



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

September 24, 2025

Glossary of Terms

W&R: Workforce & Rates Subgroup
BHC: Behavioral Health Catalyst
BHA: Behavioral Health Agency
DOH: Department of Health
ERDC: (Washington State) Education Research and Data Center
FTE: Full Time Employee
HCA: Health Care Authority
IDD: Intellectual and Developmental Disabilities
LMHC: Licensed Mental Health Counselor
LMS: Learning Management System
PAL: Partnership Access Line
UW: University of Washington
SUDPT: Substance Use Disorder Professional Trainee
WAC: Washington Administrative Code
WISe: Wraparound with Intensive Services

Meeting Topics

Welcome & Agenda
Children and Youth Behavioral Health Work Group Meeting Recap
Legislative Recommendation Presentations
Statements of Support Subgroup Guidance
Next Steps & Close

Discussion Summary

Children and Youth Behavioral Health Work Group Meeting Recap

Renee Fullerton and Hugh Ewart (Workforce and Rates Subgroup Leads) shared about the in-person meeting held by CYBHWG and Washington Thriving on September 18th, 2025. A recording of the meeting can be viewed on twv.org.

1. [Washington Thriving Strategic Plan](#) Update:
 - a. Joint meeting held between the Children and Youth Behavioral Health Work Group and Washington Thriving Advisory Team focused on finalizing the strategic plan
 - b. Final draft to be released October 8, 2025, with critical changes only accepted after September 30
 - c. First Initiatives focus on System of Care Infrastructure:
 - i. Leadership, governance, and coordination structures



- ii. Shared goals to measure progress against
 - iii. Integrated funding
 - d. Services and Supports
 - i. Perinatal mental health and substance use
 - ii. K-12 behavioral health
 - iii. IDD/complex needs treatment capacity
- 2. Subgroup Recommendations Overview
 - a. 2026 Focus Areas by Subgroup:
 - i. Prenatal to Five: Support items only, no specific legislative recommendations
 - ii. School-Based Behavioral Health: Shared definition framework and comprehensive training/technical assistance
 - iii. Youth and Young Adult: Bridge housing sustainability, recovery high schools, WISe team training, age of consent considerations
 - iv. Behavioral Health Integration: Community health worker reimbursement, PAL restoration

Legislative Recommendation Presentations

Conditional Scholarship Legislative Recommendation

Presenter: Vaughnnetta Barton, UW Workforce Development Initiative

1. **Program Background**
 - a. Washington State Behavioral Health Workforce Development Initiative (WDI) launched in 2021 with Ballmer Group funding
 - b. Serves graduate students in marriage and family therapy, clinical mental health counseling, and social work
 - c. Currently supporting 414+ students with 135 additional expected for fall 2025
 - d. Statewide collaboration across 14 universities and 13 partner institutions
2. Legislative Request for 2026
 - a. Advanced Skills Training: \$500,000 (one-time)
 - i. 10 additional students receiving enhanced clinical training during practicum
 - ii. Focus on alignment between higher education and workforce demands
 - iii. 5% allocation from Washington State Behavioral Health Core funding
 - b. Longitudinal Study: \$150,000 (annual)
 - i. Multi-year evaluation building on previous one-year study
 - ii. Data collection from ERDC and Employment Security
 - iii. Program evaluation and workforce impact assessment
3. Key Program Features
 - a. Addresses shortage of graduate-level clinicians and supervisors
 - b. Targets underserved communities, particularly Eastern Washington and rural areas
 - c. Career opportunity focus rather than traditional scholarship model
 - d. Partnership with Washington Student Achievement Council (WSAC)

Teaching Clinics Legislative Recommendation

Presenters: Julia O'Connor & Olivia Shangrow, Washington Council for Behavioral Health

1. **Program Background**
 - a. Multi-year initiative inspired by UW Behavioral Health Teaching Hospital model



- b. Two-year demonstration project (2022-2024) with six agencies representing urban, rural, and frontier areas
 - c. Quantified supervision costs for interns and trainees across mental health and substance use disorders
 - d. [47-page comprehensive report](#) published with detailed cost analysis
- 2. Cost Analysis Findings
 - Statewide Implementation (100 clinics):
 - a. Annual cost: \$233.5 - \$333.6 million
 - b. With federal match: ~\$116 million state cost
 - c. Support for 5,500 - 8,000 FTEs annually
 - d. Covers all master's level mental health, SUDPT, and bachelor's level students
- 3. 2026 Legislative Strategy
 - Primary Goal: Advance House Bill 1502 (Rep. Alicia Rule, sponsor)
 - a. Policy legislation with \$0 fiscal note for 2026
 - b. Codify teaching clinic model in state law
 - c. Establish 13 billing and eligibility standards
 - d. Create pathway for future funding
- 4. Implementation Approach:
 - a. Focus on committee hearings for education and socialization
 - b. Potential Senate companion bill introduction
 - c. Pilot program language developed for scaled implementation (10-15 clinics)
 - d. "Within available means" language to reflect fiscal constraints
- 5. Program Benefits
 - a. Addresses uncompensated training costs currently borne by behavioral health agencies
 - b. Creates career pathway incentives for supervisors
 - c. Reduces staff turnover through competitive compensation
 - d. Allows external training recognition and internal training efficiency

Subgroup Decision Process

Facilitator: Hugh Ewart

- 1. The subgroup voted on advancing both recommendations to the full Children and Youth Behavioral Health Work Group:
 - a. Voting Results:
 - i. Conditional Scholarships: 88% support in favor
 - ii. Teaching Clinics: 88% support in favor
 - iii. Both recommendations approved for advancement
- 2. Process Notes:
 - a. Several members of the group abstained from voting for personal or work reasons.
 - b. Majority rule voting with options: Yes/Yes with concerns/No
 - c. Questions and concerns to be addressed via email to Subgroup leadership
 - d. Final write-ups will incorporate feedback before October 6 deadline

Statements of Support Subgroup Guidance and Timelines

Danae Villarreal (Behavioral Health Catalyst) shared a presentation on Statements of Support, a supplementary section of the CYBHWG Annual Report.



1. What are Statements of Support:
 - a. Endorsements from subgroups for initiatives that advance children's behavioral health goals
 - b. Can support agency work, state initiatives, or other efforts aligned with CYBHWG objectives
 - c. Opportunity to extend support beyond the 3 legislative recommendations per subgroup limit
 - d. Example: [2025 Statements of Support](#)
2. Requirements:
 - a. Minimum one sentence with explanation
 - b. Additional detail as needed
 - c. No limit on number (unlike legislative recommendations)
3. Timeline:
 - a. October 6: Subgroup Legislative recommendations due
 - b. October 9: W&R meeting to discuss Statements of Support
 - c. October 14: CYBHWG meeting to vote on recommendations
 - d. October 22: W&R to finalize Statements of Support for submission
 - e. November 3: Statements of Support due

Next steps

1. W&R will be working on Statements of Support for submission to CYBHWG in the coming meetings.
2. The subgroup will next be meeting on Thursday, October 9th from 10:00am-11:30am. *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.*