Washington State Health Care Authority

Report to the Legislature

Digital Technologies to Support Youth and Young Adults Behavioral Health

A report to the Washington State Children and Youth Behavioral Health Work Group, the Office of Financial Management, and committees of the Legislature

Engrossed Substitute Senate Bill 5950; Section 215(134); Chapter 376; Laws of 2024

June 30, 2025

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Acknowledgements

The following report is intended to inform, inspire, and guide continued efforts of the Children and Youth Behavioral Health Work Group, the Youth and Young Adult Continuum of Care Committee, and members of the Washington State Legislature as they work to thoughtfully implement digital behavioral health technologies for Washington's youth and young adults.

We especially wish to acknowledge the individuals who served on the project's Expert Panel. Their individual and collective guidance and expertise were invaluable contributions to this report and the information contained herein.

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- **Blake Edwards, MS, MLS**, Columbia Valley Community Health
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We also wish to acknowledge the team from the Western Interstate Commission for Higher Education Behavioral Health Program (WICHE BHP). Throughout the duration of this project, the WICHE BHP worked closely with the Health Care Authority to meet project milestones, including the preparation of this report.

- **Project director: Gina Brimner, LCSW, LICSW**, WICHE BHP Director of Special projects
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Executive summary

This report responds to Proviso 134 of the state appropriation bill for fiscal year 2024-2025. It includes the proviso's driving forces, our process for addressing the proviso, and our findings and recommendations for consideration to address digital technologies to support Washington's youth and young adults' behavioral health.

Proviso 134 directed Washington's Health Care Authority (HCA) to:

1. **Issue a request for information (RFI) to identify digital technologies** that can be used for supporting youth and young adult behavioral health prevention, intervention, treatment, and recovery support services.
2. **Convene a panel of experts** in adolescent and young adult behavioral health prevention and treatment, suicide prevention, and digital behavioral health (DBH) technologies.
3. **Collaborate with the expert panel to prepare a report with recommendations** identifying the technologies being recommended for implementation and the associated costs for piloting and/or statewide implementation.

In response to HCA's RFI, 28 vendors submitted information on a total of 31 behavioral health technologies/products.

Expert panel's findings

Given the number and wide array of product uses submitted by the vendors, the expert panel was unable to make recommendations identifying specific technologies to pilot or implement statewide. Rather, the panel concluded:

1. The RFI responses illustrated a **broad array of DBH products** that offer a variety of interventions to address different behavioral health needs for youth and young adults.
2. There is a **wide range of vendors** who create, market, and operate DBH products.
3. It is **premature to select a specific product** for either a pilot project or statewide implementation.
4. Effective implementation of DBH technologies is a complex process that extends beyond product selection and procurement; it will **require extensive support and expertise to prepare, implement, evaluate, and sustain the product and the service**.

Additionally, the panel was unanimous in suggesting the state could be instrumental in supporting and sustaining DBH technologies for youth and young adults in Washington by providing "a strong vision, leadership, and incentives." In leading and facilitating implementation of DBH, the state could:

- Ensure the digital strategy is embedded in a larger initiative (e.g., workforce development) and that digital strategies are coordinated with other strategies.
- Provide encouragement for developing the infrastructure necessary to effectively implement evidence-based products, including providing expertise and/or technical assistance.
- Facilitate collaborations and partnerships.
- Engage diverse perspectives in advisory roles and ongoing monitoring.
- Track digital behavior health initiatives and impact in communities across the state to inform future planning and development of the behavioral health system.

Recommendations

Ultimately, their conclusions led panel members to concur with two key recommendations to guide the state's process of supporting, selecting and/or implementing DBH technologies for youth and young adults:

1. **Ensure digital products and methods are considered alongside other strategies as part of holistic system solutions.**
2. **Facilitate and incentivize organizations and behavioral health providers to use and integrate digital products and technologies.**

Ensure holistic solutions

To prevent duplication of existing services and inform strategic decisions about product selection that is additive, supportive, and works to fill programmatic and/or system gaps:

- Identify opportunities and existing infrastructure that may be leveraged by conducting an inventory of DBH products planned for and/or currently utilized in youth and young adult serving organizations.
- Identify and define the specific problem(s) DBH technologies may help address issues within the continuum of care and inventory individuals, organizations, and agencies working to address the problem(s).
- Determine the intended impact and outcome of the DBH product(s) for the targeted population(s), including the potential impact for the behavioral health workforce.

Facilitate and incentivize integration

Recommended strategies for the state to incentivize and support organizations and behavioral health providers include:

- Establish and adopt a pathway for effective implementation to guide organizations, agencies, and communities through a well-informed strategic, product selection and implementation process.
- Provide resources for implementation, including expert/technical support and consultation, online implementation resources and tools, and limited financial assistance for planning and effective implementation.

Introduction

Over the past decade, many DBH products have emerged to support mental health and wellbeing. For example,

- Telehealth platforms offer youth and young adults access to treatment and therapies from schools, youth-serving community organizations, and home.
- Mobile phone apps provide access to behavioral health chatbots, support communities, and educational resources.
- Virtual reality headsets have programs in meditation and mindfulness that can help stem anxiety and depression.

Many of the digital products on the market today offer hope in addressing the challenge of helping people readily access prevention, early identification, treatment, aftercare, recovery, and resiliency services. However, there are also considerable challenges in selecting and implementing DBH products. For example, the growing number of vendors and product choices can overwhelm decision makers and organizations who can then become overly dependent on vendor marketing claims. Further, digital products are not, overall, appropriate to replace the personalized, highly skilled care provided by mental health and substance use clinicians, practitioners, and certified peers.

The Children and Youth Behavioral Health Work Group (CYBHWG)

Each year, the Children and Youth Behavioral Health Work Group (CYBHWG) provides recommendations to the Governor and the Legislature on strategies to improve behavioral health services for children, youth, young adults, and their families. The work group includes legislators, state agencies, health care providers, tribal governments, community behavioral health services, advocates, and other organizations, as well as youth and young people with lived experience and their families.

In their 2023 annual report, the CYBHWG identified the following challenges of behavioral health care in Washington:

> "The Washington State behavioral health system is overwhelmed and unable to meet current needs, especially for people in crisis. The problems to be addressed are multiple, including workforce shortages, limited rural access, waitlists, lack of BIPOC [Black, Indigenous, and People of Color] providers and culturally appropriate services, over-capacity in emergency departments (EDs) and substance-use disorder (SUD) facilities, and inadequate utilization of evidence-based practices (EBPs). As a result of these factors, people in crisis are often forced to wait long periods of time for care or may be turned away altogether. This can have a devastating impact on their individual health and well-being and on the well-being of our communities. Meanwhile, many proven technological innovations already exist that increase access to effective services across the continuum of care."

A subgroup of CYBHWG, the Youth and Young Adult Continuum of Care Committee (YYAC), subsequently submitted the following recommendation to the CYBHWG:

> " … the Legislature provide a pot of flexible funds to pilot the utilization of technological innovations. The HCA should be directed to convene a diverse panel to prioritize use cases, consider the broad landscape of available technologies, allocate funds, and track performance of funded technologies. This recommendation is intended to immediately expand behavioral health system capacity and improve productivity and effectiveness of existing capacity for all children, youth, and families in our state."

Proviso 134

The recommendation of the Youth and Young Adult Continuum of Care Committee resulted in the drafting and passage of a state appropriation for fiscal 2024-2025: Proviso #134, which read:

> "(134) $200,000 of the general fund—state appropriation for fiscal year 2025 is provided solely for the authority to develop and issue a request for information to identify digital technologies that can be used for supporting youth and young adult behavioral health prevention, intervention, treatment, and recovery support services. In developing the request for information, the authority must convene a panel of experts in adolescent and young adult behavioral health prevention and treatment, suicide prevention and treatment, and digital behavioral health technologies. The panel must be used to evaluate responses to the request for information and make recommendations for technologies to pursue in future agency budget requests. The authority must submit a report to the children and youth behavioral health work group established pursuant to RCW 74.09.4951, the office of financial management, and the appropriate committees of the legislature, by June 30, 2025, identifying the technologies being recommended for implementation and the associated costs for piloting and/or statewide implementation."

Per the proviso directives, HCA:

1. **Developed and issued a request for information (RFI) to identify digital technologies**[1] that can be used for supporting youth and young adult behavioral health prevention, intervention, treatment, and recovery support services.
2. **Convened a panel of experts** in adolescent and young adult behavioral health prevention and treatment, suicide prevention, and DBH technologies; and
3. **Collaborated with the expert panel** to prepare the recommendations presented in this report for the CYBHWG, the Office of Financial Management (OFM), and the appropriate committees of the Legislature.

Project structure and process

Given the breadth of expertise necessary to fulfill the proviso directives, HCA employed a multi-level, multi-disciplinary team approach to accomplishing the proviso directives.

[1] Digital technologies is broad category that includes health information technology (HIT), wearable devices, mobile health, telehealth, and telemedicine.

The project teams included:

- Steering committee
- RFI and technology work group
- Project management team
- Western Interstate Commission for Higher Education Behavioral Health Program (WICHE BHP)

Read about the makeup of these teams in **Appendix A: Project teams**.

Expert panel

Per Proviso 134, HCA collaborated with a panel of experts in adolescent and young adult behavioral health prevention and treatment, suicide prevention and treatment, and DBH technology. The panel:

1. Reviewed and evaluated responses to the RFI.
2. Prepared recommendations for piloting or implementing statewide DBH technologies to support youth and young adults.
3. Reviewed and gave input for this report to the CYBHWG, OFM, and legislative committees.

Collectively, the panel represented a diverse cross-section of the behavioral health industry with nuanced expertise that included behavioral health technologies evaluation and research, psychology and psychiatry, program implementation, policy development, public health, advocacy, and representing the needs of underserved and special populations.

Table 1: Members of expert panel

Panel members and affiliation	Area of expertise	Qualifications and expertise
Dror Ben-Zeev, PhD Department of Psychiatry and Behavioral Sciences School of Medicine, UW	Digital Behavioral Health Technology	Professor of Psychiatry and Behavioral Sciences (UW). Licensed Clinical Psychologist. Director of UW's BRiTE Center. Director of mHealth for Mental Health Program a research collaborative focused on development, evaluation, and implementation of mobile tech to improve the outcomes of people with mental health conditions. Expertise in development and evaluation of technology-based approaches in the study, assessment, and treatment of mental illnesses.
Eric Boelter, PhD Seattle Children's Hospital; Department of Psychiatry and Behavioral Sciences School of Medicine, UW	Youth/Young Adult Behavioral Health and Suicide Prevention	Attending Psychologist, Psychiatry and Behavioral Medicine Unit at Seattle Children's. Clinical Professor, Depart. of Psychiatry and Behavioral Sciences (UW). Expertise in children and adolescents with intellectual and developmental disabilities with severe challenging externalizing behaviors.

Panel members and affiliation	Area of expertise	Qualifications and expertise
Blake Edwards, MS, MLS Columbia Valley Community Health	Youth/Young Adult Behavioral Health	Chief Quality and Compliance Officer for Columbia Valley Community Health – a federally qualified health center (FQHC) serving north central Washington, including outpatient medical, behavioral health, and school-based health services. Licensed Marriage and Family Therapist. Expertise in outpatient behavioral health services with children, youth, and young adults, enterprise risk management, and healthcare law.
Jason Kilmer, PhD Department of Psychiatry and Behavioral Sciences School of Medicine, UW	Young Adult Behavioral Health	Professor of Psychiatry and Behavioral Sciences and Adjunct Professor of Psychology (UW). Expertise in young adult behavioral health, substance use prevention, and early intervention.
Mark Lo, MD Seattle Children's Hospital; Department of Pediatrics, School of Medicine, UW	Youth/Young Adult Behavioral Health; Suicide Prevention; Digital BH Technology	Pediatric Emergency MD, Clinical Professor (UW). Medical Director for Digital Health and Telehealth at Seattle Children's.
Sarah Walker, PhD Department of Psychiatry and Behavioral Sciences School of Medicine, UW	Youth/Young Adult Behavioral Health	Research Professor in the Department of Psychiatry and Behavioral Science (UW); Director of the CoLab for Community and Behavioral Health Policy and Evidence-Based Practice Institute. Expertise in behavioral health policy, and in the integration of community, service, and research knowledge to advance policy and systems change.

Request for Information (RFI) to identify digital technologies

In January 2025, HCA issued an RFI to (per proviso 134) "identify digital technologies that can be used for supporting youth and young adult behavioral health prevention, intervention, treatment, recovery support services." The resulting RFI was distributed nationally to gather information on DBH products for youth and young adults, 13 to 24 years old[2], and their families/caregivers.

The RFI included questions for vendors structured within nine topic areas specifically relevant to products to support youth and young adults along the behavioral health continuum of care: prevention, intervention, treatment, and recovery support services. Those topic areas included:

1. Product overview
2. Requirements
3. Cost
4. Implementation consideration
5. Organization/team background and history
6. Accessibility and DEI
7. Research
8. Evaluation and quality management
9. Security and privacy

Vendor submissions

Twenty-eight vendors responded to the RFI, some of whom submitted information on more than one product which resulted in a total of 31 submissions. The vendors' submissions described 10 types of technologies and fourteen strategies for supporting youth and young adults' behavioral health.

Technologies offered by vendors

- Apps
- Software
- Augmented reality
- Wearables/sensor-driven
- Web-based
- Social media-based
- Telehealth
- Machine learning
- Artificial Intelligence
- GPS geofencing

Product use/strategies offered by vendors

- Virtual coaching/therapy
- Psychoeducation

[2] Defining "youth and young adult" as 13 to 24 years of age aligns with Washington State Department of Public Health data collection and reporting. Most products will likely target a subset of this range, rather than the entire range, and should be specified in future RFI or RFP processes.

- Peer support
- Recovery
- Telehealth
- Journaling
- Remote patient monitoring
- Skill building
- Smoking cessation
- Crisis intervention
- Resource hubs
- Care management
- Therapy augmentation
- Screening/decision support

Notably, the products submitted by vendors represent a tiny fraction of commercially available DBH products. Further, some behavioral health products currently available in the market, such as virtual reality, were not represented at all.

Appendix C provides a summary of the 31 products submitted by the vendors.

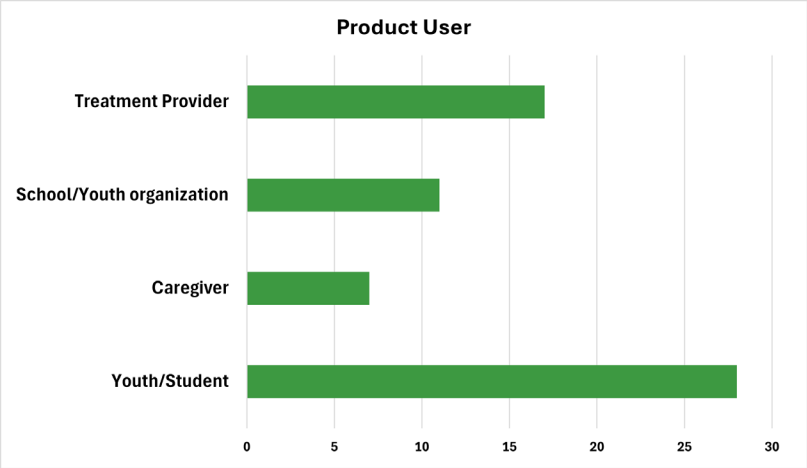
Products offered by level of care, product user, population of focus, and services

The following graphs depict what the vendors' products offered, including:

- Which level(s) of care were addressed.
- The population of focus who would benefit from the product.
- The targeted users of the products.
- The type of services offered by the products. [3]

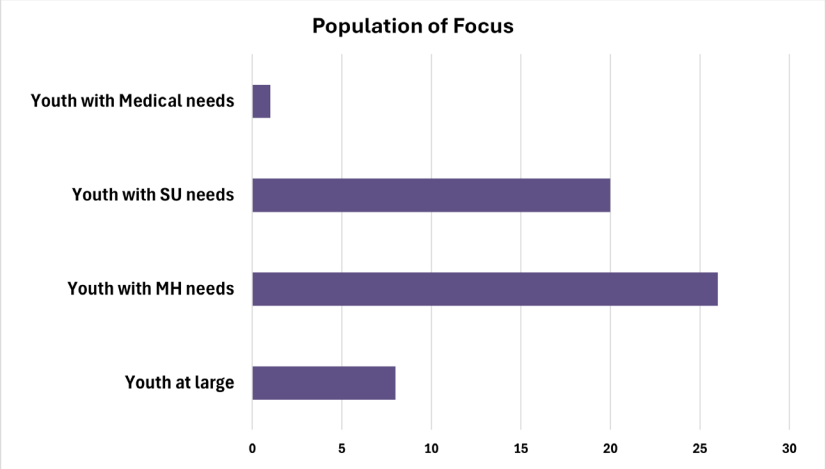
[3] Note the graphs illustrate approximate representations as some vendors did not clearly describe some of the elements. Further, the graphs represent duplication as some products addressed more than one element. For example, some products address multiple levels of care or target users may be a clinician, a youth, and a family member.

Figure 2: Product users



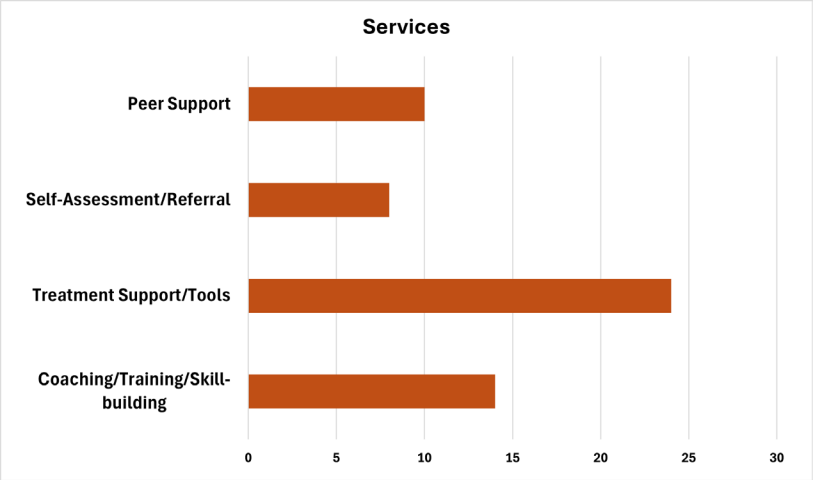
Intended Product User refers to what person or organization will have and use the product. Many products described in RFI responses were intended for multiple users (youth, treatment provider and family member, or school and student).

Figure 3: Populations of focus



Population of Focus refers to those individuals who are the beneficiaries of the product. These may or may not be the same as the intended user of the product. For example, the targeted user may be a clinician to enhance diagnostics or treatment, but the intended impact is to improve behavioral health outcomes for the youth being served by the clinician.

Figure 4: Services offered



Services describe what interventions are provided to the youth, their caregiver, or their provider to promote improved outcomes.

Examples of product types

Specific examples of the type of products offered in responses to the RFI include:

- A community resource directory available via mobile app and web-based platform to anyone needing social/health services.
- Interactive journaling and a multi-media library on wellness and life skills available to youth and young adults in behavioral health settings and their treatment provider via a tablet friendly mobile app.
- Coaching for parents and using evidence-based clinical techniques available for use by youth and their caregiver via mobile app.
- Services to help quit smoking nicotine and cannabis.
- Mental health and substance use services for students in K-12 schools.
- Mood/anxiety tracking, peer support and community groups for youth and young adults via mobile app, web-based platform, telehealth, and text messaging.
- A facilitated curriculum on resiliency, small group interventions, protocols for counselors, and parent engagement to support youth experiencing mental health and substance use challenges. Students, parents, educators, and school administrators access the service via a mobile app, web-based platform, telehealth, and text mesaging.
- Live, online peer support services for any individual who is pre- or post-treatment, or currently in treatment, for substance use or a mental health condition. Those using the service and Certified Peers use mobile app, texting, and a dashboard to access services.

Cost structures presented by vendors

Some cost scenarios presented in the vendors' responses are straightforward, while others are quite complex and difficult to assess. Some vendors did not share specific costs in their response. Costs for products reflected in the responses ranged from minimal to significant. Further, some vendors requested funds to build their product. Start-up costs alone varied from $0 to $225,000. Low-cost scalable options ranged from $10 per user per year to $100 per user per year.

Expert panel reviews and input

After reviewing the RFI responses, the expert panel members prepared summaries of impressions and met to discuss the vendor responses and products. Panelists' summaries and discussions included suggestions for the state on critical aspects of (and next steps for) selecting and implementing digital products. The panelists concluded:

- The RFI responses illustrated a broad range of digital products for youth and young adults as well as the wide range of vendors who create, market, and operate the technologies.
- It is premature to select a specific product for either a pilot project or statewide implementation.
- Effective implementation of DBH technologies is a complex process that extends beyond product selection and procurement: it requires extensive support and expertise to prepare, implement, evaluate, and sustain the product and the service.

The panelists also noted that the complexity of implementing DBH for youth and young adults dictates the need for a robust process and structure to ensure products and technologies are:

1. Properly applied to the appropriate need
2. Selected in accordance with those needs based on a strong process of review
3. Effectively launched and implemented
4. Continually monitored and evaluated throughout the process

The state's leadership and support

The panel's feedback, suggestions, and recommendations addressed nine key elements of developing and implementing DBH:

- Planning
- Integration with providers
- Access
- Vendor qualifications
- Technical assistance
- Communications and outreach
- Partnerships and leadership
- Costs and financing
- Evaluation and quality assurance

View highlights from the panel's feedback in these nine key areas in **Appendix D**.

The expert panel suggested that the state, including HCA, could be instrumental in supporting and sustaining DBH technologies for youth and young adults in Washington. As one panelist stated, "There has to be strong vision, leadership, and incentives; the state can play that role." There was consensus among the panel that to lead intentional DBH implementation, the state's leadership will need to:

- Ensure the digital strategy is embedded in a larger initiative (e.g., workforce development) and that digital strategies are coordinated with other strategies.
- Provide the right encouragement for developing the infrastructure necessary to implement any DBH product.
- Strategize what state-level incentives might be put in place to secure commitment and buy-in.
- Engage diverse perspectives in advisory roles and ongoing monitoring.
- Identify a technical assistance agency to oversee implementation, particularly in the early stages,

- Be independent from the third-party vendors and can track intervention uptake, use, clinical outcomes, user complaints, and technical difficulties.

Considerations for selecting and implementing DBH technology

This section of the report provides general information about the DBH industry including the types of products, technologies, and various ways in which they are currently used. A synopsis of the benefits and challenges associated with these products and approaches to mitigating challenges when considering implementation of DBH technologies is also included.

Product options

The term "digital behavioral health" encompasses a wide variety of technology-driven products to improve the mental well-being of individuals.[4] These products include:

- **Mobile apps** (e.g., Android or iOS applications for smartphones and tablets)
- **Web-based programs** (e.g., websites accessed by computers or phones and tele behavioral health)
- **Wearables** (e.g., fitness watches, rings)
- **Virtual reality/augmented reality/mixed reality** (e.g., head-mounted displays that run DBH software)
- **Non-wearable devices** (e.g., lighting/white noise machines to improve sleep)

From prevention and early intervention to assessment and treatment, DBH technologies can be applied across the continuum of care, as reflected in the following snapshot of DBH tools and applications.

Table 2: Snapshot of DBH tools and applications

Category	Technology examples	Purpose and populations of focus
Prevention	• Apps, web-based platforms. • Virtual reality to facilitate meditation, improve sleep and improve physical health.	Technologies/products to help build resilience and promote mental wellness for all children, adolescents, and young adults. Well-developed products can help the largest number of people and, in general, produce the biggest bang for the buck.

[4] Source: Digital Mental Health for Young People: A Scoping Review of Ethical Promises and Challenges - PMC (nih.gov) Sept. 2021

Category	Technology examples	Purpose and populations of focus
Early intervention	• Apps that facilitate peer-support. • Devices and apps to help track mood, monitor sleep quality, and develop Cognitive Behavioral Therapy (CBT) skills.	Technologies/products to support symptom management and tracking for those who are experiencing elevated levels of stress and are at risk of developing diagnosable conditions. These individuals may be experiencing stress-related symptoms including sleep disturbances, relationship/work issues, anger outbursts, and difficulty maintaining physical health.
Diagnosis	• Devices that employ ocular analysis to diagnose or predict specific mental health conditions. • Voice analytic platforms for decision support. • Apps that use item response theory to improve diagnoses.	Technologies/products used by licensed and trained medical and behavioral health professionals to evaluate the needs of individuals more efficiently and accurately they serve.
Treatment	• Telehealth platforms CBT-based chatbots to help patients practice skills learned in therapy. • Virtual reality to treat phobias or psychosis. • Web-based platforms for psychoeducation.	Technologies/products designed for individuals receiving care by a clinical professional to improve treatment efficiency and effectiveness.
Recovery	• Apps that create virtual support groups and recovery communities. • Virtual reality and apps for meditation. • Wearables for mood tracking and sleep hygiene.	Technologies/products designed to support individuals in recovery and support. Those who received treatment for mental health and/or substance use conditions and are no longer actively involved in treatment may benefit from these products, including individuals who participate in recovery groups.

User privacy

Protecting personal and confidential information from data breaches is a critical risk factor to consider. Decision-makers may look for outcomes the product will produce without seriously weighing the potential risk to the client. For example, some products include questionnaires, text messaging, or journaling that, if a data breach occurs, can expose private or therapeutic information about the end-user's/client's goals, home-life, treatment plans, recovery process, etc. Therefore, it is extremely important that data security safeguards and data breach protocols are carefully vetted as part of any selection process.

Benefits and challenges of DBH technologies for youth and young adults

DBH products cannot replace the personalized, skilled intervention and care provided by behavioral health practitioners and clinicians. However, DBH products can be effective tools for helping people access resources and support and enhance treatment modalities along the continuum of care.

When considering digital technology products for use with youth and young adults, it is critical for decision makers to understand that deploying DBH is not without controversy. Policymakers, providers, youth, and their caregivers should consider many important factors when weighing the benefits and challenges associated with implementing or using the products.

In September 2021, the National Institute of Health (NIH) published Digital Mental Health for Young People: A Scoping Review of Ethical Promises and Challenges. The paper illuminates the challenges and benefits of digital technologies specifically for youth and young adults. Tables 2 and 3 offer a snapshot of the benefits and challenges noted by the authors.

Table 3: Benefits of DBH technologies for youth/young adults

Category	Benefits
Accessibility	• Increased affordability of apps or internet-based platforms in comparison to face-to-face consultations. • Liberation of geographical restraints and increased access to care. • Around-the-clock availability of help and support. • Increased equality of care between different population groups.
High acceptability	• Young people who have grown up using digital products may be more inclined to accept the use of digital tools (e.g., internet) as a trusted source of information and support. • Tools may offer a more comfortable way to start addressing their mental health and accessing helpful resources.
Enhanced therapy and prevention	• Potential for continuous, accessible care delivery. • Could increase feelings of comfort to share personal data by quickly accessing a therapy tool via their smartphone.
Autonomy and empowerment	• Youth have the opportunity to play a more active role in seeking support and in their own treatment, and to implement learned coping strategies outside the therapy setting. • Tools foster autonomy through providing easier access to information, support, and tools to help manage their mental health and well-being.

Table 4: Challenges of DBH technologies for youth/young adults

Category	Challenges
Privacy, confidentiality, and security	• Consequences of insufficiently secured data sharing can reach into multiple domains of life (e.g., work, school, friends, families, partners). • Youth and young adults may be dependent on adults or others for the internet, power, and private space. • Confidentiality and privacy breaches can result in tarnished professional-patient relationships and/or increased unease or uncertainty with digital technologies.
Accessibility and equal access - ethical concerns	• Access to technology can be variable depending on factors such as infrastructure limitations in rural areas, unequal access to funding, and cultural/language limitations. • Costs can constrain disadvantaged youth/young adults in their ability to access relevant content. • Without digital literacy or adequate access, some youth may face severe disadvantages and be prevented from accessing care or solutions.
Dependency	• Overreliance and constant, instant availability may influence young adults' capabilities of social interactions. • Websites and chatbots are often intentionally designed to get users dependent on the technologies. This can ultimately increase addictive behaviors; decrease the feeling of responsibility to take care of their health; diminish willingness to attend face-to-face consultations.

It is crucial for planners to be cognizant of both positive and negative impact DBH products can have on youth and young adults. However, with proper safety and security guardrails in place—and sufficient funding to sustain services—DBH can improve access to prevention, early intervention, treatment, and recovery support.

Further, planning that is informed by experts, youth, young adults, families, policy makers, schools, youth organizations, and behavioral health providers will bolster implementation and maximize the impact of the intended outcomes.

Finally, planners should include in the options considered those technologies that are accessible to and appropriate for all developmental stages and for children with intellectual and developmental delays and neurodivergent disorders.

Successfully implementing DBH technologies

Avoiding missteps

Even the best digital technologies and products risk having poor outcomes or worse, failing altogether, if critical components of effective implementation are overlooked or ignored. Failing to take the time to ensure an effective implementation is akin to planting seeds without properly preparing the field and soil.

Examples of the critical implementation steps commonly missed include:

- **Vendor Claims**: Overreliance on vendor marketing claims that overstate results, fail to address issues related to privacy and data security, downplay user safety concerns, and/or espouse data based on flawed research.
- **Selection**: Selecting the wrong product to help the target population/end-users—including the providers and clinicians who will use the tools to increase access and enhance their practice.
- **End-users**: Failure to engage the people who will be using the product early in the process to fully understand their needs and how they will likely utilize the products.
- **Buy-in**: Not securing the buy-in of the providers in advance of implementation.
- **Leadership**: Leadership who are not engaged and do not champion the product among the care providers and organization staff.
- **Vendor insolvency:** Newer technology companies or start-ups that operate on shoestring budgets. When those companies fail, their products and critical support suddenly becomes unavailable to people who have grown to depend upon them.
- **Human capital**: Insufficient advance preparation to help sites understand the human capital necessary to successfully adopt DBH products, including when to engage specific people and how to compensate them.
- **Troubleshooting**: Lack of adequate technical support for troubleshooting when problems arise.
- **Physical space:** Lack of physical space needed to implement the service appropriately.
- **Support**: Training materials were inadequate to fully prepare the organization's staff to effectively use the service.

There are numerous examples of organizations and agencies failing to follow the critical components of effective implementation. These costly failures can be avoided by following an implementation methodological pathway for DBH technologies.

Pathway to successful implementation of DBH

It is crucial to consider the rapid changes inherent to the DBH industry before moving forward with selecting and implementing products.[5] However, given the advantages of digital health technologies, states and organizations are wise to consider adopting digital technologies. A deliberate approach to preparing for, selecting, and implementing DBH products can increase the likelihood of a positive return

[5] For example, prior to the pandemic, virtual reality (VR) was one of the most promising and fastest growing technologies being used for behavioral health application. Today, sales and investment in VR-driven behavioral health have shrunk dramatically as the industry shifts its focus to artificial intelligence (AI). On the other hand, rapid advances in technology may lead to inaction based on fears of obsoletion as decision makers may fear investing in a product that will get supplanted by another product.

on investment and clinical outcomes by expanding early identification of needs, enhancing clinical practices, and amplifying access to services and recovery support.

Using a pathway that guides decision makers, strategic planners, and organizations through the process of engaging youth and their families, key champions, and potential product users to select and implement DBH technology will most likely result in selecting a vendor and product(s) that:

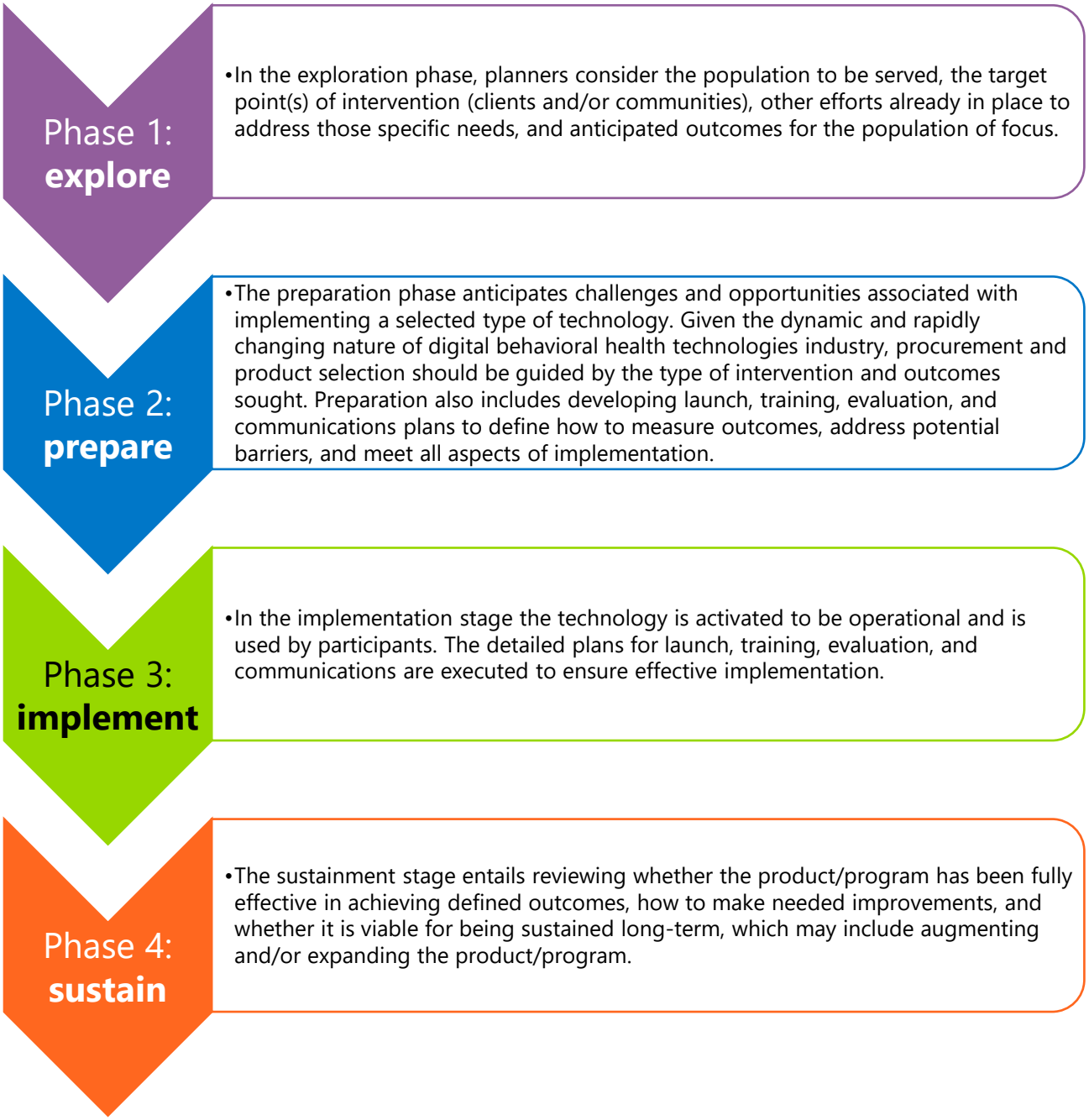
- Best meet the needs of the well-defined target population/end-users. [6]
- Align with the resources of the organization that will purchase, contract for, or host the product.
- Can be supported and sustained by the organization and community where the product will be used.

Many models are available to guide the process of implementing innovative approaches to solving behavioral health challenges, including the use of technology. The pathway used in this report is the Explore, Prepare, Implement, Sustain (EPIS) Framework. This framework is only used as an example. Other frameworks may emphasize different aspects of implementation and should be considered when formalizing policy decisions about DBH technologies.

The following pathway demonstrates the intensive investment required to appropriately select and effectively implement DBH tools. Investments in time, resources, people, expert consultation, funding, equipment, and infrastructure pay off in the form of improved outcomes for users and better returns on investment for funders.

[6] The term "end user" refers to the person who is engaged with the product. For this this report it primarily refers to: 1) youth and young adults and/or their family and caregivers who support them; and 2) providers and practitioners who serve them.

Figure 1: Four-phase pathway to effective implementation of DBH technologies



It is important to note that enlisting the assistance of experts who can guide organizations through each phase of the process is crucial – especially for organizations with limited experience in preparing for, selecting, and/or implementing DBH technologies.

Applying the implementation pathway: a middle school illustration

The following tables illustrate the methodological pathway a middle school adopted to implement a program using DBH technologies to support their students, staff, and faculty wellbeing. Since its implementation in 2018, the school district has expanded the program to six additional schools.

Note, although this example is for a school district that implemented a virtual reality product, the implementation pathway they adopted would apply to any behavioral health technology or product.

Phase 1: Explore

EPIS prompt	Actions
• Define problem, target user(s), and anticipated outcomes • Identify existing resources • Research and identify potential product types • Identify potential funding source(s) • Identify potential partners/collaborators and leadership	Two middle school teachers are inspired by the potential of DBH meditation technology to improve student focus, academic performance, and student as well as faculty wellbeing. Together, they met with the school principal to propose a goal for the entire school: to create a culture of mindfulness. The principal has questions: Was there data supporting their claims that meditation in school-based settings was good for students? How would they know if it was working? Which students would be involved? What are the costs? Would parents object? Is a mobile app the best choice given the school's restrictive phone policies? The teachers meet with an expert to assist with selecting and implementing DBH products. The expert reviews data with them showing conclusive benefits of students meditating for short periods, including improvements in focus, concentration, memory recall, and academic performance. The expert suggested the school follow a methodological approach for their process. The teachers reported back to the principal who encouraged their continued planning. The principal then identifies a modest budget surplus that could be used to purchase software licenses. The principal forms a steering committee comprised of a project lead, teachers, the expert, a student, and a parent.

Phase 2: prepare

EPIS prompt	Action
• Identify type of technology/product to procure • Initiate ongoing communication with partners • Prepare budget projections and secure funding • Identify security, privacy, consent, safety requirements	The expert assists the committee identify products within their price range that have data supporting effectiveness with school-age children. The committee solicits additional guidance from and input from a child psychologist experienced in using digital technology. The committee tries a variety of apps and virtual reality (VR) platforms to assess the best fit for their school. After trying several products and reviewing research, they select a VR meditation product that offers peaceful environments, blocks out distractions, and promotes engagement. The committee meets with faculty to present technologies, gather ideas, and address concerns. The committee hosts a meeting for parents as well and disseminates information about the project and technologies to students' homes. The principal allocates funds to purchase software licenses. The school district's IT manager reviews data requirements, data ownership, security, and safety requirements. IT determines the product and vendor's software comply with protected health information (PHI) collection and security.
• Select the vendor(s) and product(s) • Delineate vendor roles and agreements	The school solicits bids from VR-based meditation software vendors and compares the proposals. The committee selects a VR program that is visually engaging, has been evaluated in several objective research studies, and demonstrates consistently positive results. To confirm their choice, the committee conducts due diligence: they solicit feedback from schools in other states that had used the product, and confirm the vendor is financially and operationally stable. The IT manager determines the product and vendor's software comply with protected health information (PHI) collection and security. The district negotiates a contract with the vendor.

• Identify infrastructure requirements including human resource needs	The committee works with the vendor to prepare the infrastructure before implementation, including designating locations where students and staff can use the VR product without being disturbed, plans for storage and charging the VR headsets, and plans for training staff and students on using VR headsets and the meditation program.
• Engage and solicit input from end-users	Throughout the process, parents are updated with correspondence, PTA meetings, and school district meetings. The project manager becomes the point of contact for parents to ask questions and voice concerns. The committee conducts a small pre-roll-out for early adopters. They select (with parent/guardian permission) five students from the classroom of a teacher who is comfortable with the product based on her experience during the initial pilot. The early adopters give feedback on how to conduct training, communicate about, and manage the project.
• Develop and implement plans	The committee prepares training, evaluation, communications, and implementation plans. The expert assists staff/faculty in developing simple pre- and post- questions for an internal student survey to measure user engagement and product impact. The committee defines the scope of the project and determines the pilot and roll-out will be incremental. For six months school staff/faculty will pilot the product to allow sufficient time to test the product and be prepared to answer questions and assist students and faculty/staff with product use. Staff and faculty involved in the pilot report being more focused, relaxed, and present with their students and support the plan for incremental roll-out to students. Physical space for the students to use the VR is finalized and the product is incrementally rolled out, beginning with 8th grade students, followed by 7th, and finally 6th grade. The school hosts an event for parents/guardians to try the VR meditation product, attend a presentation from the expert about DBH for students, and have their questions answered. Parents are given the choice to opt-out their children from participating in the program.

Phase 3: implement

EPIS prompt	Action
• Execute project plans • Engage and support key staff and champions • Provide technical assistance	Faculty/staff begin training students on VR headset and product use. Staff/faculty began collecting student surveys and for internal project evaluation. The committee tracks implementation issues and solicits feedback from faculty, staff, and students to ensure the program meets objectives and runs smoothly. Adjustments are made to the program based on the data and the experience. The project manager and committee provide assistance as needed and attend to any problems that arise.

Phase 4: Sustain

EPIS prompt	Action
• Evaluate effectiveness and impact on intended outcomes • Determine next steps: improve, expand, augment, replace, discontinue • Obtain long-term funding • As appropriate, publish results	The committee provides a report to the principal, school district, and the PTA about the implementation process and the results of the students' pre- and post-experience survey. Initial evaluation data is promising. Students and staff report feeling calmer, more relaxed, and not as anxious after completing a session. A substantial number of students report feeling better able to pay better attention in class. An audit and continuous feedback check-in process is established to regularly assess the project is meeting goals and the product is being used appropriately. Staff/faculty and students reported a desire to continue using the program in their school. The school and district leadership support continuing the project. Faculty/staff are encouraged to offer ideas on additional ways the VR headsets could be used for academic instruction, such as the STEM program. The school district agrees to fully fund the project for three additional years. The district submits a funding proposal to a local foundation to expand the program to additional schools. School district constraints on human subject research were prohibitive for conducting and publishing formal research on the project.

Costs of implementing DBH technologies

The cost of purchasing and implementing DBH technologies vary dramatically. Several factors determine the true cost of effectively rolling out a DBH initiative.

- **Vendor cost structure.** Commonly, vendors sell user licenses which enable a specific number of product users for a set period of time. Licensing fees are often tiered in such a way that discounts to the per user price are given as the number of users increases. In some cases, start-up and ongoing costs may be incurred to customize and update product features.
- **Product features**. Many companies offer multiple versions of their products, ranging from basic versions with limited functionality to advanced versions that contain enhanced features and functionality.
- **Hardware requirements.** All digital products require some type(s) of hardware. Examples of hardware include smartphones and tablets, laptop/desktop computers, smart watches, and virtual reality headsets.
- **Infrastructure upgrades.** In certain situations, initial and ongoing investments in an organization's infrastructure, including security, are required. For example, telehealth applications may require high internet bandwidth and initiatives using virtual reality may require a dedicated space that is free from obstacles to ensure the safety of users.
- **Marketing and user incentives.** In many organizations, users are given incentives such as small prizes or gift cards as a reward for continuing the use of a product. Incentives can be highly effective in engaging and maintaining user participation.
- **Staffing**. Any digital initiative will require people to function in specific roles to provide training, clinical support, digital navigation, and technical assistance. These functions are most often assigned to existing staff at an organization; their time represents a true cost.

The costs associated with these factors can be substantial, but the costs associated with failure resulting from not addressing them can be far greater. By taking steps to secure funding that adequately addresses these factors, the likelihood of a positive return on investment will be increased.

Cost reimbursement for DBH: In some clinical treatment applications, the use of digital products can be reimbursed by private and/or public (e.g., Medicaid) insurance. Reimbursement structures for providers who invest in technologies may help with offsetting these costs. For example:

- Value/outcome-based reimbursement models (e.g., performance incentives for reduced hospitalizations).
- New Current Procedural Terminology (CPT) codes allow reimbursement for certain FDA-approved DBH products used in clinical settings for specific diagnoses.

Recommendations

Recommendation 1: Ensure digital products and methods are considered alongside other methods and strategies as part of holistic system solutions

To expand and enhance behavioral health services for youth and young adults across the state, plans for DBH technologies should be woven into the state's system development plans, including the planning efforts underway with the Washington Thriving collaborative.[7]

More specifically, the state can prevent duplication of existing services and inform strategic decisions about product selection that are additive, supportive, and fills programmatic and/or system gaps by:

- **Identifying opportunities and existing infrastructure** that may be leveraged by conducting an inventory of DBH products planned for and/or currently utilized in youth and young adult serving organizations.
- **Identifying and defining the specific problem(s)** DBH technologies may help address or alleviate issues within the continuum of care and inventory individuals, organizations, agencies working to address the problem(s).
- **Determining the intended impact and outcome** of the DBH product(s) for the targeted population(s), including the potential impact for the behavioral health workforce.
- **Ensure digital strategies are embedded** in larger initiatives (e.g., workforce development) and are coordinated with other strategies.
- **Ensure digital products and methods are considered alongside** other strategies as part of holistic system solutions.
- **Support de-centralized purchasing and manage overall integration** of DBH by:
    a. Providing guidance and information for provider organizations that is responsive to the organization's and/or community's needs – including providing expertise and/or technical assistance on developing the infrastructure necessary to effectively select and implement evidence-based products; and
    b. Modeling good planning, purchasing, and implementation within its own decision-making.
- **Facilitate collaborations and partnerships and engage diverse perspectives** in advisory roles and ongoing monitoring.
- **Track digital behavior health initiatives and impact in communities across the state** to inform future planning and development of the behavioral health system.
- Additionally, one Expert Panel member emphasized the importance of incorporating digital navigators into the State's implementation strategies. This would include creating a state-funded/ reimbursable role for digital navigators. In a newly published report, he wrote:

> "Clinically, our study demonstrated that a hub-and-spoke model in which external digital navigators serve multiple agencies may be more effective than

[7] Washington Thriving is a collaborative statewide effort to develop a strategic plan that will transform the behavioral health system serving children, youth, and young adults from before they are born through age 25 when their brains are fully matured.

> training and retaining agency personnel to serve as "in house" digital navigators.[8] As the public behavioral health sector moves from fee-for-service to value-based payment models, community agencies will have more financial incentives to try novel treatments that can improve patient outcomes. Many apps are already broadly accessible through online app stores; we envision a future in which the digital navigators who support their use are similarly accessible."

- Further, he recommended the state adopt a "hub and spoke" model where digital navigators would be centrally based and trained to provide implementation assistance and support to healthcare organizations, school systems or districts, and/or geographic regions (i.e., the spokes).

> "Hubs of external digital navigators could provide support to patients using technologies state-wide, independent of the staffing limitations at the community behavioral health center where they receive services. A combination of remotely accessed digital resources and external digital navigators can play an important role in supporting recovery."

Prevent siloing

Given the broad impact DBH technologies can have throughout systems of care, it is important to not silo development, selection, and implementation. As plans are prepared, the state should consider how the quantity and quality of Washington's existing behavioral health services can be enhanced by adding digital components that can augment and expand the capacity of the behavioral health system.

Foster education

Further, to maximize impact, the state can foster the education of behavioral health professionals, educators, organizations, decision makers, policy makers, advocates and elected officials about DBH products, their uses and benefits so that organizational leaders fully understand that digital products will not replace providers. Rather, digital products are valuable tools that may increase productivity, expand reach to clients, and enhance clinical practice.

Promote accessibility

Finally, the state can encourage the selection and implementation of a variety of products that are accessible and meet a wide spectrum of needs and abilities. For example, the state can promote the selection of some products that are specifically developed for certain ages, developmental stages, and learning abilities and that factor in crucial product use and accessibility elements, including:

- Vision
- Hearing and motor skills
- Physical environments

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[8] Ben-Zeev, D., Tauscher, J., Sandel-Fernandez D, Buck, B., Kopelovich, S, Lyon, A.R., Chwastiak, L, & Marcus, S.C. (2025). Implementing mHealth for Schizophrenia in Community Mental Health Settings: Hybrid Type 3 Effectiveness-Implementation Trial. *Psychiatric Services*.

- Geographic locations
- Cultures
- Preferred languages

Recommendation 2: Facilitate and incentivize organizations and behavioral health providers to use and integrate digital products and technologies

Washington can be instrumental in facilitating and incentivizing organizations and agencies to adopt effective strategies for implementing sustainable and well-vetted technologies by maximizing and leveraging resources, including facilitating collaborations with experts, leaders, decision makers, youth, caregivers, young adults, and other influencers.

Preparing for, selecting, implementing, and sustaining DBH products is a complex endeavor—especially given the rapidly changing nature of the technology industry. The complexity and the need to ensure that there is an adequate return on investments in these efforts necessitates a careful and deliberate selection and implementation process.

Recommended strategy: Establish and adopt a pathway for effective implementation to guide organizations, agencies, and communities through a well-informed, strategic product selection and implementation process.

It is recommended that the state establish and adopt a pathway to effective implementation of DBH technologies (such as that described in the section **Pathway to successful implementation of DBH** in this report).

In adopting a pathway, the state will help organizations, agencies, and communities understand the complexity of product selection, including navigating the review of supporting research and experience of real-world users versus vendor claims, and avoid implementation mishaps that can lead to product failure and costly mistakes.

Recommended strategy: Provide resources and expertise to those seeking to implement DBH technology.

Washington State is in a unique position to facilitate and support effective adoption of evidence-based DBH technologies for youth and young adults and the organizations who serve them. Developing and offering technical assistance and resources creates the opportunity to:

- Maximize the likelihood that investments in these technologies will produce intended results.
- Increase understanding and awareness of the possibilities of DBH technologies.
- Engage leadership at all levels, communities, and behavioral health providers in the process.

- Help guide, advise, and support effective planning, selection, and implementation of DBH products for organizations and communities across the state; and
- Inform future planning and budgeting by tracking planning and implementation activities occurring within and across the behavioral health system and the continuum of care.

These resources can include access to digital health experts, online for implementation, and financial assistance to support product purchases and/or planning.

Provide online resources for DBH implementation

Online DBH resources can provide organizations and communities information, tools, and resources to help guide the process of selecting and implementing age- and developmentally appropriate technologies.

The online resources would provide decision-makers, policy makers, community and organizational leaders, behavioral healthcare providers, system planners, and advocates:

- Materials that educate on the potential benefits and limitations of using DBH.
- Step-by-step guidance for effectively following the Pathway to Implementation.
- Tools, such as a decision matrix, to guide the selection and procurement of the right product(s).
- Tools and resources to ensure user safety, privacy, and data security.
- Guidance for communicating with and engaging staff, partner organizations and external stakeholders.
- Case studies of successful and failed efforts in other states, and lessons learned from those efforts.

To keep pace with rapidly evolving technologies, trends and research, and to remain relevant to emerging needs, updates to the state's online resources will need to occur on a regular basis.

Offer access to digital health experts

Individuals and organizations with expertise and experience in DBH can provide crucial support to local, regional, and statewide organizations and agencies engaging in these efforts. Experts can be made available to organizations through a retainer model that would enable them to assist communities and organizations by providing:

- Consultation on planning, selecting, staffing, contracting for, launching, and evaluating behavioral health technologies for communities and organizations.
- Education and training for stakeholders, decision makers, policy makers, organization staff, and project leaders
- Policy and practice briefs, webinars, etc., prepared and/or hosted by people who can provide guidance that is responsive to the organizations or community's questions, needs, etc.
- Collecting and disseminating information on evidence-based behavioral health products for youth and young adults.

These experts could further assist the State with monitoring and planning with enhanced services such as:

- Creating and maintaining an up-to-date inventory of organizations, agencies, and communities that are planning or already implementing DBH.
- Disseminating information about DBH uses and trends across the state.

- Assisting with evaluating and reporting on the impact of DBH across Washington's youth and young adults' behavioral health system.
- Advising on policies and regulations.
- Supporting future planning efforts.

Provide financial assistance

In addition to providing assistance and resources, the State of Washington can incentivize and support planning and effective implementation of DBH technologies by offering limited financial assistance versus fully-funding multiple initiatives.

While fully funding multiple implementations of DBH initiatives would likely be cost-prohibitive, modest funding could be useful in incentivizing adoption of evidence-based products. These funds could support limited, one-time, grants to assist with specific capital and operating costs associated with implementation, including hardware and equipment (such as tablets, webcams, Wi-Fi networks) and/or planning and implementation support, such as participant incentives, training, or digital navigators.

Conclusion

Washington's technology industry has played a pivotal role in advancing DBH, through groundbreaking research and innovative tools that have the potential to transform behavioral health systems statewide. By leading both innovation and application, Washington is positioned to influence not just technology but the broader social and community systems that support the lives of individuals and communities it serves. In another demonstration of leadership, Washington State undertook the process of identifying DBH technologies and engaging experts in forming recommendations based on that process. The expert panel suggested that the state is in a position to offer "strong vision, leadership, and incentives" which are instrumental in supporting and sustaining digital health technologies and initiatives The expert panel also emphasized the importance of this moment to strengthen the broader behavioral health system by intentionally integrating digital tool with in-person services, ensuring coordinated, equitable and person-centered support that align with what individuals and communities are ready for.

As Washington continues to envision and apply the potential value of DBH technology to address system needs, it may be beneficial to seek opportunities for collaboration with community partners to leverage the support, resources, and expertise of leaders, decision makers and influencers to help develop, champion, fund and sustain DBH strategies and initiatives for Washington's youth and young adults.

Appendix A: Project teams

Steering committee

HCA organized a steering committee to oversee the project. The committee was comprised of HCA staff with expertise in the key aspects of the proviso (behavioral health, health technologies, data and evaluation, policy, funding, and contracting).

Steering Committee Members included:

- Teesha Kirschbaum: Director, Division of Behavioral Health and Recovery (DBHR)
- Carrie Paykoc: HCMAS Executive Program Director, Enterprise Technology Solutions (ETS)
- Kevin Jiles: IT & Operations/Office of Contracts & Procurements, Div. of Legal Services
- Jodi Kunkel: Telemedicine Program Manager, Clinical Quality and Care Transformation
- Kari Samuel: Acting Behavioral Health Strategic Advisor, DBHR
- Sarah Mariani: Section Manager, Substance Use Prevention/Mental Health Promotion, DBHR
- Enos Mbajah: Deputy Director, DBHR
- Vishal Chaudry: Chief Data Officer
- Shawn O'Neill: Legislative Relations Manager
- Jason McGill: Assistant Director
- Todd Slettvet: Manager, Community Services/Medicaid Program Division

RFI and Technology Work Group

Seven members of the Steering Committee also served on the RFI and Technology Work Group and provided expertise in behavioral health, health technologies, data and evaluation, and procurement and contracting. Individually and collectively, the work group members supplied essential guidance in the RFI preparation, solicitation, and review processes.

Work group members included:

- Carrie Paykoc: HCMAS Executive Program Director, Enterprise Technology Solutions (ETS)
- Kevin Jiles: IT & Operations/Office of Contracts & Procurements, Div. of Legal Services
- Jodi Kunkel: Telemedicine Program Manager, Clinical Quality and Care Transformation
- Kari Samuel: Acting Behavioral Health Strategic Advisor, DBHR
- Sarah Mariani: Section Manager, Substance Use Prevention/Mental Health Promotion, DBHR
- Enos Mbajah: Deputy Director, DBHR
- Vishal Chaudry: Chief Data Officer
- Tracy Brown: Senior IT Business Analyst, ETS
- Amanda Avalos: Deputy, Enterprise Analytics, Research, and Reporting

Project management team

Project management was led by HCA staff. The team included:

- Diana Cockrell: Section Manager, Prenatal to 25 BH, Mental Health and Substance Use
- Christine Mickelson: Youth & Young Adult Integrated Services Supervisor, Perinatal to 25 BH
- Jesse Weed: Contract Manager

Western Interstate Commission for Higher Education Behavioral Health Program (WICHE BHP)

In July 2024, HCA contracted with the Western Interstate Commission for Higher Education Behavioral Health Program (WICHE BHP) to assist HCA with meeting the goals of Proviso 134.

The Western Interstate Commission for Higher Education was established by Congress in 1953 by interstate compact and codified by each member state and territory. The Behavioral Health Program (WICHE BHP) was established in 1955, at the request of the Western Governors, to improve public systems of care for persons with mental illness and their families in the West, and to improve the mental health workforce. The WICHE BHP collaborates with states, territories, and freely associated states in the Western region through intergovernmental agreements and contracts to assist with meeting the challenges of changing environments through regional research and evaluation, policy analysis, program development, technical assistance, and information sharing.

Throughout the duration of the project (July 1, 2024 – June 30, 2025) WICHE BHP team members worked closely with the Project Management Team; together, they supported the work of the Steering Committee, RFI Work Group, and Expert Panel to fulfill the proviso goals. Under the direction of HCA's Division of Behavioral Health and Rehabilitation, WICHE BHP:

- Assisted with drafting the RFI.
- Interviewed key project partners, including members of the Steering Committee, the Work Group, and the Expert Panel members.
- Interviewed other states involved in implementing DBH services for children, youth, and families.
- Reviewed published papers, news sources, and professional articles on DBH products, selection, implementation, and evaluation.
- Reviewed Washington State reports, including:
    - WA HCA Report to the Legislature: Access to behavioral health services for children, youth, and young adults (December 1, 2023)
    - Children and Youth Behavioral Health Workgroup Annual Report (December 12, 2023)
    - Washington Thriving Presentation: March Discussion Group (March 2025)
- Reviewed the 31 responses to the RFI.
- Convened and facilitated Expert Panel, Work Group, and Steering Committee meetings.
- Prepared RFI review tools for the Expert Panel and Work Group.
- Prepared summary documents of the Panel and Work Group reviews and recommendations.
- Drafted the final report.

Appendix B: Request For Information

Washington State Health Care Authority

STATE OF WASHINGTON
HEALTH CARE AUTHORITY

REQUEST FOR INFORMATION (RFI)

RFI NO. 2024HCA23

NOTE: *If you download this RFI from the Health Care Authority website, you are responsible for sending your name, address, e-mail address, and telephone number to the RFI Coordinator in order for your organization to receive any RFI amendments or vendor questions/agency answers. HCA is not responsible for any failure of your organization to send the information or for any repercussions that may result to your organization because of any such failure.*

SCOPE TITLE: Digital Technologies for Supporting Youth and Young Adults Behavioral Health

SUBMISSION DUE DATE: February 20, 2025, by 4:00 p.m. *Pacific Standard Time or Pacific Daylight Time*, Olympia, Washington, USA.

E-mailed submissions will be accepted. Faxed submissions will not.

CONTENTS OF THE REQUEST FOR INFORMATION:

1. RFI Goals and Objectives
2. Background
3. Content of Responses
4. Administrative Terms and Conditions
5. Exhibit A – RFI Questions
6. References

RFI GOALS AND OBJECTIVES

This Request for Information (RFI) is seeking information that will assist the Washington State Health Care Authority (HCA) in the prospective procurement and implementation of digital technologies that can be used to support youth and young adult behavioral health prevention, intervention, treatment, and recovery support services and the associated costs for piloting and/or statewide implementation of Department of Behavioral Health (DBH) for youth and young adults. For purposes of this RFI, youth and young adults is defined as ages 13 – 25, and "behavioral health" is understood to include services provided to address mental health and substance use disorders.

1.1. RFI GOALS

- Inform – The Health Care Authority is currently gathering information for a possible procurement of digital technologies that can be used to support youth and young adult behavioral health prevention, intervention, treatment, and recovery support services and the associated costs for piloting and/or statewide implementation of DBH for youth and young adults. With this RFI, HCA hopes to inform the vendor community on this prospective procurement, including:
    - The business context for these procurement(s);
    - The framework HCA will use when making decisions regarding the design and implementation of digital technologies used to support youth and young adults behavioral health; and
    - The major business and technical complexities HCA anticipates for these solutions.
- Learn – The Health Care Authority aims to use this RFI as a means to learn from the vendor community a wide variety of technology-driven products and improve the mental well-being of youth and young adults, including technology-driven products to prevent and treat substance use disorders, such as:
    - **Prevention**- Examples include: Apps, web platforms, and virtual reality to facilitate meditation, improve sleep and improve physical health; vagus nerve stimulation.
    - **Early Intervention**- Examples include: Apps that facilitate peer-support. Devices and apps to help track mood, monitor sleep quality, and develop skills to reduce negative thought patterns, develop effective coping mechanisms and problem-solving strategies, and methods to manage emotions
    - **Diagnosis**- Examples include: Devices that diagnose mental health conditions using ocular analysis, voice analytic platforms for decision support; apps that use item response theory to improve diagnoses
    - **Treatment**- Examples include: Telehealth platforms; Cognitive Behavioral Therapy (CBT)-based chatbots to help patients practice skills learned in therapy; virtual reality to treat phobias or psychosis; web-based platforms for psycho-education
    - **Recovery**- Examples include: Apps that create virtual support groups and recovery communities; virtual reality and apps for meditation; wearables for mood tracking and sleep hygiene
- Guide – The Health Care Authority hopes to use this RFI to promote our effort to design, procure, and implement digital technologies used to support youth and young adults' behavioral health (including mental health and substance use disorders) in the following ways:
    - **Prevention** – Tools to build resilience and promote emotional wellness

- **Early Intervention**– Tools for people who are struggling but may not have a diagnosable behavioral health condition
- **Diagnosis** – Tools that enable providers to diagnose more quickly and accurately
- **Treatment** – Tools used by clinicians to help treat their patients
- **Recovery** – Tools to help people stay well, manage their conditions and prevent relapse

1.2. HCA OBJECTIVES

- Issue a request for information to identify digital technologies that can be used for supporting youth and young adult behavioral health prevention, intervention, treatment, and recovery support services.
- Convene a panel of experts who have expertise in adolescent and young adult behavioral health prevention and treatment, suicide prevention and treatment, and digital behavioral health technologies. The panel will assist HCA in reviewing RFI responses and formulating recommendations, per their area of expertise;
- Decide whether to issue a future solicitation;
- Determine the scope of work should a solicitation be issued; and
- Create an RFP, or RFQQ distribution list should a future solicitation be issued, as directed/funded by the legislature.

1.3. FACTS AND ASSUMPTIONS

Well-developed, thoroughly tested, and carefully implemented DBH products have the potential to address many long-standing challenges to behavioral health and wellbeing in the US. These include:

Acute and Growing Provider Shortages: Over 160 million people live in an area with a shortage of mental health providers and over half the counties in the US have no psychiatrist. (NCSL, 2024) Washington state has 39 areas with a designated shortage of providers, leaving over two million people (nearly 1/3 of the state's population) with inadequate access to professional mental health services. Washington ranks tenth among all states for mental health service deserts. (Cox, 2024) The shortage of mental health providers is worsening as more providers leave the field each year than new providers enter. This is due to both provider burnout and an aging workforce, with nearly 60% of psychiatrists in the US currently over the age of 55. (Weiner, 2022)

Increased Demand for Services: Concurrent with a shrinking clinical workforce, demand for services has increased rapidly for several reasons. While the impact of the COVID epidemic is not fully understood, available data and clinician observations strongly suggest that the lengthy pandemic accounts for much of the increased demand, with an increased prevalence of conditions such as anxiety, depression, sleep disorders, and substance use disorders. (GAO WatchBlog, 2024) Another contributing factor may be the success of decades of work to eliminate the stigma surrounding mental illness. While a reduction of stigma is undeniably a good thing, it may also make more people comfortable seeking help for their conditions.

Increased Cost of Care: As with any imbalance of supply and demand, the cost of mental health services represents a significant barrier for millions of Americans. As the supply and demand imbalance has grown, providers across the nation have seen a dramatic increase in waiting lists, which can create a disincentive

for providers to accept public (e.g., Medicaid/Medicare) or private insurance. (Stringer, 2023) This leaves many people unable to afford quality care.

Lack of Culturally Relevant Services: The dearth of providers makes accessing care difficult for everyone, but for people seeking care provided by someone representing their specific culture, gender, or other demographic, the challenge can be insurmountable. (Rice, 2021)

Difficulty Keeping Patients Engaged in Care: The nature of treatment for behavioral health means that many patients may be in the care of a behavioral health provider for months if not years. The long duration of treatment creates a challenge for providers to keep their patients engaged in the process. This may be especially true for children, adolescents, and young adults.

Digital behavioral health (DBH) has the potential to address these challenges with DBH products and services that can enhance and/or increase:

- **Options:** Bring a wide range of service options to people without the need for a large new workforce.
- **Access:** Increase access to a range of behavioral health services in rural and frontier areas that have limited, if any, services.
- **Personalization:** Be customized to reflect and address the unique cultural needs and realities of users.
- **Deployment:** Be deployed to large numbers of users, to individual users, and/or across organizations, such as schools and businesses.
- **Affordability:** Result in economies of scale and more affordable care for the consumer.
- **Engagement:** Make use of a variety of strategies such as elegant design, use of video, interactivity and "gamification" of their offerings which can leverage technology to make prevention, intervention, and therapies more fun and engaging.
- **Capacity:** Help clinicians arrive at a correct diagnosis more quickly and, in theory, may shorten the length of treatment -- which in turn has the potential to create additional capacity in the behavioral health system.
- **Effectiveness:** Provide clinicians with digital tools to augment and support the therapeutic process which have the potential to make treatment more effective and possibly shorten the duration of therapy. Additionally, digital tools can be used during and/or after treatment to provide ongoing support, education, skill building and symptom monitoring.

In addition, many digital behavioral health products have data supporting their effectiveness in treating/managing conditions including generalized anxiety disorder, sleep disorders, phobias, depression, substance use disorders, bipolar disorder, psychosis, ADHD, post-traumatic stress, social anxiety, and autism spectrum disorders.

Successful Implementation of DBH Products in Organizations

DBH products can be highly effective tools for improving mental wellbeing within and across organizations. Many schools, universities, businesses, and military agencies have successfully implemented various DBH products for use with their customers, students, and/or employees.

The most cost-effective deployment of DBH products is often in organizations that use DBH as prevention and early intervention tools which can be accessed and used by everyone; not just those with a diagnosable illness. By choosing a product that can benefit everyone, organizations:

- Receive more utility and value from their investment by serving a larger audience (i.e., users) versus a select target.
- Can offer a service or product that is less stigmatizing than products that target only people who are "struggling"; and
- Do not need to build a clinical infrastructure to support its use, which has implications for payment and financing, user privacy, and technical infrastructure needs.

Over the past decade the number of products in the DBH space has grown exponentially. An estimated 10 - 15,000 DBH products are available across all platforms and technologies (King, 2023). Exact numbers are difficult to ascertain because new products are continually coming to market while, at the same time, some companies fail, and their products are no longer available.

BACKGROUND

Proviso 134 was passed by Washington State's legislature and included in FY24/25 budget. The project was recommended by the Youth and Young Adults Continuum of Care (YYACC), a subcommittee of the Health Care Authority's Children and Youth Behavioral Health Work Group, to investigate the role of digital behavioral health services along the continuum of care (i.e., early intervention, prevention, treatment and recovery support services) for Washington's youth and young adults.

Proviso 134: ***Request for Information and Panel of Experts to Identify Digital Technologies for Supporting Youth and Young Adults Behavioral Health***

(134) $200,000 of the general fund—state appropriation for fiscal year 2025 is provided solely for the authority to develop and issue a request for information to identify digital technologies that can be used for supporting youth and young adult behavioral health prevention, intervention, treatment, and recovery support services. In developing the request for information, the authority must convene a panel of experts in adolescent and young adult behavioral health prevention and treatment, suicide prevention and treatment, and digital behavioral health technologies. The panel must be used to evaluate responses to the request for information and make recommendations for technologies to pursue in future agency budget requests. The authority must submit a report to the children and youth behavioral health work group established pursuant to RCW 74.09.4951, the Office of Financial Management, and the appropriate committees of the legislature, by June 30, 2025, identifying the technologies being

For the purpose of this RFI, Digital Behavioral Health (DBH) is a blanket term that encompasses a wide variety of technology-driven products to improve the mental well-being of individuals, including substance use prevention and intervention. The phrase is sometimes used interchangeably with Digital Therapeutics (DTX). These products may include:

Smartphone apps (e.g., Android or iOS applications.) The vast majority of the DBH products available today are smartphone apps for Android and iOS (Apple) phones.

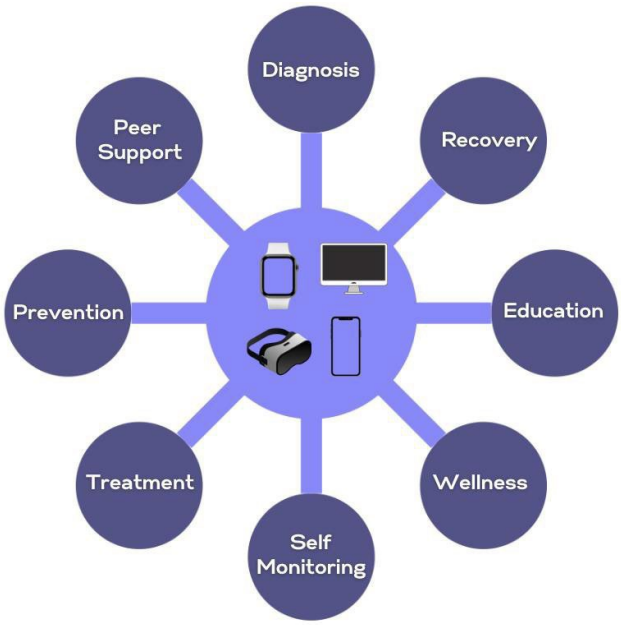
Web-based programs (e.g., websites accessed by computers or phones)

Wearables (e.g., fitness watches, rings)

Virtual reality/augmented reality/mixed reality (e.g., head mounted displays that run DBH software)

Non-wearable devices (e.g., lighting/white noise machines to improve sleep) DBH products may also be used across the spectrum of behavioral health services – from prevention to treatment and recovery.

DIGITAL PRODUCTS ACROSS THE SPECTRUM OF BEHAVIORAL HEALTH AND



WELLNESS SERVICES

CONTENT OF RESPONSES

This section outlines the elements requested in the response for this RFI. Subsequent sections provide additional background and detail on these requested response elements. The timeline in Section 4.2 includes time for additional questions to address any information not covered in the subsequent sections.

3.1. RFI RESPONSES

HCA is seeking information on potential solutions that would provide digital technologies that can be used for supporting youth and young adult behavioral health prevention, intervention, treatment, and recovery support services and the associated costs for piloting and/or statewide implementation of DBH for youth and young adults to achieve the goals outlined in Section 1.2 RFI Goals & Objectives.

If Responder offers multiple products/programs that will meet the requirements outlined in this RFI, they must provide a separate response for each product/program.

3.2 RFI RESPONSE REQUIREMENTS

Please respond to the items in Exhibit A in your response.

Responses may include any preprinted materials that would provide the information HCA requests.

Respondents do not need to answer every question in order to submit a response; Respondents should feel free to only answer those questions that are applicable to their organization.

ADMINISTRATIVE TERMS AND CONDITIONS

4.1 RFI COORDINATOR

Please submit responses to the RFI Coordinator at the following address and/or email:

Name	Cassandra Sneed
E-Mail Address	HCAProcurements@hca.wa.gov

Please be sure to include the RFI Number (2024HCA23) in the subject line of any emails.

4.2. RFI SCHEDULE

Release RFI	January 23, 2025
Vendor Questions due by 4:00 p.m. PST	February 6, 2025
Answers to Vendor Questions	February 13, 2025
Vendor Submissions due by 4:00 p.m. PST	February 20, 2025
Follow-up Conferences/Q&A's/Vendor Demonstrations (if applicable)	TBD

HCA reserves the right to change the RFI Schedule at any time.

4.3. RESPONSE FORMAT

Please submit one response per product/program and limit your responses to 20 pages.

HCA prefers that all responses be submitted to the RFI Coordinator via email at the email address noted in Section 4.1 above. Responses must be provided in an electronic format, such as Adobe Acrobat or Microsoft Word. This will assist in HCA's review process. You only need to provide a single copy of your response. Responses may be provided in more than one file and submitted in more than one email. A physical copy of responses and materials will also be accepted. However, faxed responses will not.

Please note that HCA will not accept zipped or compressed files in connection with this RFI. HCA will not open any such file. If individual files to a response are too large, please send multiple emails instead of compressing files.

Refer to Section 3.2 for additional information regarding RFI Response Requirements.

A. Cost of Response

You will not be reimbursed for any costs associated with preparing or presenting any response to this RFI.

B. Response Property of HCA

All materials submitted in response to this RFI become the property of HCA. HCA has the right to use any of the ideas presented in any response to the RFI.

C. Public Records and Proprietary Information

Any information contained in the response that is proprietary or confidential must be clearly designated as such. The page and the particular exception(s) from disclosure must be identified. Each page claimed to be exempt from disclosure must be clearly identified by the word "confidential" printed on the **lower right-hand corner** of the page. Marking the entire response as confidential will be neither accepted nor honored and may result in disclosure of the entire response.

To the extent consistent with chapter 42.56 RCW, the Public Records Act, HCA will maintain confidentiality of your information marked confidential or proprietary. If a request is made to view your proprietary information, HCA will notify you of the request and of the date that the records will be released to the requester unless you obtain a court order enjoining that disclosure. If you fail to obtain the court order enjoining disclosure, HCA will release the requested information on the date specified in its notice to you.

HCA's sole responsibility will be limited to maintaining the above data in a secure area and to notify you of any request(s) for disclosure for so long as HCA retains your information in HCA records. Failure to so label such materials, or failure to timely respond after notice of request for public records has been given, will be deemed a waiver by you of any claim that such materials are exempt from disclosure.

4.4. REVISIONS TO THE RFI

HCA reserves the right to amend this RFI at any time. In the event it becomes necessary to revise any part of this RFI, addenda will be provided via e-mail to all individuals who have made the RFI Coordinator aware of their interest. Addenda will also be published on Washington's Electronic Bid System (WEBS). The website can be located at https://fortress.wa.gov/ga/webs/. For this purpose, the published questions and answers and any other pertinent information will be provided as an addendum to the RFI and will be placed on the website.

HCA reserves the right to cancel or reissue this RFI at any time, without obligation or liability.

4.5. NO OBLIGATION TO BUY OR ISSUE SOLICITATION

HCA will not contract with any vendor as a result of this RFI. While HCA may use responses to this RFI to draft a competitive solicitation for the subject of these services, issuing this RFI does not compel HCA to do so.

Responding to this RFI will not be a requirement of future solicitations. Responses and information provided in response to this RFI will not be considered when evaluating bidders responding to any future solicitation.

If HCA does a solicitation, HCA will post it on WEBS located at https://fortress.wa.gov/ga/webs/.

4.6. SECURITY AND PRIVACY REQUIREMENTS

Any solution HCA procures and implements will need to comply with applicable state, federal, and industry regulations, such as the following:

- HIPAA Privacy, Security and Breach Notifications
- WA State OCIO Security Standard, OCIO 141.10
- 42 CFR Part 2
- RCW 70.02
- HCA Privacy and Security Policies, such as HCA 1-02 and HCA 6-16
- NIST 800-53 Rev 4
- Industry certifications, such as ISO 27001, SOC 2 (Type 1 or Type 2) and Penetration Testing Report
- Applicable Washington State Age of Consent Legislation under **Chapter 71.34 RCW**

Further information about any of the above can be provided at vendor request.

REFERENCES

National Conference of State Legislatures (NCSL). Behavioral Health Workforce Shortages and State Resource Systems. June 2024

Cox, E. (2024, May 30). *Washington Ranks #10 in Mental Health Care Deserts*. The Olympian. https://www.theolympian.com/news/local/article288893520.html

Weiner, S. (2022, August 9). *A growing psychiatrist shortage and an enormous demand for mental health services*. Aamc.org. https://www.aamc.org/news/growing-psychiatrist-shortage-enormous- demand-mental-health-services

GAO WatchBlog, (2024, March 5). *The Mismatch Between Mental Health Care Access and Demand*. Gao.gov. https://www.gao.gov/blog/mismatch-between-mental-health-care-access-and-demand

Stringer, H. (2023, April 1). Providers predict longer wait times for mental health services. Here's who it impacts most. *Monitor on Psychology*, *54*(3). https://www.apa.org/monitor/2023/04/mental-health-services-wait-times

Alana N. Rice, Suzanne C. Harris, Issues of cultural competence in mental health care

EXHIBIT A – RFI QUESTIONS

PRODUCT OVERVIEW:

a) Describe your product/program in detail, including the target population (including age and other demographics), theoretical framework, and any unique features.

b) What is your product intended to address (Check all that apply).
- Mental Health
- Substance Use
- Both

c) What technologies are used with your product (check all that apply for the product described in this response)
- Mobile Phone App
- Web-Based Platform
- Wearable Device
- Telehealth
- Virtual Reality
- Augmented Reality
- Artificial Intelligence
- Sensor Driven
- Machine Learning
- Text Messaging
- Stand-Alone Software
- EEG/Biofeedback
- Other hardware
- (specify)____
- Digital Biomarkers (e.g. voice and ocular analysis)

d) Describe how this product is better than current, non-digital, approaches to achieve the same goals.

e) What best describes the type of service your product delivers (check all that apply)?

Prevention	Decision support
Resilience building	Training
Psychoeducation	Coaching
Skill building	Treatment (stand-alone)
Early intervention	Treatment (medication adjunct)
Peer support	Treatment (therapy adjunct)
Diagnosis	Recovery support

REQUIREMENTS

What is required from an organization to implement and use your product in an effective way? (e.g. hardware, internet access requirements, physical infrastructure, support staff etc.)

COSTS

a) What will it cost to implement your product to scale? Include all upfront costs, recurring costs and fees.
b) Describe how your product has previously been financed for a large-scale implementation, including Medicaid, federal or other public or private sources.
c) What are the ongoing costs/resource requirements associated with using this product long-term?

IMPLEMENTATION CONSIDERATIONS

a) Describe the process of implementing your product in a large organization or community.
b) What assistance do you provide with implementation?
c) Please describe what resources and support is offered by your company post- implementation to include notifications of updates, updates and ongoing functionality.
d) How do you engage parents and families when implementing the product?

ORGANIZATION/TEAM BACKGROUND AND HISTORY

a) Describe your organization's structure and governance.
b) Please describe your organization's team, including product developers, behavioral health professionals
c) What is your organization's history in developing, commercializing and growing/sustaining digital products, especially digital behavioral health products specifically for youth and young adults.
d) Describe your organization's behavioral health, research and other subject matter experts and advisors.

ACCESSIBILITY AND DEI

a) How does your product address the unique cultural realities and needs of users (e.g. overall approach to DEI, cultural specificity, non-English speaking users, appropriate literacy levels, design elements to promote accessibility for visually and hearing impaired)?
b) How were end users, members of the target population, and people with lived experience involved in the development of the product?
c) How do you gather feedback and information on your DEIB efforts and adapt the product based on incoming feedback

RESEARCH

a) Describe in detail the research that exists to ensure that your product is safe and effective, including a list of studies and links to reports. Highlight those studies that were conducted with users matching the target age for this RFI.

EVALUATION AND QUALITY IMPROVEMENT

a) Describe the process for ensuring that the product is being used effectively, that goals/objectives are being met, and that challenges and obstacles are identified early and solved quickly.

SECURITY AND PRIVACY

a) How do you ensure security and protect the privacy and confidentiality of individual users, especially youth and young adults ages 13 to 25 who may be more vulnerable to breaches, cyber bullying, etc.?
b) What is the process for securing consent from youth users and families?
c) List specific participant data that is collected by your product.
d) Describe data ownership and how participant data may be used by your organization.

e) What security testing has been conducted with your product?
f) Where is program/participant data physically stored?
g) How do you identify users who may be experiencing an acute behavioral health crisis and quickly connect them with appropriate help?

Appendix C: RFI submission product summaries

Vendor products/services summary

Vendor	Product/service	Type of technology utilized
Advocates for Human Potential	FutureYou is a set of digital interventions to address/reduce cannabis use. Automated, brief, multisession digital intervention to boost memory and improve the ability to delay gratification.	Mobile App, Web-Based Platform
Aunt Bertha	Findhelp is a self-navigation service referral platform that connects users with free and reduced-cost mental health and substance use services. Includes connections to community Health Related Social Need (HRSN). Narrows search categories/sub-categories to zip code area. Includes case management and referral sharing functionality.	Mobile App, Web-Based Platform, Text Messaging, Stand-Alone Software
BeMe Health	BeMe is a mobile app that combines interactive activities and tools, live text-based coaching, self-assessments and links to clinical services. It also provides real-time links to crisis resources.	Mobile App
Carey Group	Tools on Devices (TOD) is an interactive system for providers, clinicians, professionals to assign fillable guide tools and workbooks to clients. Clients receive email/text message notifications of assignments; complete and submit from smartphones, tablets, or personal computers. Plus, information and tools for behavioral health professionals to support behavioral change and skill development among their clients.	Web-Based Platform, Text Messaging
Catch-Me LLC	Catch-Me is a mobile app that helps develop coping skills and connections to psychoeducation resources while tracking mood and behavior patterns. Catch-Me gamifies behavioral skills; provides links to surveys, worksheets, and online resources; contains in-app video capability with "edutaining" videos and songs; and offers games for distraction and mindfulness practice opportunities.	Mobile App
The Change Companies	Atlas is a web-based platform that leverages a comprehensive behavior change curricula for variety of service industries and populations – e.g., mental health, addiction treatment, youth services, and juvenile justice services. Atlas offers "Interactive Journaling®" a structured and experiential writing process to motivate, guide, engage, and inform participants. It also includes workflow and reporting tools for staff.	Web-Based Platform
Child Mind Institute	Kandoo is a mobile application for use with Brief Behavioral Activation (BBA) therapy aimed at improving engagement and treatment adherence for adolescent depression. Two interfaces: client/patient facing (Mobile App) and clinician/mental health professional facing (Web-Based Application) to improve patient engagement, monitor progress, and customize intervention strategies.	Mobile App, Web-Based Application

Vendor	Product/service	Type of technology utilized
Child Mind Institute	Mirror is a structured mental health journaling application to support self-reflection and wellbeing through various input modalities, including text, video, and audio entries. It incorporates AI-driven risk assessment that analyzes journal entries for indicators of mental health crisis and increased risk (i.e., signs of self-harm or suicidal ideation). Classifies entries into categories of concern (no concern, low concern, low risk, high risk) without human intervention to maintain user privacy.	Mobile App, AI
Cope Notes	Cope Notes generates daily anonymous, randomly timed text messages to improve mental and emotional health for organizations, youth ages 12+, and adults. Proactively interrupts negative thought patterns with psychology facts, journaling prompts, and exercises.	Text Messaging
Evidence-Based Practice Institute	WiseHelp is a mobile app that delivers a variety of self-help interventions. It is comprised of two separate but interconnected apps: 1) Teen app for skill development, managing emotional, behavioral challenges; 2) Parent/caregiver app to train/coach effective parental management practices to improve children's symptoms and functioning. The two apps interact with each other throughout the day.	Mobile App
Fortell AI	Fortell AI is an AI-driven 24/7 support system providing immediate, accessible, language-inclusive crisis intervention. An AI Coach supports individuals experiencing a crisis, provides evidence-based interventions, and facilitates connections to behavioral health resources. Includes a training and skill-building component for behavioral health providers to deliver best-practice interventions using an AI-powered avatar.	Mobile App, Web-Based Platform, AI, Machine Learning, Text Messaging, Virtual Coaching, Telehealth,
GGTude Ltd.	GGTude is a mobile app that delivers brief daily cognitive training exercises to enhance mental health and resilience. Interactive, game-like elements. Promotes adaptive thinking through daily practice and support. Allows users to manage distress independently and/or, for people in therapy, creates a digital extension to help users to practice CBT techniques between/after sessions. Enables schools and organizations to access anonymized, aggregated data to identify mental health trends and adapt support strategies.	Mobile App, Web-Based Platform, AI, Text Messaging
Greenspace	Greenspace is a platform for delivering Measurement-Based Care (MBC) – the routine collection and use of patient reported outcome measures to better inform treatment for behavioral health service organizations and health systems. Includes self-assessments, review of assessment results, recommendation engine, resource hub and generates aggregated user data.	Mobil App, Web-Based Platform, Text Messaging
Health Commons Project	Student Health Hub is a network that helps students access BH services. It includes an online application for school counselors to submit student referrals, match clients with services, and track their progress. Includes tools for determining insurance eligibility, consent management, and reporting.	Web-Based Platform

Vendor	Product/service	Type of technology utilized
HealthBook LLC	HealthBook is a behavioral health platform for prevention, intervention, treatment, and recovery. Includes gamification, crisis intervention, and data-driven insights. Facilitates access to real-time mental health resources, peer support networks, and self-care tools through a single platform. Incorporates telehealth integration for connection to licensed providers.	Web-Based Platform, AI, Machine Learning, Wearable Device, Telehealth
Ignyte Group, Inc.	Ignyte offers care coordination for at-risk youth/young adults. Tools for YYA: behavioral health resources, engagement tools, educational materials, 24/7 AI chatbots, crisis hotline, and appt. scheduling. Tools for providers: care management, care planning, diagnosis assistance, and monitoring patient progress. Enables administrators to monitor trends across specific providers, facilities, or populations.	Web-Based Platform, Mobile App, Stand-Alone Software (can integrated with a variety of other technologies)
Inspire Health Alliance	IB-STIM treatment and wellness is a suite of digital interventions and support for co-occurrence of chronic and/or recurrent abdominal pain (IBS) and symptoms of anxiety and/or depression to reduce school and work absenteeism among youth and young adults. IB-STIM's tools integrate with EHR and pharmacy systems.	Mobile App, Web-Based Platform, Wearable Device, Telehealth, AI, Text Messaging
Inspire Health Alliance	The Inspire Telehealth Program facilitates the delivery of school-based scheduled and on-demand telehealth services for mental health. Creates a partnership with school-based health centers and a safety software company to manage client consent, triage processes, care coordination, scheduling, referral processes, data analytics, and patient communications.	Telehealth
Jeeva AI Health Systems	Jeeva is an AI platform that can be used as dual system for users and clinicians, or as stand-alone, self-directed tool for resilience building and coaching for users. As dual system, Jeeva enables clinicians to gain deeper insight into patient progress by delivering data on patient mood and other indicators. Includes an AI resiliency coach bot, virtual buddies, and peer-support from real but anonymized users.	Mobile App, Web-Based Platform, Wearable Device, AI, Machine Learning, Text Messaging

Vendor	Product/service	Type of technology utilized
JNP Industries	Early Prism Behavioral Health Suite is a multi-technology platform that integrates prevention, early intervention, diagnosis, treatment, recovery support services. Leverages machine learning, AI, and advanced data visualization. It includes self-guided modules, peer-support networks, and telehealth integration. Integrates AI analytics and real-time monitoring for early detection of behavioral health risks. Performs complex data analyses to create "actionable insights" that enable clinicians, educators, and community leaders to make informed decisions in real time.	Mobile App, Web-Based Platform, Wearable Device, AI, Machine Learning, Integration with Wearable Devices and Telehealth
Joon	Joon combines licensed teletherapy with a variety of digital interventions. A mobile app is used for scheduling, session participation, conducting skill-building exercises, journaling, and completing assessments. Clients communicate with therapists via the app, SMS, or email. Therapists have access to a secure, centralized dashboard to track trends, adjust care plans, and provide targeted support. Joon also offers access to a moderated online peer community.	Mobile App, Text Messaging, Telehealth
Koomba	Koomba is a digital platform providing subclinical preventative mental health support for underserved demographics (athletes, youth of color, LGBTQIA+, etc.). Integrates with clinical telehealth providers EHRs, school-based health systems, and community networks. Includes gamified features, peer discussion boards, mobile and desktop applications, digital journaling, and interactive wellness activities.	Mobile App, Web-Based Platform
Kooth	Soluna is a cross-platform application that provides mental health support to youth and young adults. Soluna includes wellbeing resources, coping tools, pre-moderated peer community forum, 1-to-1 coaching and counseling with MH professionals, and a resource directory. Developed with scalable technology to support growth and expansion in educational institutions.	Mobile App, Web-Based Platform, Machine Learning
Long Game Health	Long Game Health is not a technology driven platform, but rather a consulting company helping organizations with digital behavioral health solutions by "tying technology, clinical science and outcomes together". Long Game Health helps design operating models for digital clinical/business situations.	N/A
MindLAMP	MindLAMP is a mobile app neuropsychiatric research and clinical care management platform system to streamline the management of research studies and digitally-enabled clinics. Collects customizable active data (i.e., use of surveys, cognitive games, and behavioral guides) and passive data gathered when a user's phone is not in use (like GPS, pedometer, etc.) without interrupting a user's activities. Data collected by MindLAMP is uploaded to server owned by the clinician or researcher.	Mobile App

Vendor	Product/service	Type of technology utilized
Nurtur health, Inc.	Nurtur is a maternal mental health platform to predict and prevent postpartum depression (PPD) before symptoms arise. Machine learning model continuously assesses patient risk, identifying high-risk individuals with greater accuracy and efficiency. Facilitates clinically validated, self-guided therapy via a mobile app and web-based platform. AI continuously monitors patient engagement and mental health indicators; adjusts therapy recommendations as needed; and escalates care when necessary. Designed to engage Gen Z and young adults entering childbearing years.	AI, Machine Learning, Web-Based Platform, Telehealth, Text Messaging
Prevention Research Institute	myPrime is a self-paced, host-guided risk reduction program for individuals with alcohol- and drug-related problems. Customizable for a variety of audiences and use cases. Consists of three units, each with a variety of learning modules.	Web-Based Platform
RESCUE The Behavior Change Agency	Quit the Hit is a digital smoking cessation program that incorporates a variety of in-app resources, messaging, the use of social media sites (Instagram), and peer groups for vaping and smoking cessation. Focuses on marginalized groups and includes messaging in multiple languages.	Mobile App, Web-Based Platform and Social Media
Terrace Metrics	Terrace Metrics School Version (ages 13-17) is a multifeatured platform for independent districts, schools, and alternative settings. It delivers a resilience-based curriculum to help students achieve personal, academic and social success. It includes advanced data collection, assessments, analysis and reporting, Website and mobile app help users connect to their counselors, administrators, school nurse, Family Resource/Youth Services counselor, SRO or other personnel.	Mobile App, Web-Based Platform, Machine Learning
Terrace Metrics	Terrace Metrics Young Adults Version (ages 18-23) Digital tools for workplaces to assess and support behavioral health. Includes behavioral health assessments and intervention resources for young adults. Provides data security for agencies that monitor young adults' behavioral health. Young adults receive immediate feedback tied to self-guided resilience-based curricula, videos, and materials to enhance specific areas. Personal coaching and access to webinars for more customized approach to improving behavioral health.	Mobile App, Web-Based Platform, Machine Learning
WEconnect Health	WEconnect is a mobile app to support individuals in pre, post, or in-treatment through recovery for mental illness and substance use disorders. Includes supports and required reporting tool for post incarcerated people and parolees. Includes unlimited access to mental health and recovery peer specialists, daily recovery meetings and wellness groups, and automated support for routines. Leverages gamification and gift card rewards to increase engagement. Included services are peer driven and led.	Mobile App

Appendix D: Expert panel feedback

- Planning
    - It comes down to what we need and want in Washington; some products are really specific and niche, while others are more global in their reach and focus.
    - Make clear what piece of the puzzle the technology or product might address.
    - We have to learn who is doing what with DBH technologies in the community already so the strategy can build on those programs or services.
    - Ensure the digital strategy is embedded in a larger initiative (e.g., workforce development) and that digital strategies are coordinated with other strategies.
    - A well-defined implementation strategy is critical to ensure reach, treatment initiation, treatment engagement, and maximization of treatment effects.
- Integration with providers
    - These types of tools need to support current mental health providers, not replace them, and should be implemented in a way that is a tool for the current work force.
    - Do not underestimate the power of human-based interventions that have some small digital health component; it doesn't scale as well but effectiveness cannot be denied.
    - These technologies can best be used as a screening tool, to augment in-person therapy or services, as a stop gap measure until later services can be accessed. Rarely would these technologies be an end unto themselves but could be very useful in between sessions/visits.
- Access
    - Technology needs to be navigable and usable by different age groups, reading levels, vision/hearing motor impaired users (if this is a target audience).
    - The state should discuss with vendors how these platforms could be used to support parents who have children with intellectual and developmental delays including severe language deficits who also have behavioral health concerns.
    - One size will not fit all, so I would discourage trying to select technologies that are accessible and usable by all.
    - Vendors' structure and features should include clinician-led teams, lived-experience input, and interdisciplinary expertise.
- Vendor qualifications
    - Select a technology provider with demonstrated record of successful community-based engagement and digital health deployment (vendor/private sector, academic/University group).
    - The product and vendor should have an agile framework to drive iteration and can pivot rapidly.
- Technical assistance
    - Identify a technical assistance agency to oversee implementation, particularly in the early stages.
    - If a vendor offers implementation assistance, directly, ensure the state has a strong partnership model with the vendor.
    - Each implementation step requires identifying and addressing motivational and technical barriers.

    - I cannot emphasize the need for human support, including digital navigators and project champions enough. Education, advertising, advocacy, encouragement, incentivization/rewards, training, and treatment scaffolding are essential. These can be in person, over the phone, online, via text-messaging.
    - Research suggests a hub-and spoke model leveraging external digital navigators (i.e., dedicated trained staff) is more clinically effective and more cost effective than internal facilitation (e.g., training staff in a clinic to serve as digital navigators). Digital navigators are trusted individuals who provide personalized assistance to help people access the internet, secure affordable devices, and develop digital literacy skills needed to use online services and participate in the digital world.
- Communications and outreach
    - The #1 barrier to getting help for young adults is not knowing where to go – the key to implementation is people really understanding what's available and why it's worth accessing it.
    - People need to see any of these approaches as a complement to what is being offered in Washington and not in place of or in lieu of it. As people worry about job security, I think it's important for people to understand whom these approaches are reaching so that no one fears that it's there to replace them.
    - I would not expect high user uptake, engagement, or effective use of data/information generated from digital health technologies by clinicians/caregivers without digital navigator support.
- Partnerships and leadership
    - Partnerships with schools, justice systems, or research institutions will enhance credibility and reach.
    - A strong project manager is necessary to drive the project forward and overcome barriers.
    - Ensure the partnership between vendor and state allows the state to maintain much of the control of platform and allows for personalization of the implementation of platform with expertise, etc., provided.
    - Executive sponsorship can provide funding coverage and drive home the importance and prioritization.
    - Oversight of a digital mental health strategy similar to the oversight of other types of strategies is crucial.
    - Depending on the scope, engage multiple, diverse perspectives in oversight/advisory roles and ongoing monitoring.
- Evaluation and quality assurance
    - Consider an academic partnership/research organization to support systematic monitoring and evaluation.
    - Ongoing monitoring and dashboard tools can help optimize use of services and show where more/less services are needed to better allocate limited services. These types of platforms can also help calibrate the right amount of service at the right time.
    - Adopt shared language of success metrics and Key Performance Indicators (KPIs).
    - As much as we need to evaluate who we're reaching, we also have to consider who we aren't. The evaluation, especially if it's an established program, should likely be surrounding our implementation as much as anything.

    - A group should be charged with summarizing outcomes annually and at the end of the overall project. Staff who are independent from the third-party vendors should track intervention uptake, use, clinical outcomes (symptoms, functioning, mental health service use), user complaints, and technical difficulties.
    - Be wary of putting CQI in place only for a digital strategy. Think about CQI approaches for broader strategies and then assess how digital tools are functioning in those initiatives.
    - Apply an equity lens frequently to not propagate bias.
    - With these health technologies we need to understand what risk we are willing to accept in order to scale potential to help as many as possible. There needs to be constant clear communication between risk/legal/privacy and effectiveness.
- Costs and financing
    - Consider value/outcome-based reimbursement models that would incentivize healthcare system/schools/community agencies to provide resources that would improve outcomes (e.g., reduce hospitalization rates) rather than fee-for-service model.
    - Treatment-enhancing tools could "prescribe" access to specific apps and make payments reimbursable through insurance plans possibly subsidized by clients.
    - Enhanced payments for mental health services that are supplemented with digital tools to offset costs of adoption and monitoring.
    - Consider developing regional partnership in which county and city taxes, levies and other fundraising efforts could combine to support the development ongoing costs of the digital tools needed for a broader strategy (e.g., workforce training and quality).
    - The advantage in digital health is the scaling – so initial investment will be more for custom development and build/test. But additional licenses should be much more favorable with regards to costs.