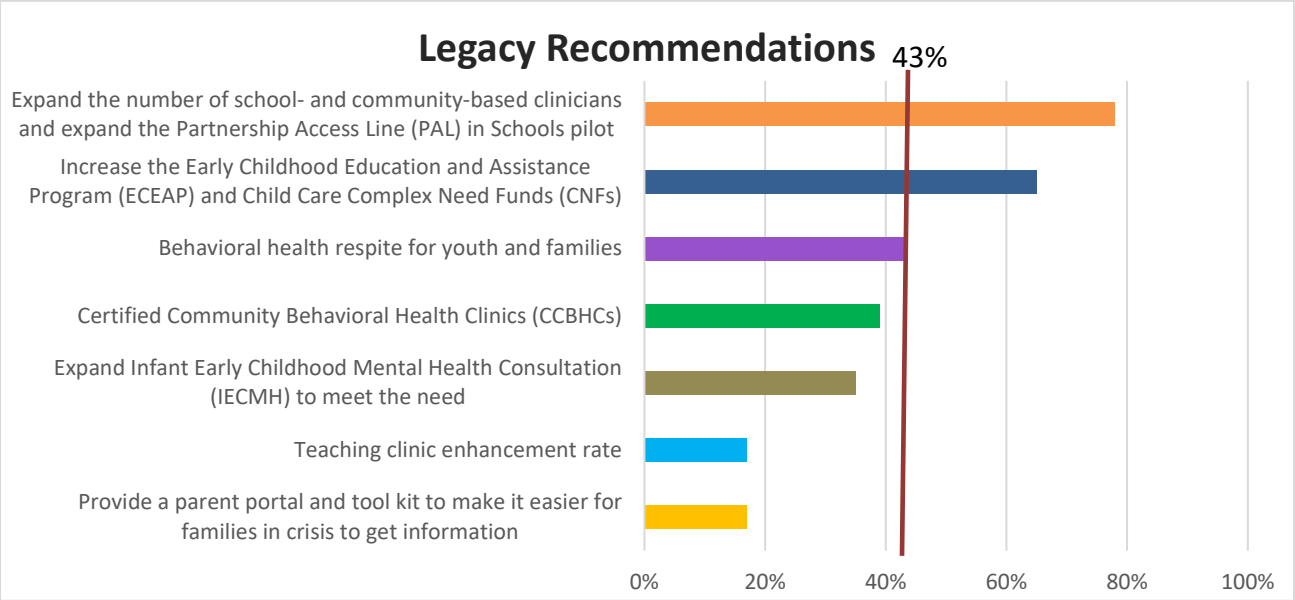
2. E-mail vote (Microsoft Forms survey)

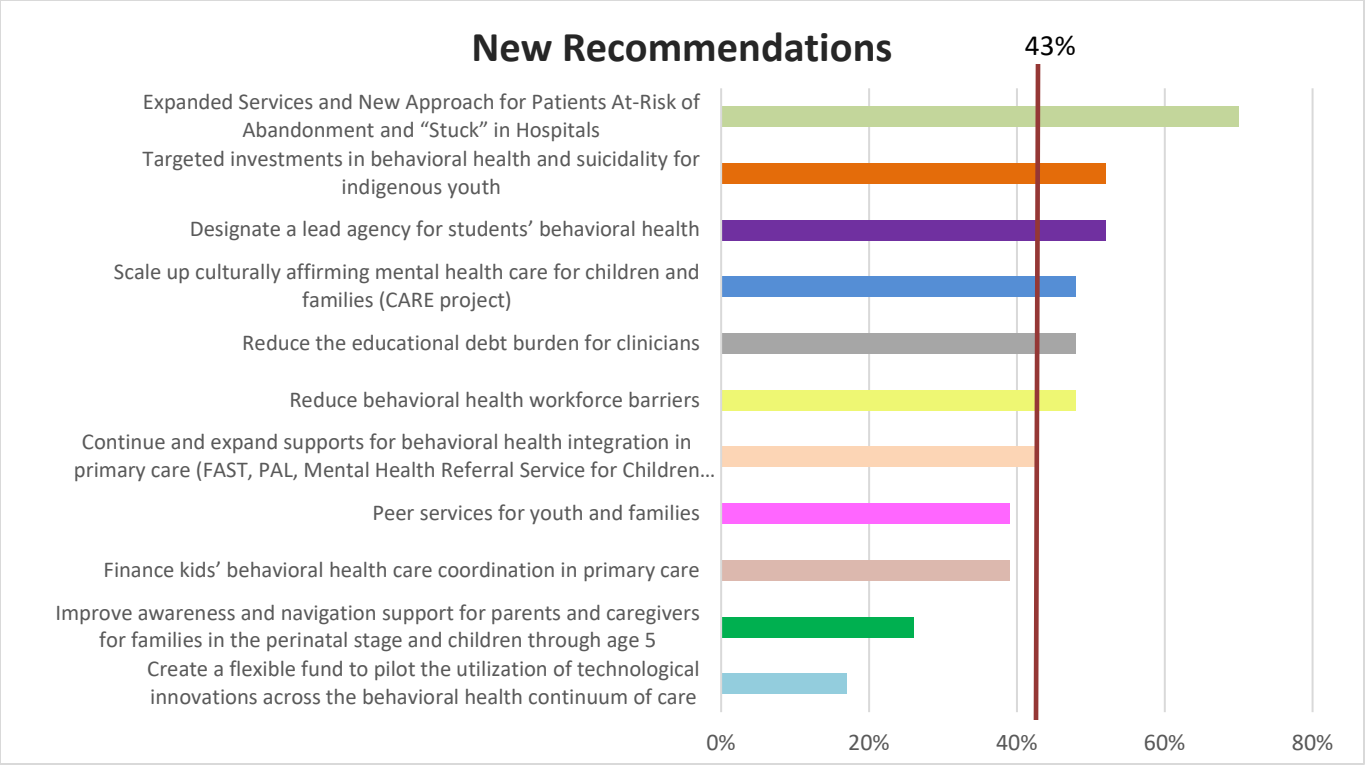
In an e-mail survey, voting members were asked to select:

- 3 top choices from a list of 7 Legacy recommendations, and
- 5 top choices from a list of 10 new recommendations.

23 of 36 potential voting members participated in this vote.
Note: An additional member was appointed to the work group after the October 18 meeting.

Recommendations that were moved to the prioritized list had at least 43% of the vote (10 out of 23 voting members). Results appear below and on the next page.

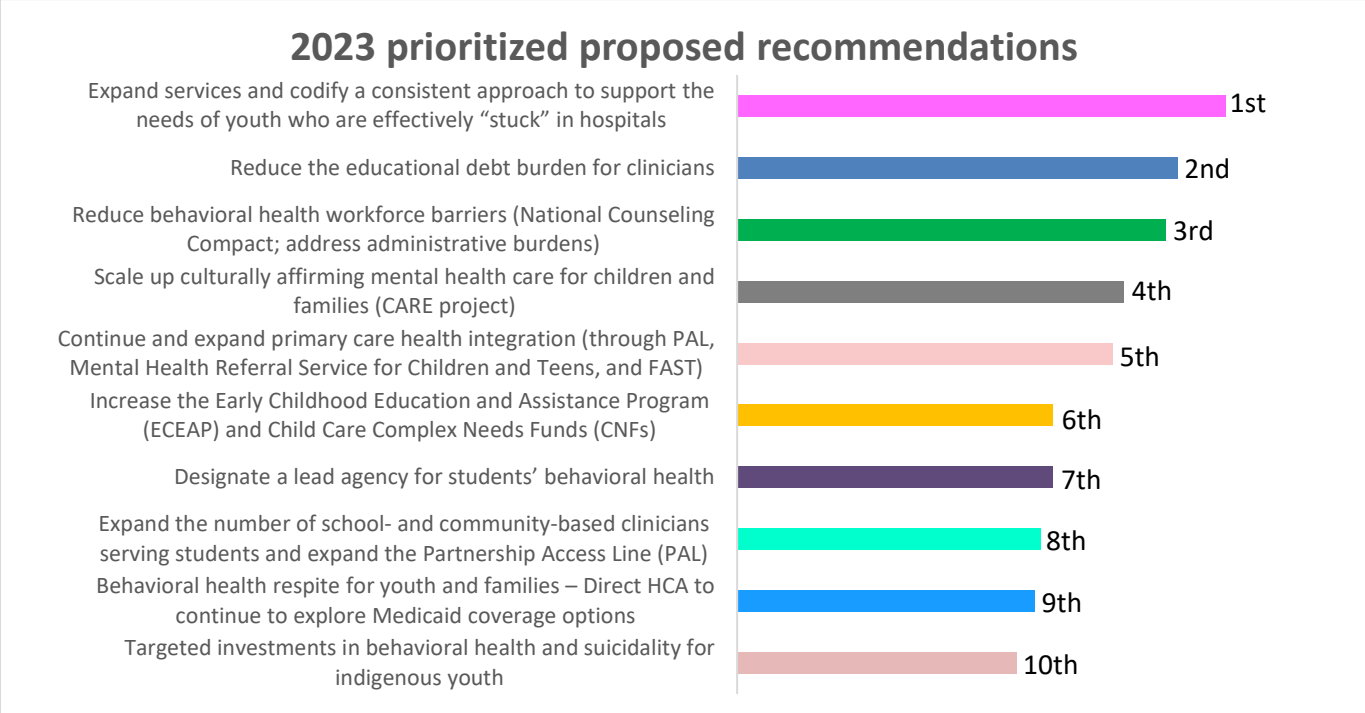




3. November 4 meeting

At the November 4 meeting, voting members ranked the 10 top choices from the previous ballot in order of priority.

Since the November 4 meeting was scheduled with just two weeks' notice, members who could not attend the meeting were given the opportunity to vote through an e-mail survey. 23 people voted during the meeting and 6 people submitted their votes in advance of the meeting. In all, 29 of 36 potential voting members participated. See results below.



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), andLaurie 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 benefits from the participation of many individuals with considerable expertise who drew on their professional and personal experience. As it develops its recommendations, the group coordinates with others, including the Workforce Training and Education Board, the Washington Behavioral Health Council, the Behavioral Health Institute, University of Washington, and the philanthropic community.

Prenatal through Five Relational Health

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

In 2022, 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 experience with infant and early childhood mental health issues and 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 more than 130 diverse stakeholders includes behavioral and mental health professionals and clinicians, policymakers, advocates, physicians, and those familiar with Medicaid and private insurance.

School-based Behavioral Health and Suicide Prevention (SBBHSP)

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

The SBBHSP subcommittee advises the full work group on creating and maintaining an integrated system of care through a tiered support framework for kindergarten through 12th grade school systems. The 34 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 careorganizations, 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. The

subcommittee developed recommendations across five Zoom workshops. Staff encouraged members to propose recommendation ideas, which members ranked through a survey. 30 of the group's 34 members voted in the survey, along with votes on behalf of the Office of Superintendent of Public Instruction (OPI), the Health Care Authority (HCA), and the Office of the Insurance Commissioner (OIC), respectively.

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 recoverysupports. 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, Lillian started a group of young people who have received behavioral health services that meets outside of the YYACC meetings share their perspectives and responses to the issues and solutions raised by the subgroup.

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 formed in 2021 to respond to the large unmet demand 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.

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 2023 recommendations

Advocates and Community Organizations
Building Changes
Center for Children and Youth Justice
Child Care Aware of Washington
ChildStrive
Children's Alliance
Children's Campaign Fund
Children's Home Society of Washington
citiesRISE
Committee for Children
Communities in Schools of Washington State Network
Families of Color Seattle
First 5 FUNdamentals
Foundation for Healthy Generations
Friends of Children of Walla Walla
Justice for Girls Coalition
King County Best Starts for Kids
M.H.A SPEAKOUT SPEAKUP
Mockingbird Society
North Central Washington Peer Connection
National Council for Mental Well-being
NorthStar Advocates
Partners for Our Children
TeamChild
The Learning Project Training Center
Treehouse
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 Frontiers of Innovation
Washington Mental Health Counselors Association
Washington National Alliance on Mental Illness
Washington PAVE
Washington Psychiatric Association
Washington School-Based Health Alliance
Washington School Counselor Association
Washington State Alliance of Boys and Girls Clubs
Washington State Association of Counties
Washington State Association of School Psychologists
Washington State Community Connectors
Washington State Council of Child and Adolescent Psychiatry
Washington State Hospital Association
Washington State Medical Association
Washington State Parent Teachers Association
Washington State Pharmacy Association
Washington State Psychiatric Association
Washington STEM
World Relief Western Washington
YouthCare

Education and Research
Behavioral Health Institute
Brewster School District
Burlington-Edison School District
Center for the Study of Social Policy
Chief Leschi School District
Educational Service District 101
Educational Service District 105
Educational Service District 113
Educational Service District 114
Educational Service District 171
Educational Service District 189
Forefront in the Schools
Highland School District
Lower Columbia School Gardens
Medical Lake School District
Monroe School District
Mount Vernon School District
Puget Sound Educational Service District
Richland School District
Ridgefield School District
Seattle Public Schools
Skagit Preschool and Resource Center
Snoqualmie Valley School District
South Bend School District
South Kitsap School District
Spokane Public Schools
Sumner-Bonney Lake School District
UW Barnard Center
UW Department of Psychiatry
UW Evidence-based Practice Institute
UW School of Social Work
UW SMART Center
Vancouver Public Schools
Washington Association of Educational Service Districts
Washington Association of School Principals
Washington Education Association
Washington State School Directors Association

Philanthropic Organizations
Ballmer Group
Health Career Fund
Perigee Fund

Managed Care Organizations & Commercial Insurers
Amerigroup Washington
Community Health Plan of Washington
Coordinated Care
Kaiser Permanente
Molina Healthcare
Premera Blue Cross

Providers
Atlantic Street Center
Beacon Health Options Washington
Center for Human Services
Childhaven
Children's Home Society of Washington
Children's Village in Yakima
Excelsior Wellness Center
Help Me Grow Pierce County
Hope Sparks Family Services
Kids Mental Health Pierce County
Council of Child and Adolescent Psychiatrists
Kitsap Children's Clinic
Kitsap Mental Health Services
Lifeline Connections
Mary Bridge Children's Hospital
Mercer Island Youth and Family Services
Newport Healthcare
Northwest Neighborhood Clinics
Northwest Pediatric Center
Paratransit Services
Pearl Youth Residence
Pediatrics Associates of Whidbey Island
Peninsula Community Health Services
Providence Health Services
Rod's House
Seattle Children's Hospital
Seneca Family of Agencies
UW Neighborhood Clinic
Tacoma Recovery Center
Yakima Valley Farmworkers Clinic

State and County Agencies
Clark County Juvenile Justice
Department of Children, Youth and Families
Department of Health
Department of Justice
Department of Social and Health Services
Family, Youth and System Partner Roundtable
Governor's Office
Health Care Authority
King County Behavioral Health and Recovery
Office of Developmental Disabilities Ombuds
Office of Homeless Youth
Office of the Attorney General
Office of the Insurance Commissioner
Office of the State Auditor
Office of Superintendent of Public Instruction
Tacoma-Pierce County Health Department
Tulalip Tribes
Workforce Training and Education Coordinating Board

And youth and young adults who have received behavioral health services, as well as parents and family members of children and youth who have received services❤

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*

Shelley Bogart, *DSHS-Developmental Disabilities Administration*

Representative Michelle Caldier*, 26th legislative district*

Diana Cockrell*, Health Care Authority*

Lee Collyer*, Office of the Superintendent of Public Instruction*

Elizabeth De La Luz, *Parent*

Representative Carolyn Eslick*, 39th legislative district (alternate)*

Dr. Thatcher Felt*, Yakima Valley Farm Workers Clinic*

Summer Hammons*, Tulalip Tribes*

Libby Hein, *Molina Healthcare*

Dr. Bob Hilt*, Seattle Children's*

Kristin Houser*, Parent*

Avreayl Jacobson*, King County Behavioral Health and Recovery*

Barb Jones*, Office of Insurance Commissioner*

Andrew Joseph, Jr.*, Confederated Tribes of the Colville Reservation*

Kim Justice*, Department of Commerce, Office of Homeless Youth*

Michelle Karnath*, Statewide FYSPRT Family 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*

Mary McGauhey, *Foster parent*

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*