



Children and Youth Behavioral Health Workgroup (CYBHWG) and Washington Thriving (strategic plan)

Chaired by Representative Lisa Callan and
Jason McGill, Assistant Director from the Health Care Authority (HCA)

**Update for Early Learning and Human Services committee
January 14, 2025**

Children & Youth Behavioral Health Work Group (CYBHWG)



VISION

Each and every Washington child, youth and young adult – and their families and caregivers – are thriving.

ORIGINS

Established by legislation in 2016; recently extended through 2029.

MANDATE

To identify barriers to and opportunities for accessing behavioral health services for children and their families, and to advise the legislature on statewide behavioral health services for this population.

COMPOSITION

Approximately 40 members including young people and parents/caregivers with lived experience, legislators, agency representatives, advocates and other system actors.

- A dynamic, legislative/executive, bicameral/bipartisan, and public/private platform with a diverse range of partners working to advance the behavioral health of children, youth, young adults, and their families and caregivers.
- Each year, five subgroups develop legislative recommendations to consider and carry forward:
 1. Prenatal-through-Five Relational Health
 2. School-Based Support and Suicide Prevention
 3. Youth and Young Adult Continuum of Care
 4. Workforce & Rates
 5. Behavioral Health Integration
- In 2022, the CYBHWG recommended, and the Legislature and Governor approved, the development of a statewide strategic plan for prenatal-through-age-25 behavioral health. It is known as [Washington Thriving](#).

Learn more and get involved in the CYBHWG and its subgroups:

<https://www.hca.wa.gov/about-hca/programs-and-initiatives/behavioral-health-and-recovery/meetings>

2025 recommendations

KEY THEMES / ISSUES

- ▶ Pregnancy, infancy, and early childhood
- ▶ BH in schools
- ▶ Specific populations in need
- ▶ Substance use
- ▶ Workforce development
- ▶ Rates/payment models
- ▶ Systems infrastructure/coordination

Pregnancy, infancy, and early childhood

- ▶ Expand Early (birth to three) ECEAP
- ▶ Increase investment in IECMH-C (Holding Hope program)
- ▶ Expand the ECEAP Complex Needs Fund
- ▶ 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
- ▶ Expand Maternity Support Services (MSS) regional coverage and provision of wraparound supports
- ▶ Sustainable funding to enhance behavioral health capacity among providers supporting parents, infants, and families following a NICU stay and/or diagnosis of developmental delays (not voted to prioritize this year)
- ▶ Infant & Early Childhood Mental Health alternative payment model pilot (not voted to prioritize this year)

Behavioral Health in schools

- ▶ Mental Health Literacy Coordinator
- ▶ Strengthen statewide guidance and direction for schools
- ▶ Establish a Technical Assistance and Training Network
- ▶ Expand access to peer supports in school settings & professional peer pathways for youth and young people
- ▶ Improve ratio of social workers in Washington schools (not voted to prioritize this year)
- ▶ Behavioral health funding for school districts (not voted to prioritize this year)

Specific populations in need

- ▶ RUBI (Research Units in Behavioral Intervention) parent training program pilot expansion (ASD/IDD – Autism Spectrum Disorder/Intellectual and Developmental Disabilities)
- ▶ Expand the Bridge Housing program for 18-24 year-olds exiting inpatient treatment

Substance use

- ▶ Enhance substance use disorder prevention services and quality substance use disorder and co-occurring mental health care for youth, young adults, and families (HCA decision packages)
- ▶ Support expansion of recovery high schools

Workforce development

- ▶ Conditional Scholarships
- ▶ Fund the supervisor stipend program
- ▶ Fund youth-focused curriculum for Behavioral Health Support Specialists (BHSS)
- ▶ Well-Being Specialist designation (not voted to prioritize this year)

Rates/payment models

- ▶ Seek adequate Medicaid rates from CMS to ensure pediatric CHWs are a sustained and viable workforce
- ▶ Behavioral Health Teaching Clinic designation & enhancement rates
- ▶ Implement a health plan assessment to fund Medicaid mental health counseling “professional fees” at Medicare rates
- ▶ Increase family psychotherapy reimbursement rate

Systems infrastructure/coordination

- ▶ Extend the timeline of House Bill 1580 (2023)
- ▶ Maintenance funding expansion for Partnership Access Line (PAL) & Referral Service
- ▶ Ensure viable and appropriate implementation of the Certified Community Behavioral Health Center (CCBHC) model (HCA recently awarded planning grant)
- ▶ Fund administration of CAPS and streamline pathway to First-Episode Psychosis care (not voted to prioritize this year)

Washington State P-25 Behavioral Health Strategic Plan

Washington Thriving
Summary Presentation



Washington
Thriving

Developing a strategic plan
for prenatal through age 25
behavioral health.



What is Washington Thriving?

- The effort to develop a Prenatal-through-Age 25 (P-25) Behavioral Health Strategic Plan to ensure **equitable access at every stage of development to high-quality, developmentally-appropriate and culturally-attuned** supports and services
- Initiated in response to the ongoing statewide crisis in behavioral health among children, youth, young adults and their parents and caregivers
- Aims to address:
 - the most significant and systemic gaps and disconnects in our **behavioral healthcare system**, as well as
 - **the intersecting systems and factors that impact behavioral health** (e.g. education, justice, child welfare, housing, disability, employment, crisis response)
- The P-25 Strategic Plan will:
 - **outline a vision** for how a comprehensive array of supports and services can be accessed in or through a range of settings including clinics, schools, and community programs
 - **provide an actionable roadmap** of investments and policy initiatives to move toward this

The **behavioral healthcare system** is broadly defined here as the comprehensive array of services & supports, workforce, funding, and other supportive enabling factors that supports behavioral health and wellbeing



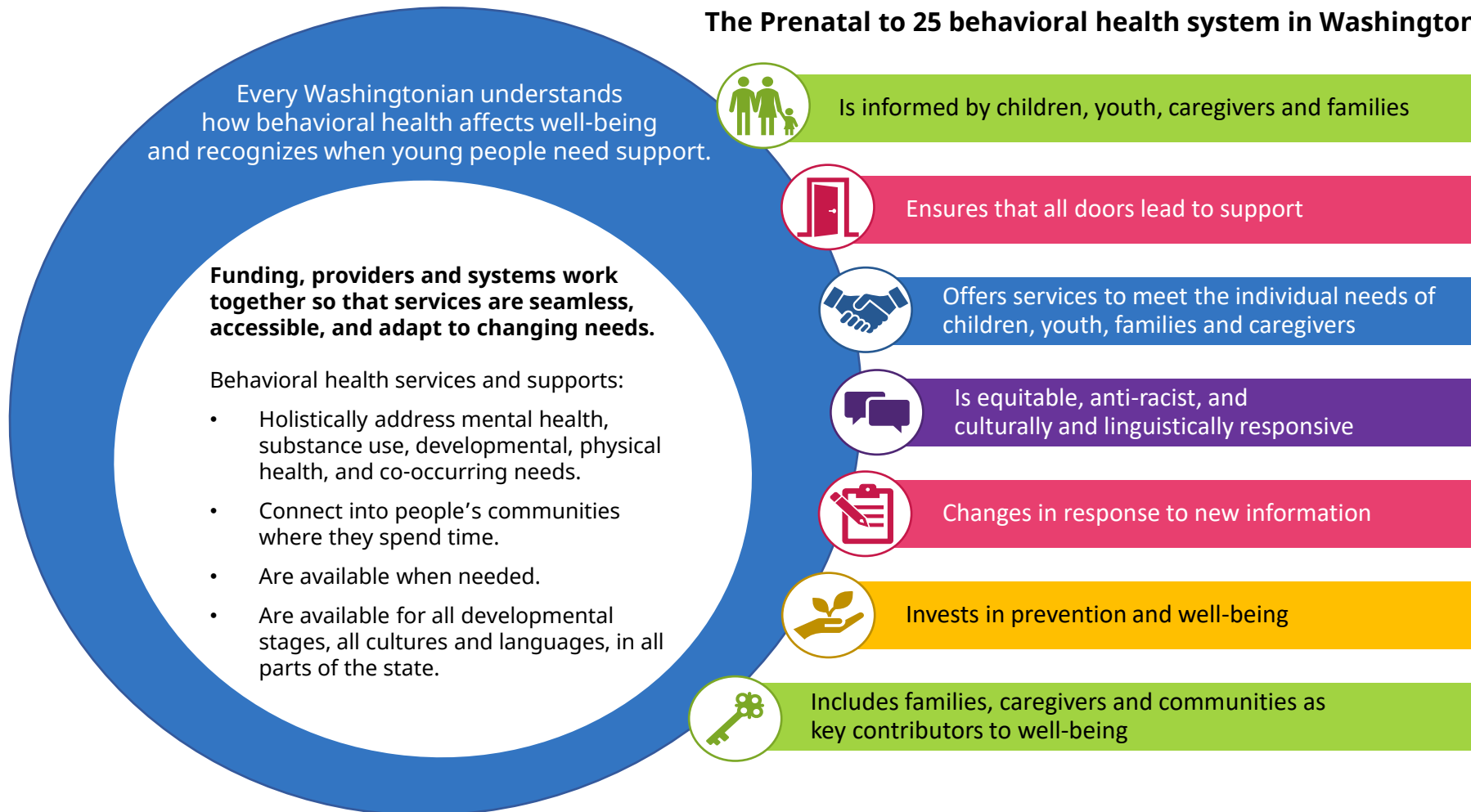
Who is involved?

- Co-Chairs:
 - Representative Lisa Callan, 5th legislative district
 - Diana Cockrell, HCA, DBHR Section Manager: Prenatal to 25 lifespan
- Children and Youth Behavioral Health Work Group (CYBHWG)
 - Washington Thriving Advisory Group
 - Youth & young adults
 - Parents & caregivers
 - System partners (providers et al)



What is the vision?

A future where every Washington child, youth, and young adult is thriving, supported by their parents, caregivers, and communities.



What is the process?



PHASE 1: VISIONING

PHASE 2: ASSESSING CURRENT LANDSCAPE

PHASE 3: IDENTIFYING STRATEGIC PRIORITIES

PHASE 4: MOVING TO ACTION

Exploring
(open processes)



Making choices
(narrowing processes)



**STRATEGIC PLAN
TO LEGISLATURE**

Phase 1 questions:

- What's the vision?
- What is the ideal continuum of care?

Phase 2 questions:

- Does WA have the right services and supports?
- Does capacity for each meet the need?

Phase 3 questions:

- What are the gaps, and how can we fill them?
- What are the key levers for change with the greatest promise?

Phase 4 questions:

- How do learnings inform the strategy?
- What are the short- and long-term wins?
- How will we know we're on the right track?



Two intersecting, iterative strands of work inform the process



PEOPLE CENTERED ACTIVITIES – COMMUNITY ENGAGEMENT AND FEEDBACK

EVIDENCE BASED ACTIVITIES – DATA, RESEARCH, AND INNOVATION

What role does cross-system collaboration play in the Strategic Plan?



- A key recommendation of the P-25 Strategic Plan aims to solve for **fragmented funding, management, administration, and delivery** of behavioral health services across multiple agencies and providers.
- Washington Thriving will engage **key systems actors** to ensure this plan is actionable and aligns with system priorities and constraints.
- **Planned avenues for engagement** include consultation through CYBHWG, Advisory Group, or specific Washington Thriving events, consultation at other existing tables (e.g. other workgroups or commissions), direct outreach, system modeling workshops, and planned communications (e.g. newsletter/blog).
- This work aims to foster **ongoing feedback loops** to integrate the voices of both those the system aims to serve and those who operate and govern the system.



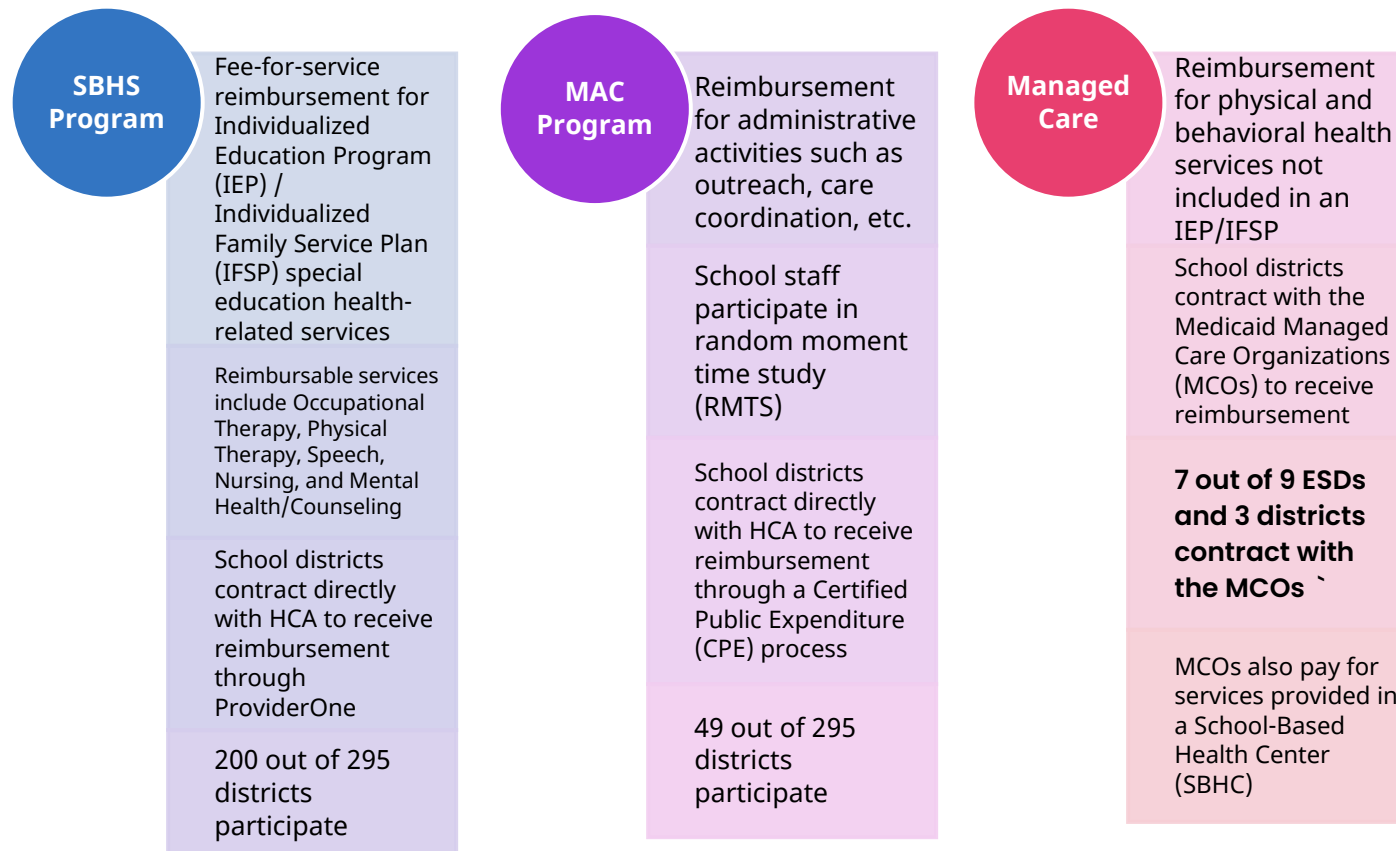
Thank you

- Representative Lisa Callan
- Jason McGill, JD, Assistant Director, Health Care Authority, Medicaid Programs (360) 791-1546 jason.mcgill@hca.wa.gov

FYI: Medicaid in Schools



Apple Health (Medicaid) currently pays for Medicaid-covered services provided in the school setting via multiple avenues:



CMS Grant: Expansion of Medicaid and School Based Services



- \$500,000 Grant Year 1, \$1 million Grant Years 2 & 3; in partnership with OSPI
- Goals:
 - Improve & expand access to school-based primary care and behavioral health
 - Decrease administrative barriers for School Districts & Educational Service Districts to bill for Medicaid/CHIP services
 - Improve student health and educational outcomes
- Currently holding engagement/feedback sessions:
 - School Districts & Educational Services Districts, Staff, Students & Families, Tribes, School-Based Health Centers and MCOs

