

*Children & Youth Behavioral Health Work Group (CYBHWG)
2024 Recommendations and Legislation*

CYBHWG 2024 Recommendations and Resulting Legislation

✓ = Passed	↗ = Progress made	X = Did not pass	**Related = Related Legislation
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Overarching Recommendation

✓	<p>Update House Bill 1890 (2022) to reflect current work plan for the P-25 Behavioral Health Strategic Plan</p> <p>Update legislation directing development of the P-25 Strategic Plan to:</p> <ul style="list-style-type: none"> Adjust delivery times, align advisory group membership, and update plan content to reflect learnings from the first year; and Ensure this effort is included in the work of the Joint Select Committee on Health Care and Behavioral Health Oversight, the Joint Legislative Executive Committee on Behavioral Health – both established in 2023- and Substance Use Recovery Services Advisory Committee (SURSAC). Current legislation directs coordination with the Crisis Response Improvement Strategy (CRIS) committee’s work. <p><i>Legislation: ESHB 2256 – Addressing children and youth behavioral health work group. (Callan)</i></p> <ul style="list-style-type: none"> <i>Extends development of the strategic plan through August 1, 2025; and</i> <i>Adjusts work group membership, introduces term limits, increases youth representation, and adds an Educational Service District (ESD) representative.</i> <p><i>Budget - ESSB 5950, Sec 215 (78), pg. 394</i></p> <ul style="list-style-type: none"> <i>Funds are provided to extend strategic plan development through 2025.</i>
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Prioritized Recommendations

✓	<p>Finance behavioral health care coordination as performed by community health workers (CHWs)</p> <p>Fund care coordination activities performed by Community Health Workers (CHWs) under the supervision of licensed providers to address the behavioral, emotional, social, and developmental needs of children on Apple Health (Medicaid).</p> <p><i>Budget - ESSB 5950, Sec 211 (43)(a)(b), pg. 323</i></p> <ul style="list-style-type: none"> <i>Funds are provided to extend funding for CHWs in primary care through June 30, 2025; and</i> <i>To the extent that funds are appropriated, HCA is directed to establish a CHW benefit under the Medicaid program.</i>
↗ **Related	<p>Ensure equitable access to and realize the intended outcomes of intensive programs serving youth and young adults with the most complex behavioral health needs.</p> <p>Programs such as PACT (Program of Assertive Community Treatment), HOST (Homeless Outreach Stabilization Transition), WISe (Wraparound with Intensive Services), and New Journeys (for First Episode Psychosis) are intended to support individuals with complex behavioral health needs. These programs are not currently delivering the full continuum of care to all the youth and young</p>

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	<p>adults they are intended to serve. We recommend that the Legislature:</p> <ul style="list-style-type: none"> • Allocate funds and direct a task force to recommend concrete solutions to current challenges with access and implementation by December 31, 2024; • Remove the substance-use disorder (SUD) eligibility requirement of HOST to expand access; and • Increase funding to achieve parity across these programs while creating accountability for program effectiveness and accessibility. <p><i>Note: Progress made due to significant legislation called out for PACT via a proposal outside of the CYBHWG.</i></p> <p><i>(Related) Budget - ESSB 5950 , Sec 215 (5)(a)(b)(c)(d), pg. 358</i></p> <ul style="list-style-type: none"> • <i>Funds provided for The continuation of contracting for implementation of high-intensity programs for assertive community treatment (PACT) teams to:</i> <ul style="list-style-type: none"> ○ <i>Create two new programs;</i> ○ <i>Support current programs to increase and maintain average caseloads to no less than 80 percent of the maximum capacity for full and half teams as established in the WA-PACT program standards;</i> ○ <i>Establish a rate increase for existing PACT programs;</i> ○ <i>Adress administrative costs related to PACT, including training, technical assistance, and assessment services; and</i> ○ <i>Contract for an assessment on the access of young adults to PACT team services.</i>
<p style="color: red; font-size: 1.2em;">↗</p>	<p>Reduce administrative complexities in the Wrap-around with Intensive Services (WISe) program.</p> <p>Direct the Health Care Authority (HCA) to create parity in clinical auditing practices between physical health and behavioral health providers. Process auditing is particularly burdensome for the Wraparound with Intensive Services (WISe) program. This burden is leading to a shortage of individuals willing to provide WISe services and to instability for youth engaged in this service.</p> <p><i>Note: Progress made due to HCA engaging stakeholders from the Workforce & Rates subgroup to undertake a revision of the WISe reporting requirements.</i></p> <p><i>No legislation and no budget request.</i></p>
<p style="color: red; font-size: 1.2em;">X Budget</p> <p style="color: red; font-size: 1.2em;">✓ Policy **Related</p>	<p>Expand Early ECEAP (birth to three ECEAP) program.</p> <p>Budget request: Expand the Early ECEAP (also known as birth to three ECEAP) program, a comprehensive, childcare partnership model for high-need children 0-3 who need both classroom and family support services.</p> <p>Policy request: Enact a policy change to allow continued eligibility for Working Connections Child Care (WCCC), our state's childcare subsidy program, for ECEAP/Early ECEAP, counting the intensive family partnership requirement as 'work activity.'</p> <p><i>Legislation: HB 2124 Supporting and expanding access to childcare and early learning programs.</i></p> <ul style="list-style-type: none"> • <i>Requires that participation in ECEAP or Early Head Start will be considered an approved activity for Working Connections Child Care (WCCC).</i> <p><i>The budget request did not advance.</i></p>
<p style="color: red; font-size: 1.2em;">X</p>	<p>Provide school-based behavioral health funding for school districts</p> <p>Provide funding directly to local education agencies (LEAs) to plan, coordinate, and/or provide school-based supports that address the emergent mental health crises in their student populations, specifically targeting funding for LEAs who have not been able to develop a plan for</p>

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	<p>recognition, initial screening, and response to emotional or behavioral distress as required by RCW 28A.320.127.</p> <p><i>This recommendation did not advance.</i></p>
 **Related	<p>Fund House Bill 1724 stipend program for recent graduates in the behavioral</p> <p>Allocate funds to the Washington State Department of Health (DOH) for the stipend program they were directed to establish per HB 1724 and amend statute as necessary to activate other models if Funding provided to Compensate behavioral health agencies for their role as teaching clinics for students seeking professional education in behavioral health and for new graduates working towards licensure.</p> <p><i>Legislation: HB 2247 – Addressing behavioral health provider shortages.</i></p> <ul style="list-style-type: none"> • <i>Changes licensing requirements, practice settings, and reimbursement requirements for various behavioral health professionals.</i> <p><i>Budget - ESSB 5950, Sec 222 (165), pg. 493</i></p> <ul style="list-style-type: none"> • <i>Funding allocated to implement HB 2247 to address behavioral health provider shortages by offsetting the costs of providing supervision; and</i> • <i>Funding is scheduled to start fiscal year 2025.</i> <p><i>Note: stipend funds are not allocated for associate licensees but to offset the costs of providing supervision to associates.</i></p>
	<p>Deliver and sustain approved funding for BH360 (formally Parent Portal)</p> <p>Fund development of BH360, previously known as the Parent Portal, by amending the 2023 budget proviso to use state funds for this purpose instead of the federal Mental Health Block Grant (MHBG) funds currently specified in the budget. Federal regulations prevent the use of MBHG funds for early intervention services like BH360, which are essential for preventing behavioral health conditions from escalating.</p> <p><i>Budget - ESSB 5950, Sec 215 (104), pg. 402</i></p> <ul style="list-style-type: none"> • <i>Funding is provided to continue work with the convener, Rprime Foundation, of the Washington State children’s behavioral health statewide family network to develop a parent online resource platform, known as BH360.</i>
 **Related	<p>Allow funding for the Washington Health Corps Behavioral Health Program to be used for conditional scholarships</p> <p>Amend the current Revised Code of Washington (RCW) 28B.115 so that the Behavioral Health program funding language mirrors the language used for the general Washington Health Corps. This would enable behavioral health program funding to be used for conditional scholarships. The language is currently limited to loan repayment.</p> <p><i>Legislation: HB 1946 - Creating the Washington health corps behavioral health scholarship program.</i></p> <p><i>(Related) Budget - ESSB 5950 Sec 609 (10), pg. 836</i></p> <ul style="list-style-type: none"> • <i>Although no budget allocation was made for scholarships, the budget includes increased funding for the loan repayment program.</i>
	<p>Improve student access to mental health literacy education</p> <p>Provide funding to a state agency (Office of Superintendent of Public Instruction or</p>

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	<p>Department of Health) to fund an FTE staff position to serve as a mental health curriculum lead responsible for reviewing, disseminating, and cataloging high-quality, mental health literacy instructional curriculum for the P-12 education system.</p> <p><i>Budget - ESSB 5950, Sec 501 (1), pg. 660</i></p> <ul style="list-style-type: none"> <i>Funds are provided to hire a mental health instruction implementation coordinator.</i>
✓	<p>Provide bridge funding for Certified Community Behavioral Health Clinics (CCBHCs)</p> <p>To ensure successful completion of implementation of a statewide CCBHC model, the state should support and sustain the current CCBHC expansion grant programs by providing bridge funding to current CCBHCs in Washington during the statewide planning process.</p> <p><i>Budget - ESSB 5950, Sec 215 (129), pg. 412</i></p> <ul style="list-style-type: none"> <i>Funds are provided for bridge grants to community behavioral health agencies participating in federal certified community behavioral health clinic expansion grant programs to sustain their continued level of operations during the planning process for statewide adoption of the certified community behavioral health clinic model.</i>
↗	<p>Increase investment in Infant and Early Childhood Mental Health consultation (IECMH-C)</p> <p>Increase investment in Infant and early Childhood Mental Health consultants (IECMH-C) by \$1.75 million annually to address unmet need and increase equitable access to IECMH-C for Washington's children, families, and adult caregivers in childcare.</p> <p><i>Budget - ESSB 5950 Sec 229 (32), pg. 559</i></p> <ul style="list-style-type: none"> <i>Funding provided to increase mental health consultation services in rural communities.</i>
✗	<p>Enable public access to behavioral health data</p> <p>Create a centralized data repository using linked administrative data to create visualizations for a wide variety of non-technical end-users.</p> <p>Allocate funds and implement a potential legislative requirement for sharing administrative data with the public, within the confines of confidentiality rules. Creating a repository will require two FTE's.</p> <p><i>Note: This recommendation was not carried forward into the legislative session for lack of specificity.</i></p>

Additional Recommendations

↗	<p>Accelerate the adoption of technological innovations across the behavioral health continuum of care</p> <p>Create a pot of flexible funds to identify and pilot the utilization of technological innovations to scale access to a variety of services across the behavioral health continuum of care.</p> <p><i>Budget - ESSB 5950 Sec 215 (134), pg. 414</i></p> <ul style="list-style-type: none"> <i>Funding provided for HCA to develop a request for information to identify and make recommendations on digital technologies that can be used for supporting youth and young adult behavioral health support services; and</i>
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	<ul style="list-style-type: none"> HCA to convene a panel of experts to evaluate responses and submit a report recommending technologies and their associated costs by June 30, 2025.
X	<p>Evaluation of loan repayment programs</p> <p>As part of supporting the investments made in loan repayment programs in Washington, the Workforce & Rates subgroup recommends the Legislature require an evaluation of the Washington Health Corps’ portfolio of loan repayment programs to understand outcomes. Assessment of the Washington Health Corps can determine if the Corps is meeting its statutory goal of encouraging more healthcare professionals to work in underserved areas. The evaluation can also help the state meet equity goals by determining if there are structural issues causing inequitable program access or outcomes for different communities or areas of the state.</p> <p><i>This recommendation did not advance.</i></p>
X	<p>“Well-being specialist” designation</p> <p>Conduct a feasibility study (either through a legislative allocation or through HCA) of introducing “well-being specialists” into the clinical service array of community mental health agencies. This will inform two parallel policy efforts: 1) the Washington Council for Behavioral Health’s anticipated recommendation for a teaching clinic rate for the 2025 legislative session, and 2) the HCA CMS state plan amendment part two in 2024.</p> <p><i>This recommendation did not advance.</i></p>
X	<p>Mental health training in school communities</p> <p>Provide funding to school districts to provide culturally responsible, evidence-based and/or Professional Education Standards Board (PESB) approved mental health and suicide prevention training for certificated and classified staff and student families.</p> <p><i>This recommendation did not advance.</i></p>
X	<p>Designating and funding a lead agency for school-based behavioral health</p> <p>Designate a statewide leadership authority for student behavioral health and well-being, with a mandate to ensure student access to a continuum of effective behavioral health services in school and interconnected community settings. Provide funding to the leadership authority to act on that mandate.</p> <p><i>This recommendation did not advance.</i></p>

Statements of Support

✓	<p>Universal K-12 free meals</p> <p>The Behavioral Health Integration (BHI) subgroup supports the proposal to expand on House Bill 1238, passed in 2023, which provides free meals to all students in K-5 and K-8 schools that meet certain eligibility requirements: in 2023-2024 schools with 40 percent or more of enrolled students meeting federal eligibility requirements for free or reduced-price lunches and, in 2024-2025, schools with 30 percent or more of students meeting these requirements.</p> <p><i>Legislation: HB 1238 – Providing free school meals for all.</i></p> <ul style="list-style-type: none"> Requires public schools, beginning with the 2023-24 school year, to provide breakfast and lunch each school day to any requesting K-4 students at no charge with 30% or more of their students eligible for free or reduced-price meals; Makes the provision of meals at no charge to requesting students’ part of state’s statutory
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	<p><i>program of basic education; and</i></p> <ul style="list-style-type: none"> • <i>Directs the Superintendent of Public Instruction to convene a work group to identify and examine impacts to state-funded education programs resulting from requirements obligating schools to provide meals at no charge to requesting students.</i> <p><i>Budget - ESSB 5950 Sec. 508 (5), pg. 703</i></p> <ul style="list-style-type: none"> • <i>Funding provided for OSPI to implement free meal program for all students and identify the program impacts.</i>
✓	<p>Making childcare and intensive birth to 5-year services more accessible for working families</p> <p><i>ECEAP = Early Childhood Education and Assistance Program</i></p> <p>Support the policy change of making participation in Early ECEAP, ECEAP, Early Head Start, and Head Start an approved 'work activity' for Working Connections Childcare (WCCC). This aligns with the Department of Children, Youth, and Families decision package to increase family access and stability of care for layered programs (i.e., the cost of a child's full-time, year-round slot requires the layering with WCCC funding).</p> <p><i>Legislation: HB 2124 Supporting and expanding access to childcare and early learning programs.</i></p> <ul style="list-style-type: none"> • <i>Requires that participation in ECEAP or Early Head Start will be considered an approved activity for Working Connections Child Care (WCCC).</i> <p><i>Budget - ESSB 5950, Sec 229, (47), pg. 563</i></p> <ul style="list-style-type: none"> • <i>Funds provided through FY2025 for child care program eligibility.</i>
✓	<p>Early Support for Infants and Toddlers ESIT monthly count</p> <p>Adjust the Early Support for Infants and Toddlers (ESIT) monthly count date to ensure ESIT programs receive funding for the full months of service provided to infants and toddlers eligible for early intervention services under Part C of the Individuals with Disabilities Education Act (IDEA Part C). This is consistent with the Department of Children, Youth, and Families decision package about the ESIT monthly count.</p> <p><i>Legislation: SHB 1916 – Concerning funding for the early support for infants and toddlers' program.</i></p> <ul style="list-style-type: none"> • <i>Provides that, for purposes of funding, a child is considered to have received Early Support for Infants and Toddlers (ESIT) services if the child received services within the same month as the monthly count day, rather than the month prior; and</i> • <i>Requires the monthly count day for ESIT enrollment to fall on the last business day of the month.</i> <p><i>Budget - ESSB 5950, Sec 229 (39), pg. 561</i></p> <ul style="list-style-type: none"> • <i>Funding provided for implementation of HB 1916.</i>
↗	<p>Barriers to becoming credentialed 2.0</p> <p>Per the passage of House Bill 1724 in 2023, the bill that focused on increasing the trained behavioral health workforce, the Department of Health (DOH) embarked upon a stakeholder process "to identify changes to statutes and rules that would remove barriers to entering and remaining in the [behavioral] health care workforce and to streamline and shorten the credentialing process." Several of the recommendations generated through the stakeholder process are anticipated to be included in a bill in 2024.</p> <p><i>Legislation: SSHB 1724 – Addressing behavioral health provider shortages.</i></p>

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	<ul style="list-style-type: none"> • <i>Changes licensing requirements, practice settings, and reimbursement requirements for various behavioral health professions.</i> <p><i>Budget - ESSB 5950, Sec 222 (75), pg. 472</i></p> <ul style="list-style-type: none"> • <i>Funding provided for implementation of SSHB 1724.</i>
<p style="text-align: center;">✓ Policy</p>	<p>Social Worker Compact</p> <p>The Social Work License Compact provides a path for social work practice mobility and removes barriers preventing social workers from providing care in multiple states, especially in areas that are underserved, geographically isolated, or lack specialty care. The compact allows eligible licensed social workers to practice in all states that join the compact via a multistate social work license.</p> <p><i>Legislation: HB 1939 – Adopting the social work licensure compact.</i></p> <ul style="list-style-type: none"> • <i>Enacts the Social Worker License Compact to provide the necessary statutory authority to participate in the social worker compact.</i> <p><i>No fiscal impact for this work.</i></p>
<p style="text-align: center;">✓</p>	<p>Credentialing Improvements – DOH Request</p> <p>Support the Department of Health (DOH) Decision Package related to credentialing: According to this decision package, credentialing timelines for health care providers have increased and individuals are experiencing lengthy delays in obtaining their credential to practice. This is exacerbating the dire health care workforce shortage.</p> <p>This supplemental budget request will fund two sets of related activities: (1) a staff team to implement multiple, concurrent process improvement projects; and (2) staffing to improve credentialing instructions, create training tutorials, and take other steps to help applicants turn in a complete application on first submission.</p> <p><i>Budget - ESSB 5950, Sec 222 (143), pg. 487</i></p> <ul style="list-style-type: none"> • <i>Funds are provided to implement improvements to licensure processes.</i>
<p style="text-align: center;">X</p>	<p>Well-Being Specialist</p> <p>The W&R subgroup recommends that the legislature direct the Health Care Authority (HCA) to conduct an analysis of the best workforce designation for “well-being” specialists. The analysis should consider:</p> <ol style="list-style-type: none"> 1. Avoiding unnecessary training needed for the workforce role; and 2. Urgency in being able to bill for this position. <p><i>This recommendation did not advance.</i></p>
<p style="text-align: center;">✓</p>	<p>Loan repayment evaluation</p> <p>As part of supporting the significant public investments made in the health professional loan repayment programs administered by the Washington Student Achievement Council, it is important to evaluate to what degree the programs are meeting their statutory goal of encouraging more healthcare professionals to work in underserved areas.</p> <p>The W&R subgroup supports the recommendation of the Health Workforce Council for the Legislature to require an evaluation of the Washington Health Corps’ portfolio of programs.</p> <p><i>Budget - ESSB 5950, Sec, 602 (95), pg. 790</i></p>

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	<ul style="list-style-type: none"> • Funds are provided to provide a report on conditional scholarships for students who commit to working in the public behavioral health system; and • A preliminary report is due by June 30, 2025.
X	<p>Training and supporting providers to meet the clinical needs of their clients</p> <p><i>CBT = Cognitive Behavioral Therapy</i></p> <p>The CBT+ Initiative provides training considered “foundational” by community mental health (CMH) organizations in supporting and retaining their workforce. Each year, 250+ clinicians (MA and BA) and supervisors are trained statewide. In addition to the yearly \$250k of state funding, an additional \$250k is needed per year to:</p> <ol style="list-style-type: none"> 1. Maintain/expand training given rising costs in the past 3-5 years; 2. Support and expand our BIPOC supervisor group and DEI activities; and 3. Continue growing CBT+ leaders within CMH organizations. <p><i>This recommendation did not advance.</i></p>
✓	<p>Occupational Therapists in Community Behavioral Health Agencies</p> <p>Support \$2 million for workforce grants supporting occupational therapy services in community behavioral health.</p> <p><i>Budget - ESSB 5950, Sec 215 (147), pg. 422</i></p> <ul style="list-style-type: none"> • Funding provided to establish and integrate occupational therapy services for behavioral health clients.
↗	<p>Amend Senate Bill 1520 to allow youth services in 23-hour crisis relief centers</p> <p>We propose amending SB 5120, passed in 2023 to create 23-hour crisis relief centers for adult populations, to add youth to its service model. Currently youth are allowed to be served by a similar but less complete model of services broadly characterized as crisis outreach, observation, and intervention services.</p> <p>The model currently available for youth provides loose guidance around the types of services that could be offered but has no significant standards or requirements and thus is a poor alternative to what a 5120 model would provide. Amending 5120 will enhance the state's continuum of care through filling a critical youth services gap, and including the following important provisions for youth-specific crisis relief centers:</p> <ol style="list-style-type: none"> 1. Must allow walk-in services and first responder drop offs, and accepting those with behavioral health crises of all acuities; 2. May provide services beyond 23 hours, 59 minutes for people with a plan to transition to another care setting as a part of an established aftercare plan and/or awaiting evaluation of an involuntary treatment admission; and 3. Must provide access to a prescriber and basic medical care. <p><i>Legislation: SB 5853– Extending the crisis relief model to provide behavioral health crisis services for minors.</i></p> <ul style="list-style-type: none"> • Allows 23-hour Crisis Relief Centers to serve minors, but not in the same facility as adults. <p><i>Budget - ESSB 5950, Sec 222 (167), pg. 493</i></p> <ul style="list-style-type: none"> • Funding provided to DOH, in consolidation with HCA and DCYF, to create licensure certification rules for Crisis Relief Centers (CRCs) that provide services to children by March

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	<i>31, 2025 to implement SB 5853.</i>
X	<p>Workforce for Student Well-Being extension</p> <p>Support the UW SMART Center’s proposal to expand the Workforce for Student Well-being initiative by allocating \$700,000 a year in fiscal years 2024-27, to include the new Heritage University Eastern Washington School of Social Work and focus on Eastern Washington school districts.</p> <p>Additional funding would:</p> <ol style="list-style-type: none"> 1. Bring 48 additional candidates into the initiative (12 per year); 2. Support the provision of stipends to participating schools of social work to aid in recruiting diverse candidates, instructors, and supervisors; and 3. Enhance longitudinal tracking of candidates to support their development. <p><i>This recommendation did not advance.</i></p>
X	<p>Committee for Children Social Emotional Learning proposal</p> <p>Support legislation that does the following:</p> <ol style="list-style-type: none"> 1. Includes the skills of managing emotions, setting goals, establishing relationships, and making responsible decisions in the goals of education. 2. Provides resources for schools to implement high quality, evidence and research-based instruction on those skills, prioritizing districts with high levels of poverty. 3. Encourages teaching of these skills, by including instruction in the activities in the school suicide prevention statute. <p><i>This recommendation did not advance.</i></p>
X	<p>Support the expansion of school-based health centers (SBHCs) to increase access to behavioral health care in academic settings</p> <p>Increase funding for school-based health centers (SBHCs) through the SBHC Program at the Department of Health (DOH). 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>This recommendation did not advance.</i></p>
X	<p>Provide ongoing funding to the WA Homeless Student Stability Program</p> <p>To reduce student homelessness and improve educational outcomes, Building Changes requests that the Washington State Legislature provide \$2.6 million in ongoing funding to the WA Homeless Student Stability Program (HSSP). The HSSP is a state program created in 2016 to reduce student homelessness that provides funding to two state agencies. The Office of the Superintendent of Public Instruction (OSPI) awards grants to school districts for staff, training, and support services, and the Department of Commerce’s Office of Homeless Youth (OHY) awards grants to partnering nonprofit organizations to connect students and families with housing services and flexible funding. This funding will help support the 39,801 students experiencing homelessness in our state.</p> <p><i>This recommendation did not advance.</i></p>
✓	<p>Maintain and expand school-based prevention and intervention services for student behavioral and mental health through the AESD Network</p>

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	<p>The AESD Behavioral & Mental Health Student Assistance Program deploys behavioral and mental health and substance abuse prevention and intervention services in small, rural communities and areas with low access to behavioral and mental health services across our state. AESD requests \$10 million to maintain one-time state investments in the AESD Network to continue these school-based services across 68 districts (96 schools) statewide; and supports expansion to at least 30 additional sites in the 2024/25 school year.</p> <p><i>Budget - ESSB 5950, Sec 510 (15), pg. 711</i></p> <ul style="list-style-type: none"> • <i>Funding for:</i> <ul style="list-style-type: none"> ○ <i>OSPI to continue behavioral health regional service grants to support school districts with the least access to behavioral health services through June 2025; and</i> ○ <i>Conduct an evaluation of the investments in behavioral health supports and report those findings by December 31, 2024.</i>
✓	<p>Fund The Bridge Residential</p> <p>The Youth & Young Adult Continuum of Care (YYACC) subgroup supports NorthStar Advocates’ proposal for funding for <i>The Bridge Residential</i>, for two 6-10 bed residential programs, one on each side of the state that has a philosophical approach that is developmentally and culturally responsive to young people ages 18 through 24 who are being discharged from inpatient behavioral health treatment with no safe housing or services and at risk of unaccompanied homelessness. These programs will provide young people an offramp from homelessness and an onramp to family and community reunification.</p> <p><i>Legislation: SSHB 1929 – Supporting young adults following inpatient behavioral health treatment.</i></p> <ul style="list-style-type: none"> • <i>Establishes the Post-Inpatient Housing Program for Young Adults to provide supportive transitional housing with behavioral health supports for young adults ages 18 to 24 who are exiting inpatient behavioral health treatment.</i> • <i>Directs the Health Care Authority to administer the program by providing funding to community-based organizations to operate at least two residential programs (one in western WA and one in eastern WA) with six to ten beds each to serve eligible participants for up to 90 days</i> <p><i>Budget - ESSB 5950, Sec 215 (123), pg. 410</i></p> <ul style="list-style-type: none"> • <i>Funding provided to implement the program in accordance with SSBH 1929.</i>
X	<p>Addressing restraint and isolation in the school setting</p> <p>Implement the recommendations detailed in the legislative report published in late 2022 by OSPI’s Crisis Response Workgroup addressing the use of harmful behavior management practices in schools, including:</p> <ol style="list-style-type: none"> 1. Eliminating the use of isolation and chemical restraint, 2. Increasing access to proactive and effective mental health and trauma informed behavioral supports, 3. Providing training to school staff on de-escalation practices, and 4. Improving data collection on the use of restraint and isolation practices in schools. <p>See the full legislative report for much more context on these recommendations and the harm they are intended to address.</p> <p><i>This recommendation did not advance.</i></p>

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X	<p>Office of Homeless Youth: Expand young adult housing</p> <p>The YYACC subgroup supports the Department of Commerce request for \$3 million to expand the Young Adult Housing Program (YAHP) that provides transitional housing, rental assistance, and case management to young adults ages 18 through 24.</p> <p><i>This recommendation did not advance.</i></p>
✓	<p>HCA: Non-Emergency Medical Transport (NEMT) services</p> <p>The YYACC subgroup supports the Health Care Authority request for \$7 million to increase broker administrative funding and stabilize their workforce.</p> <p><i>Budget - ESSB 5950, Sec 211 (97), pg. 347</i></p> <ul style="list-style-type: none">• <i>Funding is provided for HCA to increase the non-emergency medical transportation broker administrative rate to ensure access to health care services for Medicaid patients.</i>