

Address the kids & teens behavioral health crisis

Issue: Children and adolescents in every community in Washington State are struggling with behavioral health issues, and our health care system – at every point along the care continuum – does not meet the need.

- Behavioral health concerns among children and teens remain high and subject to a cascade of problems, including long waits for outpatient care, lack of access to appropriate inpatient care, and few open long-term psychiatric placements.
- The result is often kids not getting help soon enough, boarding in emergency departments or going without care altogether, leading to deteriorating health and unnecessary trauma as well as exacerbating workforce burnout among care providers.
- Primary care is many times the only place a family or teen can turn when access to mental health therapy in the community is so limited and difficult to navigate. BIPOC and AAPI families are more likely to seek help for mental health needs in primary care than other settings. In fact, about half of a pediatric primary care provider’s day is now spent in behavioral health visits; we need to better support primary care clinics to meet the needs of children and youth.

We risk significant long-term impacts to children and adolescents’ health, and ongoing stress on the adult behavioral health care system as these children grow up, unless we take meaningful steps now.

Solutions

1. Provide funding to the **Partnership Access Line (PAL)** and the **Washington Mental Health Referral Service for Children and Teens** to:
 - Provide First Approach Skills Training (FAST) for primary care-based and mental health center-based therapists and continue improving FAST materials for language and cultural sensitivity. (\$355k Y1/\$370k Y2 GFS)
 - Increase the Referral Service’s FTE to meet rising demands and prevent long wait lists for families. Demand for the service has grown 60% in the past year. (\$270k Y1/\$270k Y2 GFS)
 - Expand PAL training for clinics/primary care providers to best equip them to serve kids’ mental health needs.
 - Support psychiatrists’ time to provide case reviews and consultation with 10 primary care clinics at one hour/week. (\$225k Y1/\$230k Y2 GFS)
2. Substantially increase Medicaid **reimbursement rates** for behavioral health counseling in all outpatient settings to improve timely access to care.
3. **Fund loan repayment** and **conditional grants** to help retain and attract an adequate behavioral health workforce, one that is more reflective of the diverse children and teens of our state. Includes \$25m to recruit and support 325 master-level students with \$75k conditional grants, loan repayment specifically for providers in community BH agencies, and loan repayment awards to address retention challenges.
4. **Support families with children with developmental disabilities** to reduce likelihood of these youth boarding in emergency departments. Expand DDA in and out of home services and expand access to ABA therapy.

FAST programs are designed to provide brief, evidence-informed behavioral therapy (4-6 session) for youth and families with common mental health concerns. FAST has been shown to positively improve disruptive behaviors, anxiety, depression, and general psychological functioning. Learn more about FAST [here](#).