



Children and Youth Behavioral Health Work Group – Youth and Young Adult Continuum of Care (YYACC) Subgroup

September 11, 2025

Glossary of Terms

YYACC: Youth and Young Adult Crisis Continuum
YAC: Youth Advisory Committee
BHC: Behavioral Health Catalyst
CAPS: Central Assessment of Psychosis Service
FYSRT: Family, Youth and System Partner Round Table
MRSS: Mobile Response Stabilization Service
FIT: Family Initiated Treatment
IEP: Individualized Education Program
SMI: Severe Mental Illness
SUD: Substance Use Disorder
WISe: Wraparound with Intensive Services

Meeting Topics

Welcome, Agenda, Icebreaker
CAPS (Central Assessment of Psychosis Service) Presentation
WISe (Wraparound with Intensive Services) Presentation
2026 Legislative Recommendations Discussions
Next Steps

Central Assessment of Psychosis Service (CAPS) Presentation

Maria Monroe-Devita and Rachel Brian of the University of Washington shared an overview of the CAPS pilot program.

1. CAPS is a program designed to streamline pathways to early psychosis care for youth and young adults through three main components:
 - a. Public awareness campaigns to help families identify early signs of psychosis
 - b. Centralized clinical assessments by specialists
 - c. A statewide database of mental health providers
2. Recent Results: The program ran a 4-month pilot campaign from March-July 2025 that:
 - a. Reached nearly 1 million people through various media
 - b. Generated 935 completed mental health screenings
 - c. Found 88% of those screened were at risk for psychosis
 - d. Successfully reached both urban and rural communities
3. Current Problem: Federal funding ended July 1, 2025. The program demonstrated effectiveness but needs approximately \$1.1 million annually to continue operations.



4. Why it matters: Young people experiencing early psychosis often face long delays getting appropriate care. Earlier intervention leads to much better outcomes, but families currently navigate a confusing maze of services.

WISe (Wraparound with Intensive Services) for Youth with Autism/Developmental Disabilities

Paul Davis of HCA provided an overview of the current state of WISe and how it currently serves the Youth and Young Adult community.

1. WISe is an intensive mental health program serving about 3,300 youth monthly who have the highest level of behavioral health needs. Teams include therapists, peer specialists, and care coordinators providing 10+ hours of services monthly.
2. The Challenge: About 20% of WISe participants (roughly 1,400 youth) have autism or developmental disabilities, but most providers lack specialized training to work effectively with this population. This leads to:
 - a. Youth staying in intensive services longer than necessary
 - b. Providers feeling unprepared and burning out
 - c. Long waiting lists for services
3. Training Solutions Presented:
 - a. RUBY: A parent training program teaching behavioral strategies. Highly effective but funding ended, creating access disparities
 - b. ECHO: Ongoing online training connecting providers with specialists
 - c. WIBs: Experimental model placing teams at autism agencies rather than mental health agencies (facing implementation challenges)
4. Core Issue: Most mental health providers receive little to no training on autism/developmental disabilities in their education, leaving them unprepared for this significant portion of their caseload.

2026 Legislative Recommendation Discussions

Representative Lauren Davis (YYACC Lead) gave an update on the budget reality for the 2026 legislative session. The state is cutting programs that were just passed and funded in May 2025. No new funding will be available for the 2026 legislative session, recommendations should focus only on policy changes requiring no money and alternative funding sources (grants, private philanthropy) should be explored.

1. 16 members of the YYACC Subgroup responded to a survey on possible recommendations for 2026, the highest-ranking topics were:
 - a. WISe team trainings on serving individuals autism, developmental disabilities, and externalizing behaviors
 - b. Rural outreach programs
 - c. Youth peer hub expansion

Upon review of the survey results the subgroup discussed the following topics for further consideration this session.

2. Recovery High Schools



- a. Last year's recommendation asked for \$250,000 to convene an advisory committee to establish recovery high schools for students in addiction recovery.
 - b. Given budget constraints, the group strategized elevating the topic in the following ways:
 - i. Ensuring recovery schools are highlighted in the Washington Thriving Strategic Plan
 - ii. Pursuing private funding for convening activities
 - iii. Emphasizing policy language recognizing their value
 - iv. Connecting to broader peer support workforce development
 - c. Representative Eslick emphasized: "Just because we're not going to fund them doesn't mean we don't talk about it, what a great program they are."
3. WISe Provider Training
- a. The subgroup came to a consensus that providers need better tools to work with youth who have autism, developmental disabilities, or challenging behaviors.
 - i. Challenges:
 - 1. Requiring additional training creates "provider abrasion" - agencies already have many training requirements
 - 2. Costs fall on both state and provider agencies
 - 3. Small agencies can't afford training that large agencies can self-fund
 - ii. Potential Solutions Discussed:
 - 1. Making existing successful training (RUBY) more widely available
 - 2. Developing ECHO training specifically for disruptive behaviors
 - 3. Incorporating specialized content into required training modules
 - iii. Alternative Strategies given funding limitations, the group explored:
 - 1. Policy-only recommendations that don't require appropriations
 - 2. Strategic plan integration to maintain visibility for important priorities
 - 3. Private philanthropy for smaller-scale pilot projects
 - 4. Federal grant opportunities for some initiatives

Next Steps

1. The subgroup leads will be presenting the emerging recommendations at the Children and Youth Behavioral Health Work Group meeting on September 18th. Final Legislative Recommendations from YYACC are due on October 6th.
2. The subgroup's next meeting is to be determined. *If you are not already on the YYACC mailing list and would like to be added, you can email cybhwg@hca.wa.gov indicating your preference.*