



Children and Youth Behavioral Health Work Group – Workforce & Rates (W&R) Subgroup

June 26, 2025

Glossary of Terms

CCBHC: Certified Community Behavioral Health Clinic
CHW: Community Health Worker
CYBHWG: Children and Youth Behavioral Health Work Group
DCYF: Department of Children, Youth and Families
DSHS: Department of Social and Health Services
ECEAP: Early Childhood Education and Assistance Program
HCA: Health Care Authority
IECMH-C: Infant and Early Childhood Mental Health Consultation
MCO: Managed Care Organization
PAL: Partnership Access Line
P-25: Prenatal through Age 25 Behavioral Health Strategic Plan
WSAC: Washington Student Achievement Council

Meeting Topics

Washington Thriving process and timeline + W&R progress to date
Breakout Groups - Continued discussion to align on key inputs to P-25 Strategic Plan
Next steps

Discussion Summary

Washington Thriving process and timeline + W&R progress to date

Hanna Traphagan HCA, P-25 Strategic Plan Program Manager

Hanna provided a high-level review of deliverables for the P-25 Strategic Plan and the emerging recommendations related to issues of workforce and rates.

CYBHWG Deliverables to Legislature

The CYBHWG will submit two deliverables to the Legislature on Nov 1 this year.

1. Legislative Report, which will include:
 - a. The primary recommendation this year will be some version of “adopt the Strategic Plan.”
 - b. Specific legislative recommendations for immediate action from Strategic Plan
 - c. Small number of additional 2026 recommendations, focused on protecting legacy priorities and on policy actions that provide relief from the impacts of federal actions
 - d. Statements of support to highlight initiatives across the system
2. Comprehensive P-25 Strategic Plan
 - a. There are currently two emerging recommendations related to workforce in the Strategic Plan:



- i. One related to retention of workforce: "Build Sustainable P-25 Behavioral Health Careers that Retain Professionals through Competitive Compensation, Reduced Administrative Burden, and Enhanced Work Environments with Adequate Supervision, Manageable Caseloads, and Career Advancement Pathways"
- ii. One related to attracting new workforce: "Ignite the P-25 Behavioral Health Talent Pipeline Through K-12 Career Exposure and Adaptive Pathways Development"

Feedback from the subgroup on the two work-in-progress recommendations:

- Request to explicitly call out training redundancy and increase efficiency of training requirements under the administrative burden section under workforce retention recommendation.
- Comment about increasing clarity for types of supervision and how to access it for students and professionals who are training in the field.

Breakout Groups - Continued discussion to align on key inputs to P-25 Strategic Plan

Pathways to the Workforce

1. Discussed ideas on how to implement Behavioral Health competencies across the system.

Retention and Reimbursement

The breakout group reviewed two additional emerging Washington Thriving recommendations: 1D (Reshaping payment models) and 1E (Integrated funding). High level comments are that the recommendations are exceptionally high level and don't seem to account for work that has already been executed or attempted in the past by state agencies and stakeholders. Key questions to consider moving forward:

1. Is there a way for state agency staff to review recommendations to ensure that there is no wheel reinvention?
2. How will these recommendations be translated into specific, concrete potential actions including policy actions or budget requests? This is important as recommendations as high level and visionary without specifics along the lines of the drafts thus far will not be well received by policy makers who need something more specific to take action around.

Administrative burden

Volunteers shared preliminary draft write ups (What's the problem? Ideas on solutions. Areas that need to be addressed for success in these areas. Etc.):

- Licensing, Training, and Credentialing
 - a. Inefficiencies:
 - i. Processes for licensing are different for each profession, and some are more complex than others.
 - ii. Authorities such as the HCA, MCOs, and others may require training and credentialing beyond an individual's license to provide or bill for services.
 - b. Possible solutions
 - i. Licensing: Streamline current pathways to licensure and work towards alternative ways to demonstrate competency. Reduce the financial and time burden on those entering the field.



- ii. Training and Credentials: Reduce unnecessary barriers that prevent providers from operating at the top of their scope of practice and decrease duplicative and lengthy training requirements.
- Auditing Issues in Intensive Services
 - a. Inefficiencies:
 - i. The paperwork, administrative data, and auditing requirements for WISe and other intensive care programs—such as PACT (Program of Assertive Community Treatment), HOST (Homeless Outreach Stabilization Transition), and New Journeys (First Episode Psychosis) put an unnecessary burden on providers and reduce the accessibility to and effectiveness of these services.
 - ii. Data required by audits is not outcome-focused
 - b. Possible solutions:
 - i. HCA must change their quality measures to reflect outcomes, rather than just program engagement/adherence metrics. NOTE: HCA is in the middle of updating their quality plan.
 - ii. Either the functionality of REDCap must improve, or a different platform could be used for QIRT audits.
 - iii. MCOs need to coordinate on an administrative level to align audit requirements, timing, and tools.

Next steps

1. Thank you to everyone who volunteered to help with drafting our inputs for Washington Thriving. If you're interested in assisting and have not yet volunteered, please email info@bhcatalyst.org, hugh.ewart@addunahealth.com, and renee.fullerton@wtb.wa.gov.
2. The subgroup will next meet on Wednesday, July 9th from 12-1:30pm. *If you are not already on the W&R mailing list and would like to be added, you can email cybhwg@hca.wa.gov indicating your preference.*

CYBHWG Deliverables to Legislature

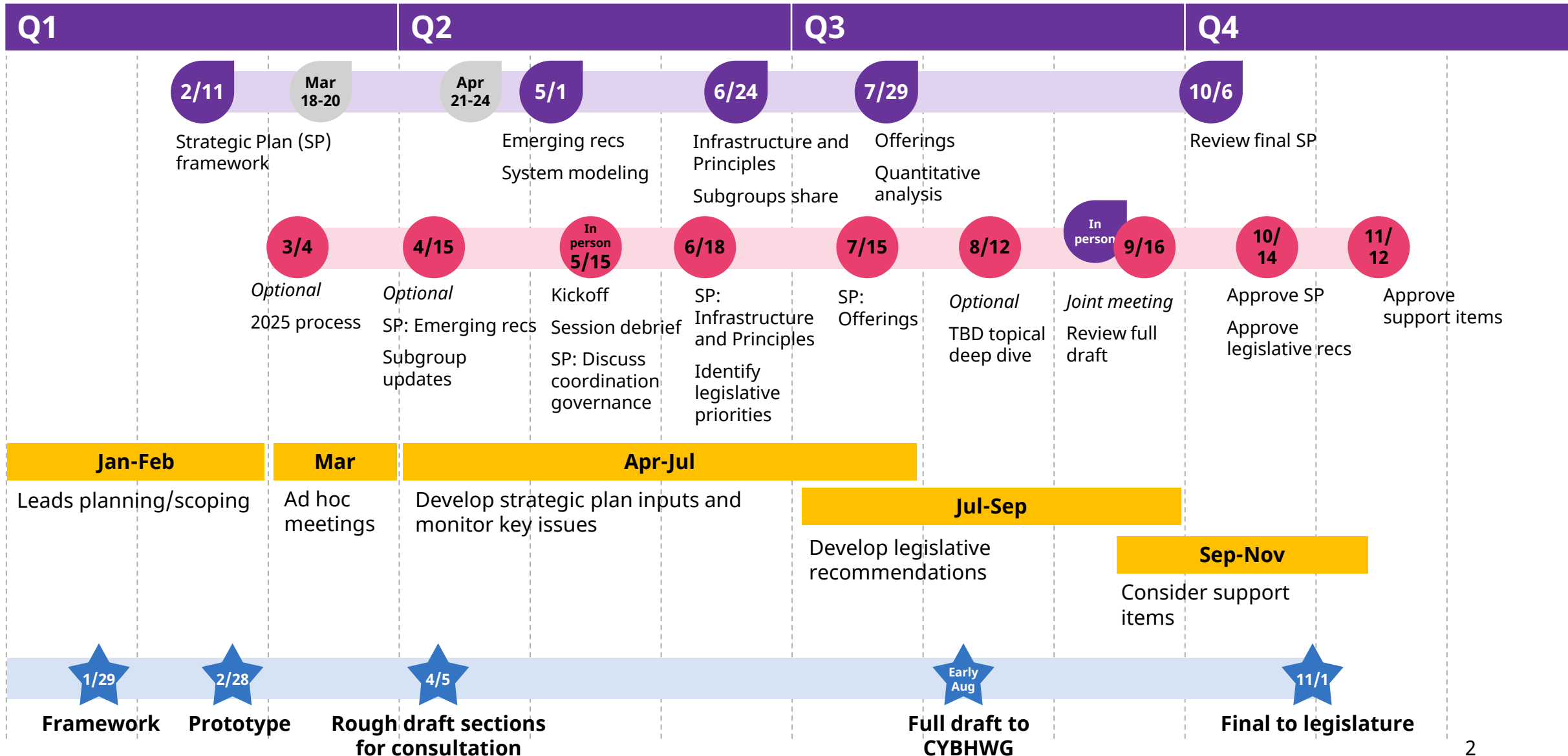
Legislative Report



P-25 Strategic Plan

- ▶ **Primary recommendation:** Some version of “adopt and begin implementation of Strategic Plan”
 - ▶ Specific legislative recommendations to take immediate action on Strategic Plan (e.g. single coordinating body, data integration)
 - ▶ Small number of additional 2026 recommendations, focused on protecting legacy priorities and on policy actions that provide relief from the impacts of federal actions
 - ▶ Statements of support to highlight initiatives across the system
- ▶ Comprehensive document, PLUS:
 - Executive summary version
 - Briefs on key topics
 - Companion interactive website

2025 Timeline



A modular set of Strategic Plan materials

Executive Summary

Legislators
Executive leadership

Comprehensive long-form document

CYBHWG, Advisory Group,
system partners

Supporting issue briefs

Those who want to learn more
about specific areas of interest

Companion website

Everyone



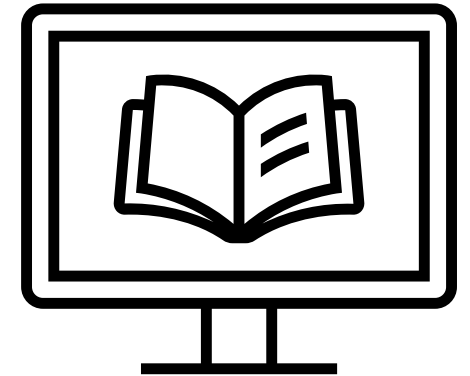
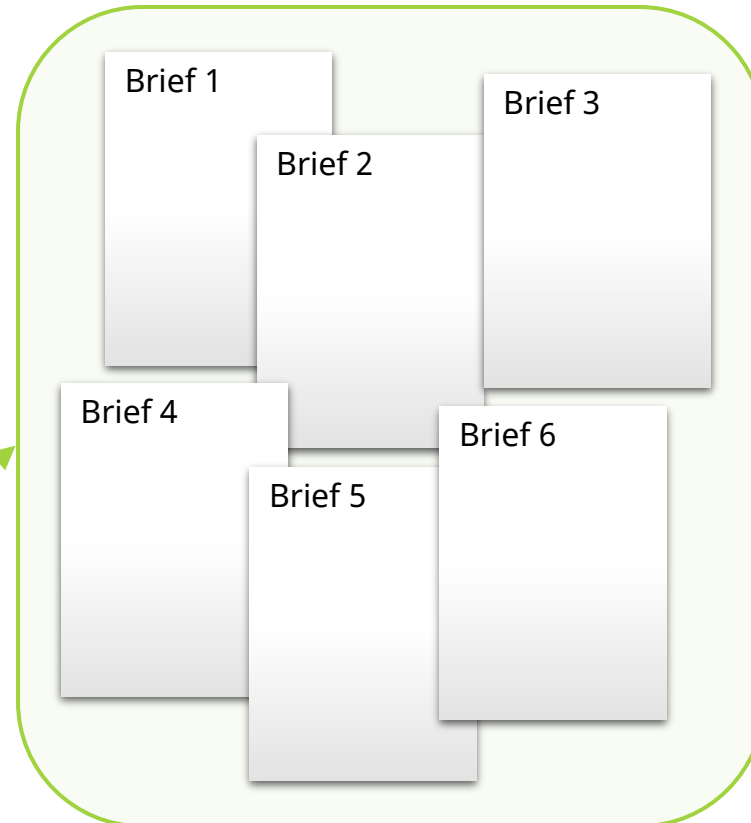
Three Priorities:

1. Strengthen the behavioral health system infrastructure
2. Expand comprehensive offerings
3. Embed core values

Washington State Prenatal-through-Age-25 Behavioral Health Strategic Plan

- I. Introduction
- II. Current State
- III. Broad Vision
- IV. Strategic Recommendations
- V. Next Steps
- VI. Conclusion

A ~~~~~
B ~~~~~
C ~~~~~



Engaging interface presenting nested levels of detail

Interactive navigation to allow folks to dive deeper into areas of interest including:

- Issue briefs
- More detailed roadmaps
- References

The Strategic Plan will likely be structured as follows

P-25 BH STRATEGIC PLAN SECTIONS	INCLUDES
Section 1: Introduction	<ul style="list-style-type: none"> • Executive summary & letter from co-chairs • Washington State context & legislative charge • Summary of plan structure • Methods & approach (high level)
Section 2: Current State	Summaries of: <ul style="list-style-type: none"> • current landscape (supply & demand of supports and services) • bright spots in Washington's system • gaps, barriers, & challenges
Section 3: Broad Vision for Washington's P-25 BH System of Care	<ul style="list-style-type: none"> • Washington Thriving's purpose & vision • System of Care framing
Section 4: Strategic Recommendations (deep vision for P-25 BH System of Care)	<ul style="list-style-type: none"> • 3 interconnected priorities • Paints the picture of the breadth of system intervention • 14 (8, 3, 3) recommended strategic starting points
Section 5: Next Steps	<ul style="list-style-type: none"> • Implementation roadmap • Strategic financing considerations • Measuring success over time – indicators & data dashboard proposal • Implementation lessons & success factors
Section 6: Conclusion	
Annexes	<ul style="list-style-type: none"> • Activities undertaken in SP planning process • Inputs to SP • Register of involved parties with heat maps/disaggregation • Backlog of specific recommendations • Bibliography, relevant literature references • Definitions & acronyms

Emerging framework and recommendations

Work in progress for discussion – do not distribute

VISION: A FUTURE WHERE EVERY YOUNG WASHINGTONIAN IS THRIVING, SUPPORTED BY THEIR FAMILIES, CAREGIVERS, AND COMMUNITIES

STRATEGIC RECOMMENDATIONS FOR WASHINGTON’S P-25 BEHAVIORAL HEALTH SYSTEM

I. STRONG SYSTEM INFRASTRUCTURE

What structures, powers, and guides the system

- A. Leadership Structures
- B. Coordination Governance
- C. Data Systems
- D. Payment Models
- E. Integrated Funding
- F. Upstream & Community
- G. Workforce Retention
- H. Workforce Pipeline

II. COMPREHENSIVE OFFERINGS

What the system will offer, where, and how offerings will be provided

- A. Perinatal Behavioral Health
- B. Infant & Early Childhood Support
- C. Role of schools
- D. Barriers to TAY service set
- E. Place-based supports
- F. Information & navigation
- G. Family support & advocacy
- H. Care coordination & sequencing
- I. Expand middle-intensity services
- J. Fill gaps in specialized care
- K. Crisis and residential expansion
- L. Stabilization & ongoing wellness

III. EMBEDDED PRINCIPLES

What core values frame and unify the system

- A. Innovation for Equitable Access
- B. Positive First Encounters
- C. Meaningful Partnerships
- D. Collective Learning & Decisions

WASHINGTON’S SYSTEM OF CARE

VITAL CONDITIONS OUTSIDE THE BEHAVIORAL HEALTH SYSTEM THAT IMPACT WELLBEING

Interconnected Strategic Imperatives



- I. **Strengthening system infrastructure** through coordinated leadership, workforce development, sustainable financing, and community-responsive practices that create a cohesive, navigable system.
- II. **Expanding comprehensive offerings** across all developmental stages and levels of care to ensure the right help is available at the right time for every child, youth, caregiver and family.
- III. **Embedding core values** that guide how the system is structured, how services are delivered, and how young people, caregivers, and families experience care.

Recommendation structure



Strategic Imperative

There will be several emerging recommendations for each of the 3 strategic imperatives.

Emerging Recommendations

Each of the 14 emerging recommendations will include supporting detail:

Problem definition

Outlines the core issue being addressed + illustrated impact

Strategic solution(s) with essential components

Proposes the central recommendation

Transformative potential

Explains broader systemic benefits that would result

Alignment with state priorities

Demonstrates how the recommendation directly supports and operationalizes existing WA State initiatives and priorities

Learning from others

Provides evidence-based support for the recommendation by examining successful models from elsewhere

Leveraging state assets

Identifies existing WA-specific assets that can be incorporated into implementation

Implementation options / strategic starting points

Outlines practical approaches to putting the recommendation into action

Funding considerations

Addresses financial aspects of developing and implementing the recommendation

Key success factors

Identifies critical operational elements that determine success

Recommendation 1D: Reshape Payment Models & Reimbursement Structures for P-25 Behavioral Health to Support the Financial Sustainability of Providers, Reflect Service Complexity, and Incentivize Care for Highest-Need Populations

Problem Statement. Washington's current payment models create a cascade of systemic failures that fundamentally undermine behavioral health care delivery. Inadequate reimbursement rates fail to cover true costs of care, while administrative burdens divert resources from direct services. Fee-for-service models create prohibitive barriers to entry that favor large providers over smaller practices, discourage serving complex-needs populations, and undervalue essential functions like care coordination, developmental guidance, and family engagement. Medical diagnosis requirements leave prevention and early intervention unfunded, while the system fails to support team-based care—ultimately driving away the workforce needed to deliver quality care and putting the burden on families. As the evidence demonstrates, current payment models make it impossible to intervene and support early, develop innovative service offerings, incentivize qualified practitioners to serve underserved populations, support ongoing wellbeing and recovery efforts, or maintain the workforce stability necessary for effective behavioral health care.

Strategic Solution. Reshape payment models and reimbursement structures by establishing approaches that ensure providers can sustainably deliver quality care while eliminating financial barriers to accessing appropriate services for young people, their caregivers and families. This includes reforms characterized by **1) financial sustainability for providers:** payment rates must comprehensively cover the true cost of care delivery, including direct services, administrative overhead, workforce development, and maintaining infrastructure, while enabling providers to retain qualified staff and reduce administrative burden; **2) service-aligned payment structures:** reimbursement should cover the full scope of effective interventions including non-billable activities, incentivize service complex-needs populations, and reflect the service intensity and specialized expertise required; and **3) equitable access:** care access should be determined by clinical need rather than insurance type, with consistent coverage processes and true parity between behavioral health and physical health reimbursement across all plan types.

Rationale. Comprehensive payment reform transforms this dysfunctional system by aligning financial sustainability with quality outcomes, enabling providers to invest in effective interventions while creating the economic foundation necessary to recruit and retain qualified staff. Actors across the system consistently report that inadequate reimbursement undermines both workforce stability and service access. As one individual noted, sustainable compensation is essential for ensuring "the right type of support is available immediately when needed."

Though most states struggle with similar challenges due to healthcare financing complexity and fragmented funding streams, Washington has compelling reasons to pursue bold reform now. The cost of inaction far exceeds reform costs—provider closures and access gaps shift expenses to emergency departments, juvenile justice, and child welfare systems that cost significantly more than preventive behavioral health care. This represents market failure requiring systematic intervention, as artificial constraints like below-cost reimbursement rates and administrative burdens prevent natural market corrections regardless of clinical need or demand.

The absence of widespread state examples represents leadership opportunity—early-moving states gain competitive advantages in provider recruitment, federal approvals, and positioning as national models. Decades of incremental reforms have proven insufficient to address root causes, making comprehensive change necessary for sustainable improvement rather than temporary fixes.

Alignment with State Priorities. This recommendation directly supports Washington's commitment to integrated physical and behavioral healthcare, addresses critical workforce shortages by enabling competitive compensation, and advances equity initiatives by eliminating disparities based on insurance status rather than clinical need while demonstrating fiscal responsibility through sustainable financing approaches.

Next Steps. The system leader should conduct comprehensive cost studies and engage cross-system actors (including public and private insurers) to develop shared understanding of payment reform goals and desired outcomes, while simultaneously implementing immediate rate adjustments and realistic near-term improvements to provider sustainability, service-aligned payment, and equitable access. Long-term transformation involves developing and piloting comprehensive payment methodologies—determined through cross-system engagement—that create sustainable provider operations, comprehensive service coverage through the whole continuum of care and lifespan, and equitable access regardless of insurance type. This phased approach balances urgent system stabilization with systematic reform built on system collaborator consensus and data-informed decision making.

Strategic Dependencies. The recommendations within Imperative 1 are all interdependent. Success requires coordination with 1A - Systems Leader oversight, 1E - integrated funding mechanisms, and 1G - sustainable workforce careers. Payment reform provides the financial foundation for workforce retention and system sustainability while enabling other strategic improvements.

For potential implementation pathways including xxxxx, as well as illustrative case examples, see the forthcoming full recommendation brief.

Recommendation 1E: Integrate Funding from Multiple Sources for P-25 Behavioral Health to Invest Strategically and Sustainably Across the System

Problem Statement. Siloed funding sources create barriers to a comprehensive continuum of care for young people with cross-system needs and require families to navigate multiple disconnected systems. This also results in inefficient and disparate spending by the state. Without clear understanding of federal funding rules and requirements across different funding streams, agencies cannot effectively coordinate or identify what gaps need state or other funding to address. Washington Thriving's cross-system engagement consistently highlighted the burden of navigating multiple funding streams, with families describing complex application processes, lack of access to early supports and care as well as post care and supports and providers noting the administrative waste that results from duplicated oversight across different funding sources.

Strategic Solution. Harmonize multi-system investments by coordinating and integrating cross-system funding, allowing the state to invest more strategically and sustainably across the system, and transforming both financial architecture and full continuum of care service and support delivery outcomes. This integration should follow key principles of **1) following the child, not the funding stream:** services organized around need, not administrative convenience; **2) reduce administrative waste:** eliminate duplicated oversight and bureaucracy; **3) maximize federal investment:** strategic use of matching funds and federal programs; **4) create stability:** sustainable funding that survives political and budget cycles; **5) enable innovation:** flexible funding allows creative, effective approaches; and **6) measure what matters:** focus on outcomes for children and families, not process compliance. These principles directly address concerns raised by Washingtonians, who emphasized the need for offerings organized around need rather than administrative convenience, and for funding approaches that reduce rather than increase the complexity families face when seeking help for their children.

Rationale. Coordinated funding isn't just about administrative efficiency—it fundamentally changes what services are possible, how families experience the system, and what outcomes can be achieved. Financial integration enables service integration, which in turn produces better outcomes at lower per-capita costs. Integrated funding allows the state to be more efficient and effective in resourcing in order to deliver better and more diversified behavioral health care continuum offerings sustainably, including nontraditional supports often falling outside of typical categories that state agencies usually fund but which are essential for helping young people and their families to succeed. Analyses of Systems of Care consistently cite coordinated and integrated financing as a key component of implementing and sustaining effective systems. States with mature coordinated funding approaches demonstrate reduced administrative burden, improved service continuity for children with complex needs, increased cost efficiency, and enhanced outcomes. Kansas's Administrative Service Organization reduced costs while expanding treatment, Michigan's Prepaid Inpatient Health Plans (PIHPs) integrated virtually all behavioral health funding streams, and New Jersey's pooled funding approach maximized federal Medicaid match. Integrated funding mechanisms provide the resource coordination foundation for comprehensive system transformation while maximizing federal funding opportunities and reducing administrative burden.

Alignment with State Priorities. This recommendation advances Children's Behavioral Health Work Group goals by providing concrete implementation tools proven successful in other states, extends Washington's integrated care leadership across child-serving systems, maximizes federal funding opportunities through strategic Medicaid enhancement, and creates government efficiency through reduced administrative redundancy and person/ family-centered service delivery.

Next Steps. To operationalize the goal of harmonizing multi-system investments by coordinating and integrating cross-system funding, Washington must first conduct **a comprehensive fiscal mapping exercise** that establishes foundational understanding across three essential components: **1) detailed financial analysis** of all current funding streams to document their requirements and restrictions, identify overlap and gaps in coverage, and calculate total cross-system investment and administrative costs; **2) integrated legal and regulatory assessment** to review federal regulations for each major funding stream, analyze state statutes that create silos or enable coordination, identify waiver opportunities, and document successful models from other states; and **3) creation**

of cross-system financing workgroup with representatives from state agencies implicated in P-25 Behavioral Health, providing the system infrastructure necessary to operationalize recommendations such as developing formal MOUs between agencies specifying roles and resource sharing, establish decision-making protocols for resource allocation conflicts, and create family and youth advisory structures for funding decisions.

This comprehensive fiscal mapping exercise is the essential prerequisite for all subsequent integration efforts because it creates the knowledge base needed for informed decisions, establishes legal clarity about possible integration approaches, builds governance infrastructure to manage coordinated funding effectively, identifies needed services and supports that are not currently funded, and generates stakeholder buy-in and formal commitment to collaboration—without which attempts at funding integration risk compliance failures, stakeholder resistance, and ineffective implementation. Once this foundational fiscal mapping is complete, Washington can pursue longer-term implementation of identified actions under this recommendation and in line with the key principles, including but not limited to strategic pilots, braided funding models, administrative integration, legislative framework development, financial architecture transformation, federal investment maximization, stable revenue base development, continuous innovation infrastructure, and outcome-focused accountability.

Strategic Dependencies. The recommendations within Imperative 1 are all interdependent. Success requires coordination with 1A - Systems Leader authority, 1B - governance framework, and 1D - payment reform.

For potential implementation pathways including xxxxx, as well as illustrative case examples, see the forthcoming full recommendation brief.

NOTE: Workforce & Rates subgroup inputs will inform an intro section describing the range of factors impacting workforce capacity.

Recommendation 1G: Build Sustainable P-25 Behavioral Health Careers that Retain Professionals through Competitive Compensation, Reduced Administrative Burden, and Enhanced Work Environments with Adequate Supervision, Manageable Caseloads, and Career Advancement Pathways

Problem Statement. Washington's P-25 behavioral health system faces a critical workforce crisis with provider turnover exceeding 40% annually, costing up to \$1.2 million per person in recruitment, startup, and lost revenue. This reflects a national emergency affecting virtually every state, where traditional recruitment strategies prove insufficient to address the systemic nature of behavioral health provider shortages.

Through extensive cross-system engagement, Washington Thriving consistently identified inadequate compensation as a fundamental barrier to system stability. Washingtonians emphasized that competitive compensation isn't just about individual provider welfare—it's essential for maintaining therapeutic relationships and ensuring service availability when people and families need them, noting the challenge of paying providers a living wage, with sustainability concerns directly undermining service access.

This workforce instability creates a compounding system failure that undermines even well-designed services with strong evidence bases and legislative support. Each departing professional takes institutional knowledge, specialty training, family relationships, and service continuity with them, creating a downward spiral where remaining staff carry impossible caseloads and burn out faster. Current challenges driving this exodus include inadequate reimbursement rates, overwhelming administrative burdens, and limited career advancement opportunities.

In the current budget environment, Washington cannot afford the massive inefficiencies of constant turnover and retraining cycles. High turnover rates carry significant costs while disrupted therapeutic relationships undermine both service quality and access, making provider retention essential for a sustainable behavioral health ecosystem.

Strategic Solution. Transforming workplace environments and Behavioral Health careers to retain qualified behavioral health professionals will ultimately require progress on a number of areas including competitive compensation aligned with physical health counterparts, administrative burden reduction, enhanced professional development, improved work-life balance, and sustainable team-based care models that allow individuals to thrive in their roles and provide quality care.

While comprehensive workforce retention requires addressing compensation disparities and administrative burden as the primary drivers of turnover, Washington's current fiscal environment limits immediate compensation improvements. Therefore, the strategic approach must prioritize achievable administrative burden reduction as the immediate foundation, while building the case and infrastructure for future compensation parity when resources become available.

Administrative burden reduction can be implemented immediately through streamlined documentation requirements, integrated technology systems, and simplified billing processes—addressing the professional frustration that compounds financial concerns. This creates a foundation of stability that enables the layering of team-based care models to transform work environments, followed by professional development and work-life balance improvements for long-term career satisfaction.

The ultimate goal remains achieving both compensation parity and administrative burden reduction together, as this combination addresses the financial and professional satisfaction gaps that drive the highest turnover rates. However, leading with administrative improvements demonstrates immediate commitment to workforce support while building the operational efficiency and data infrastructure needed to make the case for future compensation investments.

Rationale. Throughout Washington Thriving's cross-system engagement, workforce and compensation issues were consistently highlighted as a significant barrier to an effective P-25 Behavioral Health delivery system. A stable, supported workforce functions as the essential human infrastructure necessary for system transformation—without it, every other strategic investment, from care coordination to evidence-based practices, becomes theoretical rather than operational.

Comprehensive workforce retention strategies produce measurable improvements in system performance and cost efficiency. Michigan achieved 37% faster connection to follow-up care and 19% reduction in regional service disparities through integrated workforce support, while Colorado's administrative burden reduction freed significant resources for direct care and improved provider satisfaction. These results demonstrate that workforce investment creates multiplier effects across the entire system.

This recommendation is an important step forward in transforming the system from a collection of under-resourced programs and providers to a cohesive network of well-supported professionals capable of delivering on the promise of every other strategic recommendation. Prioritizing workforce sustainability through reduced administrative burden, competitive compensation, and enhanced professional support creates the human capacity for successful care coordination, sustainable evidence-based practices and practice-based evidence, meaningful family engagement, and reliable data-driven improvements. Even in a budget-constrained environment, immediate actions like administrative burden reduction and team-based care pilots can be made possible through policy changes rather than requiring new funding while demonstrating state commitment to workforce support.

Without stable behavioral health professionals, system transformation remains impossible. With increased workforce stability, every other P-25 system improvement becomes feasible and sustainable.

*[Possible call out box or can be moved to recommendation brief]: Washington Thriving survey data confirms workforce sustainability as the **top priority** for Washingtonians, with **84% rating career sustainability as highly important** - the **highest across all 8 recommendations**. The **complete absence of opposition** demonstrates universal recognition of the workforce crisis.*

Alignment with State Priorities. This recommendation builds upon Washington's existing \$131 million investment in provider financial stabilization, established Health Corps loan repayment programs, and recent policy innovations including expanded service setting eligibility and background check policy review—demonstrating the state's commitment to addressing financial incentives and structural barriers to workforce diversity.

Next Steps. The key is starting with data collection and pilot programs that can demonstrate quick wins while building toward comprehensive system transformation. Begin with immediate "stop the leak" interventions including statewide compensation benchmarking, documentation streamlining technology pilots, regional workforce retention collaboratives, and dedicated administrative burden reduction funding. Focus on high-impact, low-cost interventions demonstrating immediate value while building support for comprehensive workplace transformation that fundamentally reshapes behavioral health career support.

Strategic Dependencies. The recommendations within Imperative 1 are all interdependent. Success requires coordination with 1A - Systems Leader oversight, 1D - payment reform for competitive compensation, and 1H - workforce pipeline development. Workforce retention provides the human resource foundation essential for all other system improvements while creating sustainable career pathways.

*For potential implementation pathways including **xxxxx**, as well as illustrative case examples, see the forthcoming full recommendation brief.*

Recommendation 1H: Ignite the P-25 Behavioral Health Talent Pipeline Through K-12 Career Exposure and Adaptive Pathways Development

Problem Statement. Washington faces a severe behavioral health workforce crisis with 45% of professionals over age 55 and 30% projected to retire in the next decade. The current workforce pipeline is insufficient, particularly for specialized populations and underrepresented communities. Washington lacks developed behavioral health pathways, failing to create accessible career tracks for students who cannot pursue 4-8+ year educational programs—particularly critical given persistent educational attainment gaps among communities most affected by behavioral health disparities. Cross-system engagement validates this, with Washingtonians noting both the current shortage of professionals and the need for a more diverse workforce that can provide culturally responsive care to Washington's increasingly diverse population

Strategic Solution. Establish comprehensive K-12 behavioral health career exposure and preparation that builds workforce interest, develops foundational competencies, and creates immediate post-graduation pathways for students regardless of their post-secondary educational plans while prioritizing recruitment from underrepresented communities and developing specialized competencies for serving diverse populations. This approach identifies and pursues the highest-impact interventions guided by principles of **accessibility** (creating multiple entry points that don't require extensive post-secondary education), **equity** (focusing on/ partnering with communities most affected by behavioral health disparities and removing systemic barriers), **relevance** (integrating career exposure with immediate workforce needs and lived experience), **coordination** (aligning educational institutions with behavioral health employers and state agencies), and **sustainability** (establishing pathways that lead to living-wage employment with clear advancement opportunities). These principles would guide the development and evaluation of specific strategies that emerge through implementation, ensuring the approach adapts to maximize workforce pipeline impact while maintaining focus on comprehensive career preparation that serves both individual students and system-wide workforce needs.

Rationale. Washington's behavioral health workforce crisis begins with a pipeline problem rooted in limited career exposure during the K-12 years. While most students understand traditional therapy roles, they lack awareness of immediate-entry positions like peer support, behavioral health technicians, or community health workers that could provide culturally responsive care and offer accessible career pathways. This knowledge gap, combined with declining high school graduation rates, shrinks the pool of potential workforce entrants and causes Washington to lose diverse talent to other fields.

Workforce development through early career exposure represents the most strategic long-term investment a P-25 behavioral health system can make, addressing root causes rather than symptoms. With nearly half of Washington's behavioral health professionals approaching retirement within a decade, traditional recruitment and retention strategies alone cannot generate the scale of workforce replacement needed. Unlike reactive strategies that compete for existing talent, K-12 pipeline development expands the total talent pool while building the diverse, culturally responsive workforce required to serve Washington's increasingly diverse population.

This approach creates systemic benefits beyond individual career outcomes. By integrating career exposure with mental health literacy and stigma reduction, pipeline development simultaneously strengthens the future workforce while improving the behavioral health knowledge of the broader population. Washington State's skills centers already report consistent student interest in behavioral health topics, indicating strong potential when pathways are made visible and accessible. The September 2025 launch of Puget Sound Skills Center's behavioral health program for juniors and seniors, including apprenticeship opportunities, provides an immediate proof of concept for statewide replication.

Alignment with State Priorities. This recommendation builds on Washington's established workforce development and educational support investments including pathways and training infrastructure programs like Career Connect Washington, and loan forgiveness, repayment, and conditional scholarship programs like those of WSAC, Ballmer Group, and Washington State's Behavioral Health Workforce Development Initiative.

Next Steps. Early wins through CTE expansion and competency alignment can demonstrate impact while longer-term infrastructure develops.

Strategic Dependencies. The recommendations within Imperative 1 are all interdependent. Success in attracting new workforce is dependent on successful implementation of 1F to make these careers attractive and sustainable, as well as 1D improving payment models and increasing rates. There are additional workforce-related requirements outlined in Imperative 2, i.e. developing specific provider capabilities, specialties, and cross-functional training.

For potential implementation pathways including xxxxx, as well as illustrative case examples, see the forthcoming full recommendation brief.