

Children and Youth Behavioral Health Work Group 2025 Recommendations

Summary List of Recommendations

Brief summaries of the recommendations are presented below. A detailed write-up of each recommendation is available as Appendix D.

Overarching Recommendations

Overarching recommendations address cross-cutting challenges, have the potential for system-level impact, and/or support the development of the Washington Thriving P-25 behavioral health strategic plan. The five Overarching recommendations are listed below in no particular order.

Overarching Recommendations

Enhance substance use disorder prevention services and quality substance use disorder and co-occurring mental health care for youth, young adults, and families

The CYBHWG requests the legislature allocate additional staffing and financial resources for the Washington State Health Care Authority in the 2025-2027 biennium to stabilize community and school substance use disorder prevention and mental health promotion services, increase the ability to detect behavioral health trends in youth, young adults and pregnant and parenting people, and enhance quality substance use disorder care for adolescents and transition-age youth. The CYBHWG aims to achieve this through:

- Supporting state opioid settlement priorities;
- Supporting the ASAM-4 package to incorporate and integrate MOUD care and co-occurring MH/SUDcare;
- Supporting the prevention package enhancing the capacity of the Community Prevention Wellness Initiative (CPWI) and Healthy Youth data collection initiatives

Maintenance funding expansion for Partnership Access Line (PAL) & Referral Service

Maintenance funding expansion for Partnership Access Line (PAL) and Washington's Mental Health Referral Service for Children and Teens. To keep PAL and Referral Service both operating at full capacity with no service cuts over the upcoming biennium, we request budget increase for those two programs together to be a total of \$2.211 million dollars over the biennium [\$370K GF-S].

Ensure viable and appropriate implementation of the CCBHC model

CCBHC = Certified Community Behavioral Health Clinic

The Legislature should take necessary steps to provide legislative and budgetary support to ensure implementation of the CCBHC model by FY2027, including participation in the federal demonstration and/or executing a State Plan Amendment.

Extend the timeline of House Bill 1580 (2023)

Extend the timeline of House Bill 1580 (2023 State Session) to ensure the team can fully build a process to support children who remain hospitalized unnecessarily due to barriers to discharge. HB1580 was passed with a timeline that ran only for the 2023-2025 biennium and will expire in June 2025 if not extended. We recommend extending both the positions and flexible funding elements of the bill for at least another biennium.

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Ensure pediatric CHWs are a sustained and viable workforce for patients insured in Medicaid through WA State seeking adequate Medicaid rates from CMS

Ensure Pediatric Community Health Workers (CHWs) are a sustained and viable workforce for patients insured in Medicaid through WA State seeking adequate Medicaid rates from Centers for Medicare & Medicaid Services (CMS). Seeking Medicare rates for CHWs in Medicaid's state plan amendment proposal to CMS.

Prioritized Recommendations

Legacy Recommendations

These recommendations build on important actions the Legislature has taken in the past and suggest critical next steps to maintain momentum and widen the impact of these efforts. The seven Legacy recommendations are listed below in order of priority.

Legacy Recommendations

1. Expand Early (birth to three) ECEAP

Early ECEAP = Birth to three Early Childhood Education and Assistance Program (ECEAP) (pronounced e-cap)

Expand Early (birth to three) ECEAP service provision by adding 200 slots (\$5M). We recommend an expansion of the Birth to Three ECEAP program, a comprehensive childcare partnership model for high-need children 0-3 who need both classroom and family support services. Early ECEAP is modeled after the federal Early Head Start childcare partnership program that has been shown to reduce families' involvement with child protective services (CPS), combining robust trauma-informed approaches with children and parents with high quality early learning.

Legacy item of the Prenatal-through-Age-5 Relational Health Subgroup

2. Behavioral Health Teaching Clinic designation & enhancement rate

The Legislature should enact legislation codifying the Behavioral Health Teaching Clinic Designation & Enhancement Rate into law; appropriate funds necessary to enact and adequately fund the enhancement rate; and direct the Health Care Authority (HCA), during the FY26-27 biennium, to take necessary steps to submit the Behavioral Health Teaching Clinic Designation & Enhancement Rate for approval by the Centers for Medicare and Medicaid Services (CMS).

Legacy item of the Workforce & Rates Subgroup

3. Increase investment in IECMH-C (Holding Hope program)

IECMH-C = Infant and Early Childhood Mental Health Consultation

Increase investment in IECMH-C by \$1.5 million annually to address unmet needs and increase equitable access to IECMH-C for Washington's children, families, and adult caregivers in child care. Funds would be used to (1) expand capacity to provide individualized mental health consultation services to child care providers, children and families; (2) provide IECMH-C services by linguistically and culturally matched consultants, and (3) initiate a community-engaged program evaluation and planning effort to determine access and effectiveness of consultation approach in diverse communities.

Legacy item of the Prenatal-through-Age-5 Relational Health Subgroup

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4. Conditional Scholarships (TIED in prioritization)

A policy change is needed to direct WSAC to work with a UW-led consortium of 13 institutions of higher education statewide to recruit a diverse cohort of master's level candidates. Funding is needed for: 1) conditional scholarships (\$50k/student; 180 students); 2) three concentration areas: community behavioral health, K-12 public and tribal schools, and crisis serving agencies, to provide skills training to candidates in alignment with employers' needs (\$10k/student); and 3) continuing program evaluation (\$150K per year). The School-Based Behavioral Health and Suicide Prevention Subgroup also supports this recommendation.

Legacy item of the Workforce & Rates Subgroup

5. Expand the ECEAP Complex Needs Funds (TIED in prioritization)

In FY23-25 ECEAP Complex Needs Received \$15M (including \$5.8M in one-time funds). We support reallocating the \$5.8M in one-time funds for the 25-27 biennium.

Legacy item of the Prenatal-through-Age-5 Relational Health Subgroup

6. Mental Health Literacy Coordinator

Maintain OSPI budget allocation, originally allocated in the 2024 supplemental budget, funding mental health literacy coordinator charged with facilitating the addition of mental health literacy in schools. Expand the role to include national collaboration with other state education agencies and the US Department of Education. [\$360K 25-27 biennium]

[5950-S.SL.pdf \(wa.gov\)](#) – pg. 660, Sec. 501 (1)(m), \$150,000 for FY24

Legacy item of the School-Based Behavioral Health & Suicide Prevention Subgroup

7. Fund the supervisor stipend program

Monitor the budget to ensure that the funding necessary for DOH to implement HB2247's supervisor stipend program in July of 2025 is retained. These funds are currently included in DOH's maintenance level budget.

Legacy item of the Workforce & Rates Subgroup

New Recommendations

These recommendations are emerging priorities for the Work Group. They may have previously been recommended by a subgroup and not prioritized by the CYBHWG. The eleven New recommendations are listed below in order of priority.

New Recommendations

1. RUBI parent training program pilot expansion

\$250,000 in funding to conduct a one-year Pilot Site implementation project of the RUBI Parent Training program with behavioral health providers embedded in primary care settings at 10 pilot sites across WA State. The focus is on enhancing primary provider skills in providing care for families of youth with autism/intellectual disabilities (ASD/IDD) and co-occurring behavioral health needs as well as expanding family access to evidence-based care.

New recommendation of the Behavioral Health Integration Subgroup

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2. Strengthen statewide guidance and direction for behavioral health in schools

Require the Office of Superintendent of Public Instruction (OSPI), in partnership with state, regional, and local entities, to define minimum expectations for behavioral health supports provided and/or coordinated by Washington's schools and establish strategic direction for state-wide programming to strengthen the capacity of schools to implement meet those supports and reduce system barriers. Total for FY25-27 biennium: \$500K.

New recommendation of the School-based Behavioral Health & Suicide Prevention Subgroup

3. Expand the Bridge Residential housing program

Expand the number of Bridge Housing programs that serve young people exiting inpatient behavioral treatment. The Bridge Housing are 6-10 bed, 90-day, residential programs that provide mental health and substance use disorder support onsite and in the community. Cost is \$1.5M annually per additional house.

New recommendation of the Youth and Young Adult Continuum of Care Subgroup

4. Implement a health plan assessment to fund Medicaid mental health counseling "professional fees" at Medicare rates

Implement a health plan assessment to fund Medicaid mental health counseling "professional fees" at Medicare rates. Includes rates for individual and family psychotherapy, group psychotherapy and PCP behavioral-health related patient visits, as well as primary care pediatrics. It is the BHI Subgroup's understanding that with the Health Plan Assessment we would draw down enough Federal dollars to allow for Medicaid:Medicare parity without additional GFS dollars.

New recommendation of the Behavioral Health Integration Subgroup

5. Support expansion of recovery high schools

Convene an advisory committee to establish a statewide network of recovery high schools. Work may include reviewing strategies used by other states, reading the Association of Recovery Schools Toolkit for starting a school, conducting outreach and needs assessments, identifying potential long-term funding sources, and developing a structure for evaluation and communication of student characteristics and outcomes. This recommendation is based on Oregon's demonstrated success in designing a strategic plan outlining the path forward. Initial investments would likely include a portion of an FTE to staff the proposed advisory committee and stipends for some committee members.

New recommendation of the Youth and Young Adult Continuum of Care Subgroup

6. Develop and pilot a dyadic benefit to allow mental health professionals to provide BH supports to young children who may present with symptoms that do not merit a diagnosis

We recommend partnering with the HCA to develop a dyadic benefit on Medicaid in state budget year 2025 that would emphasize prevention and support healthy emotional development, including for children who have symptoms that do not merit a diagnosis, and pilot the benefit in at least one urban and one rural primary care clinic serving significant proportion of children insured on Medicaid in state budget year 2026.

New recommendation of the Behavioral Health Integration Subgroup

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7. Expand access to peer supports in school settings & professional peer pathways for youth and young people

Expand access to peer supports in school settings by coordinating statewide integration of Peer Learning Curriculum; and expand existing and future peer service provision (especially youth and family peer services) by increasing in-school peer training, creating and enforcing network adequacy standards, lowering barriers to insurance billing, maximizing billing for current programs to expand services and ensure sustainability, and investing in wellness programs and professional development for the peer workforce.

New recommendation of the Youth and Young Adult Continuum of Care Subgroup

8. Expand Maternity Support Services (MSS) regional coverage and provision of wraparound supports (TIED in prioritization)

Expand Maternity Support Services to (1) cover more people or extend coverage further in the postpartum period, and (2) incorporate intensive wraparound services to help support individuals with behavioral health conditions.

New recommendation of the Prenatal through Age Five Relational Health Subgroup

9. Establish a Technical Assistance & Training Network (TATN) (TIED in prioritization)

The Legislature should establish and fund a Technical Assistance & Training Network (TATN) to provide schools with the support, resources, and training necessary to coordinate comprehensive supports across the behavioral health continuum for their students. Total for FY25-27 biennium: \$2.5-3.5 million

New recommendation of the School-based Behavioral Health & Suicide Prevention Subgroup

10. Increase family psychotherapy reimbursement rate

Increase all family psychotherapy rates to reflect the complexity of providing relationship-focused treatment that includes parents and caregivers, which is best practice in clinical Infant-Early Childhood Mental Health treatment. Current family psychotherapy rates are up to 36% lower than individual psychotherapy rates for services of equivalent duration, which disincentivizes provision of and billing for these essential services.

New recommendation of the Prenatal through Age Five Relational Health Subgroup

11. Fund youth-focused curriculum for Behavioral Health Support Specialists (BHSS)

A Behavioral Health Support Specialist will be a new bachelor level provider type with a scope of practice that includes mental and behavioral health interventions delivered under clinical supervision. UW Seattle is a catalyst for this workforce project and received funding from Ballmer Group to develop an adult curriculum. If the University of Washington Department of Psychiatry and Behavioral Sciences receives state support, it would help fund the inclusion of subject matter experts in youth mental and behavioral health to develop appropriate curriculum for the bachelor level programs. Previous legislation has helped create the structure for credentialing. [\$900K]

New recommendation of the Workforce & Rates Subgroup

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Additional Recommendations

Six additional recommendations are listed below in no particular order. These are recommendations that, although important, the Work Group prioritized lower than the priority recommendations presented above.

Additional Recommendations

Fund administration of CAPS and streamline pathway to First-Episode Psychosis care CAPS = Central Assessment of Psychosis Services

Despite the increased availability of First Episode Psychosis services across our state, pathways to FEP care remain difficult for families to navigate and teams are often under-equipped to meet the need. The Central Assessment of Psychosis Service (CAPS) seeks to streamline the pathway to FEP care in Washington State and address obstacles to early detection of psychosis by creating one front door for young people as well as their families and practitioners who have a psychosis-related concern. A stable source of funding is needed to launch and sustain this statewide service in FY2026. Budget request: \$1.1M

New recommendation from the Youth and Young Adult Continuum of Care subgroup

Improve ratio of social workers in Washington schools

To improve the ratio of school social workers available support student behavioral health needs in schools, the legislature should increase the allocation for school social workers in the state funding formula, provide matching grants to rural and remote districts to hire school social workers, and refine the definition of school social workers in state statute. Budget request: Grants: 4.65M for FY25-27; Funding Formula Increase: 29M for FY25-27.

New recommendation from the School-Based Behavioral Health and Suicide Prevention Subgroup

Behavioral health funding for school districts

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 and meet the requirements of RCW 28A.320.127. Budget request: \$4.35 million for FY25-27.

Previous recommendation from the School-Based Behavioral Health and Suicide Prevention Subgroup

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Well-Being Specialist designation

Policy ask: State adopts a plan to incentivize referral to wellness services from primary care, details forthcoming. Funding for FY25 (\$780,000):

- I. Scholarships to support OJT pathways subsidized by the state for 50 Well-Being Specialists: \$100,000
- II. Clinic incentives to participate in wellness specialist training program that help pay for step increases in pay, supervision and ongoing training costs for 10 participating agencies. \$300,000 (if the agency rates vary in cost, we will look to expand the number of participating agencies)
- III. Continued funding for agency culturally responsive and leadership training for 10 agencies. \$130,000
- IV. Administration, evaluation and technical assistance. \$250,000

New recommendation from the Workforce & Rates Subgroup

Sustainable funding to enhance behavioral health capacity among home visiting providers

Provide sustainable funding to enhance behavioral health capacity among home visiting providers to support the whole family unit following a Neonatal Intensive Care Unit (NICU) stay and/or diagnosis of developmental delays. This capacity building will focus on training providers to support the emotional well-being of parents and caregivers while providing developmental support for infants. [\$500K annual]

New recommendation from the Prenatal-through-Age-5 Relational Health Subgroup

Infant & Early Childhood Mental Health (IECMH) Alternative-payment model (APM) pilot

IECMH Alternative-payment model pilot. Create an Apple Health (Medicaid) methodology for reimbursement, moving from fee-for-service reimbursement methodology, which is setting-agnostic, supportive of the workforce without adding administrative burden, and provides a pathway for expanding service provision. Estimated costs to implement a pilot within the biennium, not inclusive of implementation costs post-pilot: \$1.25m GF-S; \$1.25m Federal.

New recommendation from the Prenatal-through-Age-5 Relational Health Subgroup