

Statements of support for the 2025 legislative session

The CYBHWG works to align its recommendations with other efforts to improve behavioral health services in Washington state. When other state agencies, organizations and groups propose initiatives to improve the behavioral health system that will benefit children, youth, and families, the CYBHWG submits Statements of Support. The CYBHWG subgroups and appointed CYBHWG members present proposed Statements of Support to the work group, and the members vote on them at its November meeting.

Provide funding to the Office of the Superintendent of Public Instruction to provide free school meals to all school-aged children and teens (K-12) in Washington State.

Representative Riccelli has been a strong proponent of Free School Meals for all Washington K-12 students and will continue to advance this in the 2025 state legislative session. In the most recent two legislative sessions Free School Meals were expanded to all students in K-5 and K-8 buildings where at least 30% of students received Free and Reduced Lunch. In the 2025 session incoming Senator Riccelli will be continuing to pursue Free School Meals for all students statewide. Fiscal estimate not yet available.

Submitted by: Behavioral Health Integration Subgroup

Restore and sustain prevention and intervention services for student behavioral health through the AESD Network.

The Association of Educational Service Districts (AESD) Behavioral Health Student Assistance Program (BH-SAP) deploys behavioral and mental health; and substance abuse prevention and intervention services in small, rural and areas with low access to behavioral and mental health services across our state. Due to reduced one-time state and federal funding, the AESD Network is requesting \$9.9 million in state funding to restore these school-based services to 67 school sites statewide. The BH-SAP model includes services that address many SBBHSP priorities such as scaling a statewide behavioral health system of services, direct student screening in both mental health and substance abuse; and supporting behavioral health career pathways through hiring new non licensed staff who receive training, supervision and internship opportunities to explore career pathways in behavioral health. This request aligns solidly with CYBHWG overall priorities for equitable and aligned school-based services and is a key component of Superintendent Reykdal's comprehensive behavioral health budget request.

Submitted jointly by: Behavioral Health Integration Subgroup + School-Based Behavioral Health and Suicide Prevention Subgroup

Family therapy rates for young children (HCA)

The Prenatal through Age 5 Relational Health Subgroup supports the HCA decision package requesting additional financial resources in the 2025 – 2027 biennium to increase family therapy rates for services provided to children age birth through five years. Apple Health reimbursement for family therapy is currently up to 36 percent lower than reimbursement for individual therapy, which may unintentionally disincentivize provision of and billing for family therapy services that are integral to IECMH evidence-based practices. HCA proposes to increase the rates for family therapy (CPT codes 90846 and 90847) by 65 percent for Mental Health Part 1 and 30 percent for Mental Health Part 2 to reflect the complexity of

family therapy and enable providers to align their clinical care with best practice and evidence-based models.

Submitted by: Prenatal through Age 5 Relational Health Subgroup

Staffing support for Maternity Support Services (MSS) & other maternal health programs (HCA)

This decision package, while not a full expansion of MSS to every county, will be critical in fully realizing the changes required of SB 5580 (passed last year). While HCA received most of the funding requested last year to implement 5580, they did not receive the FTE needed to be able to support the work of executing an updated screening tool and evaluate the program. Their ask is \$1.6M per biennium moving forward for staffing support for MSS and other important maternal health programs (including the Substance Using Pregnant People program).

Submitted by: Prenatal through Age 5 Relational Health Subgroup

Support the DCYF Prevention-Community Pathways DP

There are multiple components included in this DP to support prevention of child welfare involvement. The focus is developing community pathways, including an expansion of the Plan of Safe Care (POSC) Community Pathways and investments in Family Resource Centers (FRCs). For the expansion of the POSC Pathways, this component supports two main strategies: 1) support for families with substance exposed newborns through a voluntary specialized referral from a birthing hospital to Help Me Grow where they are connected to resources such as baby supplies, food programs, health insurance, etc.; and 2) support for substance using pregnant persons by connecting them to SUD-pregnancy service providers.. For FRCs, the DP has also proposed investing in five FRCs serving communities that fall in the top quintiles for CPS Screened-In Intakes and office catchment areas with the highest placements of Native and Black Children. The DP also includes funds to support families with concrete goods (food, diapers, etc.) through FRCs. This is an effort to create a more robust referral system to community-based supports through FRCs as well as decrease entry rates in the public child welfare system. Both the POSC community pathways and FRCs are focused on providing direct supports to high needs families with a goal of decreasing the number of children entering child welfare. Importantly, it also creates an opportunity for Washington State to draw down federal match dollars (Families First Prevention Services Act, or FFPSA) to support future operating costs for these community pathways. Expanding access to both the POSC Community Pathways and Family Resource Centers – as well as other programs and services in the DCYF Prevention DP – are important strategies to address racial disparities in access to services and resources.

Submitted by: Prenatal through Age 5 Relational Health Subgroup

Support the funding request to continue the 'Community Approach to Supporting Youth Mental Health Promotion' project lead by the Boys & Girls Club of WA

A [Community Approach to Youth Mental Health promotion](#) is a joint request of \$3,340,000 by OSPI and Boys & Girls Clubs of WA to continue successful youth mental health promotion work across the network of 170 community-based Boys & Girls Clubs serving over 60,000 kids and teens. This investment will build on three years' worth of trauma-informed care training for nearly 2,000 frontline youth development staff,

provide sustainability for a cohort of full-time Behavioral Support Specialists employed by each of the 14 regional organizations; and continue programming and services connecting youth and families to existing community and school behavioral and mental health resources. Boys & Girls Clubs are committed to rigorous program evaluation, community partnerships and local fundraising to match the state investment 3:1.

Submitted by: School-Based Behavioral Health and Suicide Prevention Subgroup

Support continued funding to school-based health centers (SBHCs) to increase access to integrated physical and behavioral health care in academic settings

Through the SBHC Program at the Department of Health (DOH), support the Department of Health's Decision Package for continued funding to the school-based health centers (SBHCs) across Washington. 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.

Submitted by: School-Based Behavioral Health and Suicide Prevention Subgroup

Support legislation that improves student well-being through instruction in social-emotional skills

Support the components included in House Bill 2239 introduced during the 2024 WA State Legislative Session through legislation that:

- Encourages school districts and public schools to provide instruction on skills that promote social, emotional, behavioral, and mental health wellness
- Provides funding to schools for the development and implementation of curriculum that promotes social and emotional well-being

Prioritizes funding for schools in marginalized, low-income, and rural communities.

Submitted by: School-Based Behavioral Health and Suicide Prevention Subgroup

Health Workforce Planning Decision Package

The behavioral health workforce is vital to Washington's children and youth. Growing concern about children, youth, and young adult behavioral health outcomes has prompted a statewide response and significantly expanded policy efforts. The Health Workforce Council, staffed by the Workforce Board, and Washington's Health Workforce Sentinel Network are key pieces of our state's behavioral health workforce planning infrastructure. However, current funding for the Council, behavioral health projects, and the Sentinel Network is insufficient to sustain the required data collection, analysis, and policy activities outlined by statute. To support increased work, the Workforce Board requests ongoing funding for staff to add 1.65 FTE (bringing the total to 2.5 FTE) and to maintain the Sentinel Network. These additional resources will strengthen workforce research and policy development capacity specifically to support the CYBHWG Workforce and Rates subcommittee in addition to general health workforce projects. Financial detail: Requested: \$345K in FY26 and \$327K ongoing beginning in FY27. This is in addition to the current \$240K proviso.

Submitted by: Workforce & Rates Subgroup

Department of Health Credentialing Decision Package

DOH is requesting \$6.4 million from general-fund state dollars to maintain credentialing improvement work and investments. Continuing to invest in this work for additional year will allow the department to apply learnings and determine sustainable funding and staffing models, while reducing timelines and backlogs.

Submitted by: Workforce & Rates Subgroup

Support the DCYF Decision Packet (DP) for Family Reconciliation Services (FRS)

Family Reconciliation Services (FRS) is a longtime Washington state prevention program designed to strengthen families, children, adolescents and communities by providing family support services that prevent children and adolescents from entering a system of care (foster care/juvenile rehabilitation) and/or homelessness. An exciting innovation is that all services will be delivered by trusted, community-based organizations instead of state employees. Families do not need to interface with a government entity, the courts system or law enforcement to access services as families have been clear they are more likely to engage with community organizations. According to the DCYF DP the DCYF requests \$7,029,000 in GF-S in FY 25 and \$8,434,000 in GF-Sin FY 26.

Submitted by: Youth and Young Adult Continuum of Care Subgroup

SPARK peer support services for youth and young adults in school settings

The SPARK Peer Learning Center is a youth-focused nonprofit organization with roots in a high school setting. SPARK is collaborating with high schools statewide to provide Peer Support Specialist Training for students ages 13 and older. Through its innovative peer support programs, SPARK empowers students to take on leadership roles while contributing to the emotional and mental well-being of their peers. This training equips students with the tools they need to become effective peer mentors, supporting their classmates through challenges related to mental health, academic stress, and social pressures.

In light of growing demand for its services, SPARK is seeking \$350,000–\$400,000 in funding to expand its vital programs and reach more students across Washington State. The requested funding will ensure the continuation of these essential peer support groups, support integration of a comprehensive curriculum, and enable SPARK to strengthen its ability to:

1. Enhance Student Well-Being: Peer support groups are proven to reduce stress, increase resilience, and improve mental health outcomes for students. By empowering students to support one another, SPARK helps create safer, more inclusive school environments.
2. Foster Leadership and Civic Engagement: SPARK's leadership training ensures that young people not only develop the skills to assist their peers but also become positive contributors to their communities, gaining valuable experience that prepares them for future careers.
3. Promote Positive Behavioral Health: Peer-led programs improve school culture by promoting mental wellness and healthy coping strategies, fostering an environment where students feel heard, supported, and respected.

Submitted by: Youth and Young Adult Continuum of Care Subgroup

Central Assessment of Psychosis Service (CAPS)

Support the UW SPIRIT Center's launch of the Central Assessment of Psychosis Service (CAPS), a UW Medicine-based clinical service intended to illuminate pathways to early psychosis care, reduce the Duration of Untreated Psychosis—a leading predictor of schizophrenia spectrum disorder prognosis—, and support equitable access to gold standard psychodiagnostics assessments of psychosis and psychosis risk states for all Washingtonians. The state has already invested \$1.4M in the UW SPIRIT Center to (1) develop a health communication campaign to support awareness of psychosis signs and symptoms, the New Journeys Network, and CAPS services; (2) develop the clinical, quality management, and data management infrastructure to support a statewide psychosis screening and assessment service; (3) develop a Health Information Technology (HIT) system for case level tracking; (4) develop a referral database to ensure that all families receive timely referrals to right fit care; and (5) collate statewide referral data to inform program and policy decisions related to early psychosis care in Washington. Centralizing case-level tracking of youth and young adults who are at elevated risk of developing a psychotic disorder will support geoepidemiologic surveys to identify service gaps across our state. The state is encouraged to invest \$1.1M annually to launch and sustain this statewide service at UW Medicine in SFY2026.

Submitted by: Youth and Young Adult Continuum of Care Subgroup

Maintain funding for Office of Homeless Youth programs

In addition to maintaining current programs, plus 10% to backfill local document recording fee shortfalls and 5% increase to address inflation, there are three programs newly funded or expanded in the 2023--25 biennium, which were identified as one-time and not continuing in the 2025--27 biennium, according to details in the 2023--25 budget. This request is to continue funding for those programs (in addition to maintain the ongoing funding for the other OHY programs): Homeless Prevention & Diversion Fund (\$5 million), Protected Health Care grants (\$2 million), and the Lifeline Support System (\$750,000). Commerce requests that all OHY programs are collapsed into a single streamlined proviso, as included in the modified agency budget language related to this DP.

These programs are either still in the early pilot phased and need additional time to effectively test the intervention model OR have become a critical component of local homelessness crisis response systems for youth and young adults.

Submitted by: Youth and Young Adult Continuum of Care Subgroup