


## Children & Youth Behavioral Health Work Group 2023 Recommendations and resulting legislation

### Overarching recommendation

 <p style="color: red; font-weight: bold; margin-top: 5px;">Progress made</p>	<p><b>Medicaid rate increases</b></p> <p>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).</p> <p>The CLIP rate increase shall be implemented on July 1, 2023, to address the workforce crisis that is affecting inpatient capacity.</p> <p>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.</p> <p><b>General Medicaid increase</b></p> <p><i>Budget - <a href="#">ESSB 5187</a>, Sec. 215 (44), pg. 265</i></p> <ul style="list-style-type: none"> <li>• <i>Funds to implement a 15 percent increase to Medicaid reimbursement for community behavioral health providers contracted through managed care organizations (MCOs) effective January 1, 2024.</i></li> <li>• <i>Psychiatric hospitals and other providers receiving rate increases under other subsections of this section must be excluded from the rate increase.</i></li> </ul> <p><b>Children’s Long-term Inpatient Program (CLIP) rate Increase</b> <i>Note: Increased dollar amount above HCA’s decision package.</i></p> <p><i>Budget - <a href="#">ESSB 5187</a>, Sec. 215 (45), pg. 266</i></p> <ul style="list-style-type: none"> <li>• <i>Funds provided to increase the number of beds and rates for community children’s long-term inpatient program providers.</i></li> <li>• <i>The number of beds is increased on a phased-in basis to 72 beds by the end of fiscal year 2024.</i></li> <li>• <i>The bed day rates are increased from \$1,030 per day to \$1,121 per day effective July 1, 2023.</i></li> </ul> <p><b>Also:</b></p> <ul style="list-style-type: none"> <li>• <i>15% increase in rates for Parent Child Assistance program providers, effective January 1, 2024. - <a href="#">ESSB 5187</a>, Sec. 215 (46), pg. 266</i></li> <li>• <i>15% increase in rates for providers receiving state funds for non-Medicaid services through behavioral health administrative service organizations – <a href="#">ESSB 5187</a>, Sec. 215 (7), pg 249</i></li> <li>• <i>Professional services rates increased up to between 50% and 100% of Medi-care rates, depending on service category. - <a href="#">ESSB 5187</a>, Sec. 215 (72), pg. 238</i></li> <li>• <i>22% rate increase for fee-for-service mental health &amp; substance use treatment services, effective January 1, 2024. - <a href="#">ESSB 5187</a>, Sec. 215 (83), pg 282</i></li> </ul>
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## Prioritized recommendations

<p>➤</p>	<p>Expand services and codify a consistent approach to support the needs of youth who are effectively “stuck” in hospitals</p> <p>This package of recommendations includes four budget proposals and one policy proposal:</p> <ul style="list-style-type: none"> <li>• Expand the capacity in DDA in-home and out-of-home services.</li> <li>• 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.</li> <li>• Expand access to Applied Behavioral Analysis (ABA) supports.</li> <li>• Explore a therapeutic educational residential placement in Washington State through an evaluation/study.</li> <li>• Codify a new approach to creating a service and placement plan for children.</li> </ul> <p><i>Note: Does not fund a study on developing a therapeutic educational residential facility.</i></p> <p><i>Legislation – <a href="#">2SHB 1580-Creating a system to support children in crisis</a> (Callan)</i></p> <p><i>Budget - <a href="#">ESSB 5187</a>, Sec. 215 (109), pg. 290</i></p> <ul style="list-style-type: none"> <li>• <i>Requires that the Governor maintain a Children and Youth Multisystem Care Coordinator to serve as a state lead on addressing complex cases of children in crisis.</i></li> <li>• <i>Requires that the Care Coordinator, in coordination with DCYF, HCA, OFM, and DSHS, develop and implement a Rapid Care Team for the purpose of supporting and identifying appropriate services and living arrangements for a child in crisis, and that child’s family, if appropriate.</i></li> <li>• <i>Allows the Care Coordinator to have access to flexible funds to support the safe discharge of children in crisis from hospitals and long-term, appropriate placement for children in crisis who are dependent.</i></li> </ul>
<p>X</p>	<p>Expand the number of school- and community-based clinicians serving students and expand the Partnership Access Line (PAL) in Schools pilot statewide</p> <p>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:</p> <ol style="list-style-type: none"> <li>1. Provide funding to districts to expand the number of school- and community-based mental health practitioners; and</li> <li>2. Provide funding to expand the Partnership Access Line (PAL) in Schools pilot program statewide.</li> </ol> <p><i>Legislation in alignment with this recommendation</i></p> <p><i>Budget - <a href="#">ESSB 5187</a>, Sec. 510 (13), pg. 503</i></p> <ul style="list-style-type: none"> <li>• <i>Funds for Education Service Districts to provide access to tele-behavioral health services in rural districts.</i></li> </ul>
<p>✓</p>	<p>Increase the Early Childhood Education and Assistance Program (ECEAP) and Child Care Complex Needs Funds (CNFs) to meet need</p> <p>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.</p> <p><i>Budget – <a href="#">ESSB 5187</a>, Sec. 229 (26), pg. 389</i></p> <ul style="list-style-type: none"> <li>• <i>Increase complex needs grant funds for childcare providers</i></li> </ul>

<p>↗</p>	<p>Continue and expand supports for behavioral health integration in primary care (FAST, PAL, Mental Health Referral Service for Children and Teens)</p> <ol style="list-style-type: none"> <li>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.</li> <li>2. Continue and expand Washington’s Mental Health Referral Service for Children and Teens (aka Referral Assist.)</li> <li>3. Expand funding for psychiatric consultation services by PAL to support newly integrated clinics.</li> </ol> <p><i>Note: Psychiatric consultation services to support newly integrated clinics not funded.</i></p> <p>Budget - <a href="#">ESSB 5187</a>, Sec. 211 (70), pg. 237</p> <ul style="list-style-type: none"> <li>• Funds are provided for the First Approach Skills Training (FAST) program through the Partnership Access Line.</li> </ul>
<p>X</p>	<p>Targeted investments in behavioral health and suicidality for indigenous youth</p> <p>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.</p>
<p>✓</p>	<p>Scale up culturally affirming mental health care for children and families (CARE project)</p> <p>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:</p> <ul style="list-style-type: none"> <li>• Expand a culturally diverse, child mental health workforce;</li> <li>• Train licensed child mental health providers in culturally affirming care; and</li> <li>• Support specialty child mental health leaders to lead organizational change efforts to support these workforce shifts.</li> </ul> <p>Budget –<a href="#">ESSB 5187</a>, Sec. 607 (55), pg. 565</p> <ul style="list-style-type: none"> <li>• Funds are provided for the Co-Lab for Community and Behavioral Health Policy to collaborate with the Latino Center for Health and Allies in Healthier Systems for Health and Abundance in Youth to pilot test a culturally responsive training curricula for the clinical and lived experience workforce in community behavioral health sites.</li> </ul>
<p>↗</p>	<p>Reduce the educational debt burden for clinicians</p> <p>To address educational debt burden and increase the behavioral health workforce, we recommend a three-pronged strategy:</p> <ol style="list-style-type: none"> <li>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;</li> <li>2. Create a loan repayment fund specifically targeted to individuals employed in community behavioral health agencies; and</li> </ol> <p>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</p> <p><i>Note: While these proposals were not funded, House Bill 1763 reduces educational debt burden on those receiving conditional scholarships.</i></p> <p>Legislation – <a href="#">House Bill 1763-Conditional scholarships</a> (Eslick)</p> <ul style="list-style-type: none"> <li>• Limits the interest rate on the loan and repayment of conditional scholarships under the Washington Health Corps to 2 percent.</li> <li>• Requires the Office of Student Financial assistance to reduce barriers for students completing a service obligation which may include providing wraparound support services.</li> <li>• Provides exceptions to the conditions for participation and repayment obligations for service members who are deployed and participants experiencing unforeseen hardships.</li> </ul>

<p>X</p>	<p>Behavioral health respite for youth and families</p> <p>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.</p>
<p>↗</p>	<p>Reduce behavioral health workforce barriers</p> <p>To address barriers to retaining and expanding the Behavioral Health workforce:</p> <ul style="list-style-type: none"> <li>• Amend the Revised Code of Washington (RCW) to allow inclusion of Washington in the national Counseling Compact; and</li> <li>• Reduce or eliminate identified administrative burdens.</li> </ul> <p><i>Legislation - <a href="#">SHB 1069-Adopting the mental health counselor compact</a> (Leavitt)</i></p> <p><i>Budget - <a href="#">ESSB 5187</a>, Sec. 222 (90), pg. 336</i></p> <ul style="list-style-type: none"> <li>• <i>Enacts the counseling compact in Washington state, allowing a licensed professional counselor residing in the counselor's home state to practice professional counseling in a remote state.</i></li> </ul> <p><i>Legislation – <a href="#">E2SHB 1515- Contracting and procurement requirements for behavioral health services in medical assistance programs</a> (Macri)</i></p> <p><i>Budget - <a href="#">ESSB 5187</a>, Sec. 215 (107), pg. 289</i></p> <ul style="list-style-type: none"> <li>• <i>Requires HCA to make certain changes to the managed care procurement and contracting process for behavioral health services, including adopting regional standards for behavioral health networks maintained by MCOs, providing for behavioral health provider participation in the process, and evaluating options to reduce provider administrative burden.</i></li> <li>• <i>Before releasing a Medicaid integrated managed care procurement, HCA must identify options that minimize provider administrative burden, including the potential to limit the number of MCOs that operate in a regional service area.</i></li> </ul> <p><i>Legislation – <a href="#">2SHB 1724-Increasing the trained behavioral health workforce</a> (Bateman)</i></p> <p><i>Budget - <a href="#">ESSB 5187</a>, Sec. 222 (75), pg. 334</i></p> <ul style="list-style-type: none"> <li>• <i>Requires disciplining authorities to waive education, training, experience, and exam requirements for applicants for licensure who have been credentialed in another state with substantially equivalent standards for at least two years or have a national certification.</i></li> <li>• <i>Allows applicants for licensure as a social worker, mental health counselor, marriage and family therapist, or substance use disorder professional to take required examinations for licensure while their application is pending and before the disciplining authority issues a finding that they meet the other requirements for licensure or certification.</i></li> <li>• <i>Requires DOH, in consultation with the Workforce Training and Education Coordinating Board and the Examining Board of Psychology, to examine behavioral health licensure requirements and identify changes to statutes and rules that would remove barriers to entering and remaining in the workforce and streamline and shorten the credentialing process.</i></li> <li>• <i>Creates agency affiliated counselor (AAC) certifications for individuals with a bachelor's degree and at least five years experience, and individuals with an advanced degree with at least two years experience.</i></li> <li>• <i>Allows a licensed AAC to practice independently as a mental health professional, including practice as a designated crisis responder or co-occurring disorder specialist if other requirements are met.</i></li> </ul> <p><i>Legislation – <a href="#">2SSB 5555-Creating the profession of certified peer specialists</a> (Randall)</i></p> <p><i>Budget - <a href="#">ESSB 5187</a>, Sec. 222 (115), pg. 341</i></p> <ul style="list-style-type: none"> <li>• <i>Certified peer specialists and certified peer specialist trainees are established as a profession, beginning July 1, 2024.</i></li> </ul>

<b>X</b>	<p>Designate a lead agency for students’ behavioral health</p> <p>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.</p> <p>Related legislation</p> <p><u><a href="#">Legislation – SSB 5121-Extending the expiration date of the joint select committee on health care oversight (Cleveland)</a></u></p> <ul style="list-style-type: none"> <li>• <i>Widens the scope of the Joint Select Committee on Health Care to include behavioral health, now called the Joint Select Committee on Health Care and Behavioral Health Oversight. The group plans to convene a subgroup to address school-based behavioral health.</i></li> </ul>
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## Additional recommendations

<b>✓</b>	<p>Certified Community Behavioral Health Clinics (CCBHCs)</p> <p>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 CCBHCs.</p> <p><u><a href="#">Budget – ESSB 5187</a></u>, Sec. 215 (71), pg 277</p> <ul style="list-style-type: none"> <li>• <i>Funding is provided to continue development and implementation of the CCBHC model for comprehensive behavioral health services.</i></li> </ul>
<b>✓</b>	<p>Teaching clinic enhancement rate</p> <p>Allocate funds for a .5 FTE at 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.</p> <p><u><a href="#">Budget - ESSB 5187</a></u>, Sec. 215 (54), pg .271</p> <ul style="list-style-type: none"> <li>• <i>Funding to participate in efforts to ensure behavioral health agencies are compensated for their role as teaching clinics for students seeking professional education in behavioral health disciplines and for new graduates working toward licensure.</i></li> </ul>
<b>↗</b>	<p>Expand Infant and Early Childhood Mental Health Consultation (IECMH-C) to meet need</p> <p>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.</p> <p><u><a href="#">Budget - ESSB 5187</a></u></p> <ul style="list-style-type: none"> <li>• <i>One-time funding of \$1,000,000.</i></li> </ul> <p><i>Also:</i></p> <ul style="list-style-type: none"> <li>• Funds to continue implementation of an infant and early childhood mental health consultation initiative to support tribal child care and early learning programs by providing culturally congruent infant early childhood mental health supports. [<u><a href="#">ESSB 5187</a></u>, Sec. 215 (23), pg. 388]</li> </ul>

X	<p>Improve awareness and navigation support for parents and caregivers for families in the perinatal stage and children through age 5</p> <p>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.</p>
X	<p>Peer services for youth and families</p> <p>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.</p>
✓	<p>Provide a parent portal and tool kit to make it easier for families in crisis to get information</p> <p>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.</p> <p><i>Budget - <a href="#">ESSB 5187</a>, Sec. 215 (105), pg .289</i></p> <ul style="list-style-type: none"> <li><i>Funds to support the development and implementation of the parent portal as directed in Chapter 134, Laws of 2022 (SHB 1800).</i></li> </ul>
X	<p>Create a flexible fund to pilot the utilization of technological innovations across the behavioral health continuum of care</p> <p>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.</p>

### Statements of support for 2023 legislative session

✓	<p>Support the expansion of school-based health centers (SBHCs) to increase access to behavioral health care in academic settings</p> <p>The Subcommittee recommends increased funding for the SBHC Program at DOH in order to expand access to physical and behavioral health care in schools through an integrated SBHC model of care. The SBHC Program provides grant funding—and partners to provide training and technical assistance—to SBHCs providing integrated medical, behavioral health, and other health care services in schools.</p> <p><i>Budget - <a href="#">ESSB 5187</a>, Sec. 222(98), pg. 337</i></p> <ul style="list-style-type: none"> <li><i>One-time funding is provided to increase access to health care in academic settings by expanding the school-based health center program</i></li> </ul> <p><i>Budget - <a href="#">ESSB 5187</a>, Sec. 222(19), pg. 324</i></p> <ul style="list-style-type: none"> <li><i>Funds are provided for grants to support school-based health centers and behavioral health services.</i></li> </ul>
Ongoing	<p>Support legislative efforts to improve behavioral health workforce recruitment and retention</p> <p>Support recommendations from groups like the Workforce Board as well as other efforts to advance the behavioral health workforce to better meet the needs of children, youth and families.</p>



<p>✓</p>	<p>Required supervision hours for licensed social workers – National Assoc. of Social Workers</p> <p>Support legislation that reduces the required experience hours for a Clinical Social Worker license from 4,000 to 3,000. This will align social workers with requirements for mental health counselors and marriage &amp; family therapists licensed under the same statute. This 25% reduction will also reduce a barrier to the profession.</p> <p><i>Legislation – <a href="#">2SHB 1724–Increasing the trained behavioral health workforce</a> (Bateman)</i></p> <p><i>Budget – <a href="#">ESSB 5187</a>, Sec. 211 (75) pg. 334</i></p> <ul style="list-style-type: none"> <li>• <i>Reduces supervision requirements to 3,000 hours over a period of not less than two years (reduced from three years)</i></li> </ul>
<p>✗</p>	<p>Support the 2022 legislative recommendations for promoting and expanding social emotional learning (SEL) implementation proposed by Office of Superintendent of Public Instruction’s <a href="#">Social Emotional Learning (SEL) Advisory Committee</a></p> <p>The SEL Advisory Committee met regularly over the course of the 2021–22 school year to promote and expand social emotional learning. As a result of these discussions, the Committee proposed the following six recommendations to the legislature:</p> <ol style="list-style-type: none"> <li>3. Build statewide infrastructure for equitable social emotional learning (SEL)</li> <li>4. Build cross-community and cross-agency alignment</li> <li>5. Build adult capacity</li> <li>6. Develop partnerships for creating safe and supportive environments through SEL</li> <li>7. Develop safeguards around assessing SEL</li> <li>8. Increase capacity of the Social Emotional Learning Advisory Committee</li> </ol>
<p>✗</p>	<p><a href="#">Social Emotional Learning – Committee for Children</a></p> <p>Support legislation to add social, emotional, behavioral, and mental health wellness skills to the definition of basic education and require all students be provided instruction in them. Additionally, the legislation will expand the use of multi-tiered systems of support in districts and creates a center for excellence for schools to rely on for technical assistance.</p>
<p>↗</p>	<p><a href="#">Expand and maintain student behavioral and mental health services</a></p> <p>In the wake of the global pandemic, Washington used Elementary and Secondary School Emergency Relief (ESSER) funds for the Behavioral Health COVID Project to provide regional and school-based direct behavioral and mental health services to students who need them the most. We have worked with the UW SMART Center to support statewide training and evaluation for this work. ESSER funding will come to an end in 2023. Maintaining this program will allow continuity of direct services to students in 51 schools statewide. Expansion would help bring on at least 30 additional sites across the state, especially small and rural districts.</p> <p><i>Budget – <a href="#">ESSB 5187</a>, Sec. 510 (15), pg. 504</i></p> <ul style="list-style-type: none"> <li>• <i>Funds provided to Education Services Districts for FY 2024 to continue behavioral health services grants to support school districts with the least access to behavioral health services/</i></li> </ul>
<p>✓</p>	<p><a href="#">Improve child health and readiness to learn with daily access to healthy food</a></p> <p>Provide funding to the Office of the Superintendent of Public Instruction to provide free school meals to all children in Washington State. According to the Washington State Food Security Survey (UWSPH, 2021), one-third of households with children had low or very low food security, and about half of all households with children relied on food assistance before and during COVID-19.</p> <p><i>Legislation – <a href="#">E2SHB 1238-Providing free school meals for all</a> (Riccelli)</i></p> <p><i>Budget – <a href="#">ESSB 5187</a>, Sec. 508 (5), pg. 497</i></p> <ul style="list-style-type: none"> <li>• <i>Requires school districts to provide breakfast and lunch without charge to any requesting students in public schools serving any of the grades of kindergarten through grade 4 with 30 percent or more of their students eligible for free or reduced-price meals.</i></li> </ul>

	<ul style="list-style-type: none"> <li>• <i>Phases in meal provision requirements over two years, beginning in the 2023 -24 school year in schools with 40 percent or more of their students eligible.</i></li> </ul>
✓	<p>Youth Behavioral Health Grant</p> <p>Recommendation: Budget \$2,000,000</p> <p>This grant allows licensed youth shelters to provide behavioral health services onsite to youth in crisis.</p> <p><i>Budget - <a href="#">ESSB 5187</a>, Sec. 129 (26)</i></p>
✓	<p>Homeless Youth Program Model</p> <p>Recommendation: Budget \$250,000</p> <p>Also referred to as “System of Care grants,” this funding supports the state’s goal in <a href="#">SSB 6560</a> (2018) that young people exit public systems of care to stable housing. It serves young people exiting inpatient behavioral health treatment facilities, foster care, the juvenile justice system, and programs operated by the Office of Homeless Youth.</p> <p><i>Budget – Included in base budget</i></p>

## ***Prenatal – 25 Behavioral Health Strategic Plan***

Additional funding is provided for FY 2024 for contracted services for the Prenatal – 25 Behavioral Health Strategic Plan. [[ESSB 5187](#), Sec. 211 (78), pg. 281]

## ***Additional legislation benefiting behavioral health services for children, youth & families***

### Legislation

#### [2SSB 5555-Creating the profession of certified peer specialists](#) (Randall)

- Beginning July 1, 2024, certified peer specialists and certified peer specialist trainees are established as new health professions that may engage in the practice of peer support services.
- A certificate is not required to practice peer support services but is required to use the title of certified peer specialist or certified peer specialist trainee.

#### [SSB 5189-Behavioral health support specialists](#) (Trudeau)

- DOH must develop rules for the certification of behavioral health support specialists (BHSSs) by January 1, 2025, in collaboration with the UW Department of Psychiatry and Behavioral Health and in consultation with other stakeholders.
- A BHSS is defined as a person certified to deliver brief, evidence-based behavioral health interventions under the supervision of a Washington State credentialed provider with the ability to assess, diagnose, and treat mental and behavioral health conditions as part of their scope of practice. A BHSS may not make diagnoses, but will track and monitor treatment response using measurement-based care.
- HCA must take any necessary steps by January 1, 2025 to ensure that the services of BHSSs are covered under the state Medicaid program.



[SSB 5228-Providing occupational therapy services for persons with behavioral health disorders](#) (Dhingra)

- Managed care organizations and BHASOs may provide occupational therapy services to persons with behavioral health disorders who are enrolled in the Medicaid program, or who qualify for BHASO services.
- The Health Care Authority must expand coverage in the state Medicaid program to ensure that licensed or certified behavioral health agencies are reimbursed by managed care organizations for the medically necessary occupational therapy needs of their clients.

[2SHB 1168-Providing prevention services, diagnoses, treatment, and support for prenatal substance exposure](#) (Simmons)

- Expands the scope of the Fetal Alcohol Exposure Interagency Agreement (Interagency Agreement) to include exposure to prenatal substances other than alcohol, adds the Department of Children, Youth, and Families as a party to the agreement, and directs the Health Care Authority (HCA) to contract with a provider with expertise in comprehensive prenatal exposure treatment by January 1, 2024, and up to three providers statewide by January 1, 2025.
- Requires the HCA to consult with specified stakeholders and submit recommendations to the Legislature on ways to increase access to diagnoses, treatment, services, and supports by June 1, 2024.

## Budget

Funding is provided for:

- Continuing specialized training and consultations for physicians and professionals to support children with developmental disabilities and behavioral health needs (Project ECHO).  
[\[ESSB 5187, Sec. 215 \(52\), pg. 270\]](#)
- Increasing case management services to pregnant and parenting women provided through the parent child assistance program and for increasing the number of residential treatment beds available for pregnant and parenting women.  
[\[ESSB 5187, Sec. 215 \(55\), pg. 271\]](#)
- Developing and operating a 16-bed SUD inpatient facility in Grays Harbor County specializing in treating pregnant and parenting women using a family preservation model.  
[\[ESSB 5187, Sec. 215 \(72\), pg. 278\]](#)
- To contract for youth inpatient navigators in seven regions.  
[\[ESSB 5187, Sec. 215 \(76\), pg. 280\]](#)
- To contract with up to two behavioral health agencies interested in offering or expanding WISe services to support costs associated with recruitment, training, technical assistance and other costs required to develop capacity.  
[\[ESSB 5187, Sec. 215, \(95\), pg. 286\]](#)
- One-time funds for a Youth behavioral health inpatient and outpatient program with facilities in Clark and Spokane counties that serve over 65% Medicaid eligible clients for co-occurring substance use, mental health disorders, and sexual exploitation behavioral health treatment.  
[\[ESSB 5187, Sec. 215 \(114\), pg. 291\]](#)
- One-time funds from the opioid abatement settlement account to implement a pilot program to reimburse a licensed pediatric transitional care facility in Spokane County to provide neonatal abstinence syndrome services to infants who have prenatal substance exposure.  
[\[ESSB 5187, Sec. 215 \(117\), pg. 293\]](#)
- ESDs 121 and 101 to coordinate with local mental health agencies and local school districts to arrange for in-school placements of social worker associates and masters in social work candidates enrolled in an accredited university program who commit to working as school social workers, and to coordinate clinical supervision for approved supervisors that meet DOH requirements.  
[\[ESSB 5187, Sec. 510 \(17\), pg. 504\]](#)