



Agency Recommendation Summary

The Department of Children, Youth, and Families (DCYF) requests \$13,904,000 (\$13,688,000 General Fund-State) and 31.8 Full Time Equivalents (FTE) in the 2025-2027 Biennial Budget to address a critical need to provide mental health treatment in four residential mental health units within Juvenile Rehabilitation (JR) institutions and to maintain essential substance use and opioid prevention services. This request also includes funding for discharge planners that are crucial to the Reentry Initiative under the 1115 Medicaid Demonstration Waiver (effective January 2025), which allows for prerelease healthcare services up to 90 days prior to release.

Program Recommendation Summary

020 - Juvenile Rehabilitation

DCYF requests \$12,230,000 General Fund State and 31.8 FTE in the 2025-27 Biennial Budget for the well-being to address a critical need to provide mental health treatment in four residential mental health units within Juvenile Rehabilitation (JR) institutions and to maintain essential substance use and opioid prevention services. This request also includes funding for discharge planners that are crucial to the Reentry Initiative under the 1115 Medicaid Demonstration Waiver (effective January 2025), which allows for prerelease healthcare services up to 90 days prior to release.

090 - Program Support

DCYF requests \$1,674,000 (\$1,458,000 General Fund State) in the 2025-27 Biennial Budget to support the administrative infrastructure needed for the additional funds requested for Youth Well Being.

Fiscal Summary

Fiscal Summary <i>Dollars in Thousands</i>	Fiscal Years		Biennial	Fiscal Years		Biennial
	2026	2027	2025-27	2028	2029	2027-29
Staffing						
FTEs	31.8	31.8	31.8	31.8	31.8	31.8
Operating Expenditures						
Fund 001 - 1	\$6,229	\$6,001	\$12,230	\$6,001	\$6,001	\$12,002
Fund 001 - 1	\$729	\$729	\$1,458	\$729	\$729	\$1,458
Fund 001 - A	\$108	\$108	\$216	\$108	\$108	\$216
Total Expenditures	\$7,066	\$6,838	\$13,904	\$6,838	\$6,838	\$13,676
Revenue						
001 - 0393	\$108	\$108	\$216	\$108	\$108	\$216
Total Revenue	\$108	\$108	\$216	\$108	\$108	\$216

Decision Package Description

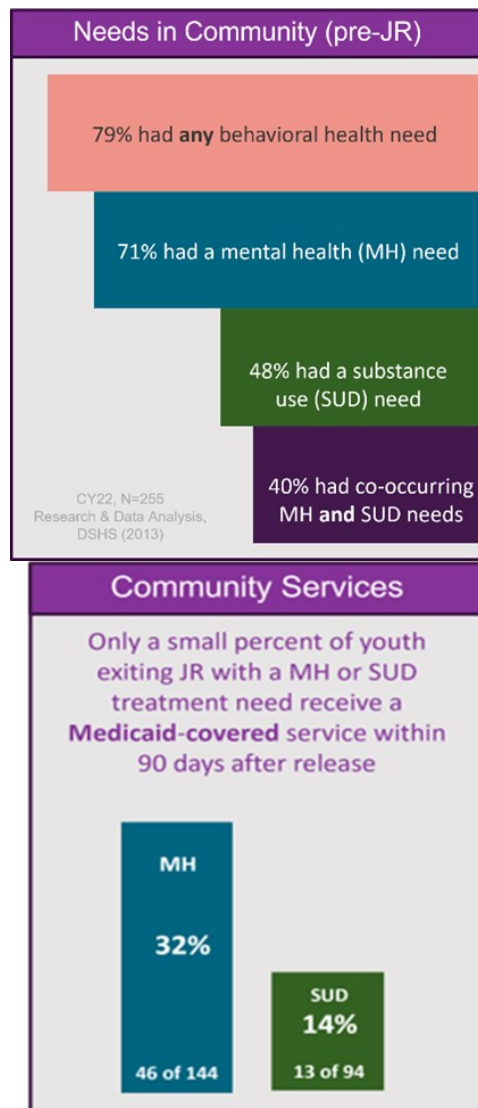
Young people entering DCYF Juvenile Rehabilitation care face increasingly complex behavioral health challenges. These challenges are addressed by assessing their needs and risks through a validation tool and responding with resources, services, and treatment, as well as restorative processes that facilitate healing from harm they have experienced as perpetrators and victims. This proposal enhances DCYF's ability to promote physical, psychological, and emotional well-being by improving services and strengthening connections with community providers.

This request includes critical elements across the JR continuum of care that include:

- Adding clinicians in mental health units and implementing Measurement Based Care.
- Securing sustainability for a reentry-focused Opioid Use Disorder (OUD) program.
- Preparing for the Reentry Initiative under the Medicaid waiver with discharge planning resources.
- Expanding Quality Assurance via the Standardized Program Evaluation Protocol (SPEP).

Table 1

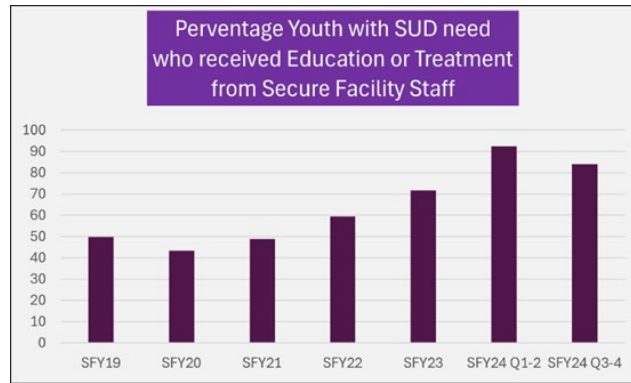
Table 2



The data highlights significant needs and service gaps among young people in JR facilities:

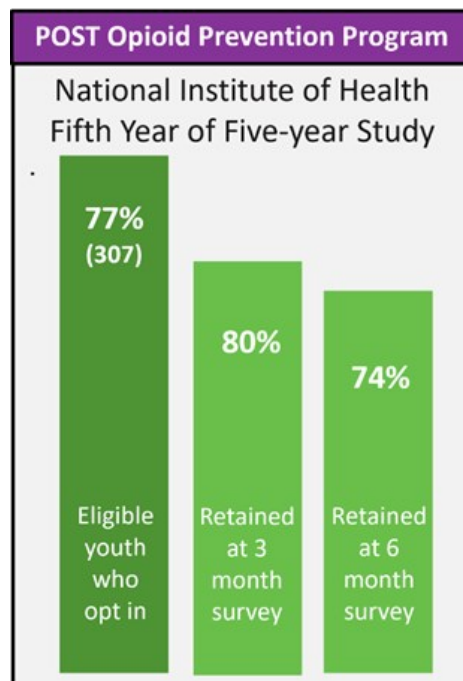
- Nearly 80% require behavioral health (Mental Health/MH, Substance Use/SUD) support, while 40% have co-occurring MH/SUD needs (Table 1 above). The percentage of young people entering JR with suicide risk increased by 33% between SFY19 (40%) and SFY24 (53%). (DCYF/OIAA, July 2024)
- The number of young people with the highest level of dangerous suicidal behavior also increased over this period, as did the average number of days on the highest level, which requires constant 'watch'. (DCYF/OIAA, July 2024)
- Every Medicaid-eligible young person is enrolled or has coverage suspended shortly after intake with JR.
- Of the young people released in 2022 with Medicaid and behavioral health needs (Table 2 above), only a small percentage (MH 32%, SUD 14%) received related Medicaid-covered services in the first 90 days.

DCYF aims to improve outcomes and close the resource gaps by addressing these challenges of mental health, OUD intervention, and discharge planning resources in this funding request. A professional, clinician-led approach to serving young people in Mental Health units at JR institutions can greatly enhance outcomes. Aligning staffing levels and practices with inpatient treatment facilities can foster a trauma-informed environment that prioritizes safety, trust, and cultural sensitivity. This leads to reduced symptoms, decreased use of room confinement and restraints, prevention of re-traumatization, and lower recidivism rates. With the increased need for mental health services, additional clinical positions will enable current staff to focus on mental health needs in other units.



The enacted 2021-23 biennial budget provided funding for additional SUD resources, which enabled expansion of services in secure facilities. Funding also supported contracted Aftercare Liaisons serving 8 community facilities and 6 regions. These contracts align with the goals of the Reentry Initiative under the Medicaid waiver.

JR requests \$3,260,000 and 2.0 FTEs in the 25-27 Biennium to continue the POST (Positive Outcomes through Successful Transition) OUD intervention.



In collaboration with Seattle Children's Hospital (SCH), the agency is nearing completion of a five-year study funded by the National Institute of Health (NIH). POST provides opioid education to all through secure laptops, reentry-focused recovery support as they prepare to go home, and connections to community resources that promote healthy living. In the fifth year of the pilot, POST recruited 307 young people exiting JR to voluntarily participate in the program. The program typically begins two months prior to release and through the first three months of release. The program-maintained contact with 79% of participants at three months and 72% at six months post-release. The POST program aims to swiftly translate rigorous science to practical use to address the opioid crisis. This proposal maintains the SCH contract, 1 coordinator and 1 analyst FTE.

DCYF requests funds to fully implement the Owl Health Measurement Based Care (MBC) being piloted in secure facilities in response to recommendations from the Integrated Treatment Model Fidelity Study, and in alignment the American Society of Addiction Medicine (ASAM) treatment manual published in 2023. The Owl Health MBC is a recovery-focused process of systematically tracking and using standardized measures to monitor client progress and adjust treatment based on outcomes. MBC can enhance client experiences and engagement in care. The Owl Health MBC provides a library of over 200 measures and analytics to track progress and outcomes. JR Clinicians administer anxiety, depression, and PTSD measures at intake, and regularly thereafter based on individual treatment plans. Owl is a secure, web-based platform often integrated with Electronic Health Records (EHR), that shows potential to support the goals of the Reentry Initiative under the Medicaid waiver.

DCYF requests 2.0 FTE and \$635,000 in the 25-27 Biennium to implement the Standardized Program Evaluation Protocol (SPEP) to measure the fidelity of program implementation, support long-term continuous quality improvement (CQI), and enable greater accountability and transparency. SPEP is an evidence-based process for evaluating programs for justice-involved young people. Several state juvenile justice systems use this data-driven approach to assess program alignment with the evidence on effectiveness, using ratings that estimate likely impact on recidivism. It is based on a meta-analysis of 500 studies over 30 years identifying elements of programs that make them effective. It is endorsed as an effective Quality Rating and Improvement System for justice-involved young people. This supports the Governor's Results Washington goal of "efficient, effective, and accountable government," as well as a priority recommendation from the 2024 Conditions of Confinement Review conducted by the Council of Juvenile Justice Administrators by request of DCYF Leadership: evaluating the effectiveness of programming.

Assumptions and Calculations

Expansion, Reduction, Elimination or Alteration of a current program or service:

Not applicable.

Detailed Assumptions and Calculations:

POST Program: Cost \$3,260,000

- Contract with Seattle Children's Hospital \$1,048,000 per year for a team that provides Opioid Use Disorder (OUD) prevention for justice involved youth.
- Sublocade for individuals with OUD provided before release \$276,000 per year. Sublocade is a treatment for moderate to severe OUD.

Workforce Assumptions:

DCYF requests 31.8 FTEs and \$9,086,000 (\$8,870,000 GF-S) in the 2025-27 Biennial Budget that includes 5% institutional premium pay for both Green Hill School and Echo Glen plus an additional 5% King County premium pay for Echo Glen.

Medicaid Transformation 15.8 FTE

2.0 WMS Band 2 at Headquarters (HQ). Annual Salary and Benefits \$143,000 per FTE

2.0 Management Analyst 5 at HQ. Annual Salary and Benefits \$130,000 per FTE

1.0 Administrative Assistant 4 at HQ. Annual Salary and Benefits \$88,000.

1.0 Administrative Assistant 4 at Echo. Annual Salary and Benefits \$96,000.

1.0 Administrative Assistant 4 at Green Hill. Annual Salary and Benefits \$92,000.

0.8 WMS Medical Band at HQ. Annual Salary and Benefits \$314,000

1.0 Licensed Practical Nurse 2 at Echo. Annual Salary and Benefits \$116,000

1.0 Licensed Practical Nurse 2 at Green Hill. Annual Salary and Benefits \$111,000

3.0 Psychiatric Social Worker 2 at Echo. Annual Salary and Benefits \$148,000 per FTE

3.0 Psychiatric Social Worker 2 at Green Hill. Annual Salary and Benefits \$142,000 per FTE

1.0 Physician 3 at Echo. Annual Salary and Benefits \$352,000

1.0 Physician 3 at Green Hill. Annual Salary and Benefits \$336,000

4.0 Program Specialist 3 at Echo. Annual Salary and Benefits \$111,000 per FTE

4.0 Program Specialist 3 at Green Hill. Annual Salary and Benefits \$107,000 per FTE

1.0 Program Specialist 5 at Echo. Annual Salary and Benefits \$128,000

1.0 Program Specialist 5 at Green Hill. Annual Salary and Benefits \$123,000

Standardized Program Evaluation Protocol (SPEP) . 2.0 FTE

2.0 WMS Band 1 at HQ. Annual Salary and Benefits \$128,000 per FTE

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POST Program. 2.0 FTE

1.0 WMS Band 1 at HQ. Annual salary and benefits \$128,000.

1.0 Management Analyst 4 at HQ. Annual salary and benefits \$119,000.

In addition to Salary & Benefits, standard costs included are as follows:

\$1,800 per FTE for goods and services

\$2,400 per FTE for travel

\$7,200 per FTE for capital outlays in FY26 only

DCYF Administrative Support Rate 18.43% of Salary & Benefits

Historical Funding:

FY2026

FTE = 65.5 FTE

Total Funds = \$11.9 million

Near General Fund = \$11.9 million

Other Funds = \$0 million

FY2027

FTE = 65.5 FTE

Total Funds = \$11.9 million

Near General Fund = \$11.9 million

Other Funds = \$0 million

Strategic and Performance Outcomes

Strategic Framework:

This package aligns closely with the Governor's Behavioral Health and Reentry goals, as evidenced by Public Performance Reviews DCYF/JR contributed to in 2021 ((Goal 4.2 Behavioral Health & Community- Peer Powered Reentry Supports) and 2023 (Goal 4- Behavioral Health with a Focus on our Youth). This request also builds upon Governor's Executive Order 16-05: Building Safe and Strong Communities. Through Successful Reentry and HB5118 (2021), which mandated notification of Managed Care Organizations prior to a member's release from a JR facility.

Many components of this request are essential for compliance with the Consolidated Appropriations Acts of 2022 and 2023, which mandate juvenile justice agencies to activate coverage before release. Furthermore, these resources are pivotal in supporting Washington State's Section 1115 Medicaid Demonstration Waiver, to expand support for vulnerable populations.

This request equips JR to realize DCYF's vision of nurturing young people who have faced significant challenges to grow up safe and healthy—physically, emotionally, and educationally. It achieves this by enhancing clinical and discharge planning resources, which promote healthy functioning and can mitigate behavioral challenges.

Performance Outcomes:

With the additional mental health resources, the agency expects significant increases in dosage of quality treatment provided to young people identified with high mental health needs, and reductions in symptoms and needs. Quality and fidelity of treatment will be measured by SPEP, symptom changes in Owl measures, and needs in the Individual Developmental Evaluation and Assessment (IDEA).

With the continuation of the POST program and addition of discharge planners, DCYF expects significant increases in supportive participants and contributors with Future Planning Meetings, leading to improved quality and efficacy of future planning. Future Plans are created by the young person with input or guidance from their Future Planning team, with supported follow-through by community-based team members (MCO case managers, providers, Accountable Communities of Health (ACH) resources, families, natural supports, and other community partners. Quality assurance and continuous quality improvement of POST, Future Planning, and Discharge Planning (Case Management) will be measured by SPEP. DCYF will require that programs are delivered with quality to produce positive outcomes after release, as measured by engagement with community behavioral health services, positive follow-through with parole aftercare goals and conditions of supervision, active engagement with voluntary, contracted, Community Assisted Reentry (CAR) resources, and positive achievement with education and employment.

Administrative positions associated with the Reentry Initiative will work with agency leaders, fiscal and Information Technology (IT) personnel, and partnering agencies (e.g. Health Care Authority) to implement the systems (e.g. information sharing, electronic health record, billing), program licensing, professional credentialing, and provider enrollment that are necessary for the agency to leverage federal funds through the provision of Medicaid reimbursable services.

These efforts are expected to result in significant increases in the percentages of young people receiving Medicaid funded services when they return to their community.

Equity Impacts

Community Outreach and Engagement:

JR has facilitated or participated in several groups that include diverse membership and provided opportunities for input. This includes the JR to 25 Work Group (2018), the Reentry Action Work Group (Facilitated by HCA, ongoing since 2021), an evaluation of JR Reentry services conducted by Washington State University (2023-24), the Behavioral Health Sub-committee of the partnership Council on Juvenile Justice (ongoing), and the Integrated Treatment Model Legislative Report (2020). Input from a diversity of reporters in these forums informs these proposals to increase culturally responsive, trauma informed mental health, substance use/opioid prevention, discharge planning, and reentry services.

Additionally, while the POST project is based on an evidence-based model (Adolescent Community Reinforcement Approach-Assertive Continuing Care, ACRA-ACC), the study team made several adaptations based on feedback from incarcerated young people, DCYF staff at all levels, and stakeholders.

Disproportional Impact Considerations:

This request effectively and equitably supports the disproportionate number of young people of color committed to our care by expanding treatment and reentry services. It includes resources for measuring progress, outcomes, and ensuring quality assurance. These efforts are crucial for tackling systemic and societal factors contributing to this disparity.

The initiative focuses on providing professional-level mental health and substance use treatment, aligning with the national Medicaid Reentry Initiative. This initiative helps ensure equitable healthcare access for historically marginalized populations.

Inequitable access to support and resources, coupled with high exposure to adverse childhood experiences, significantly increases the likelihood of illegal behavior and recidivism. Quality interventions, effective transitions at release, and comprehensive community support are essential to mitigating these risks and promoting safe reintegration into society.

Target Communities and Populations:

Young people of color make up the majority (64%) in JR. Funding improvements directly impacts service and resource equity for these young individuals, who predominantly come from impoverished and marginalized families, neighborhoods, and communities.

DCYF has expanded system awareness, developed capacity, and established partnerships that prioritize professionals with lived experience, like Certified Peer Counselors and Credible Messengers. These individuals play crucial roles in providing support to young people and their families, particularly in communities of color, where there is a clear demand for mentorship and guidance from those who have overcome similar challenges (JR to 25 Workgroup).

Peers and mentors play a pivotal role in connecting young people with services, providing support, and serving as role models for achievement and community engagement. Working alongside case managers, clinicians, social workers, and discharge planners, Peer Support Specialists amplify equity by centering young people's voices, promoting self-advocacy, and facilitating communication and partnerships between young people and various professionals. This collaboration helps bridge understanding gaps and addresses the specific challenges faced by young people of color.

Community Inputs and Incorporation:

Several groups provided input as mentioned above.

Other Collateral Connections

HEAL Act Agencies Supplemental Questions

Not applicable

Puget Sound Recovery:

Not applicable

State Workforce Impacts:

Not applicable

Intergovernmental:

The Medicaid Reentry Initiative involves all relevant government entities to greatly enhance communication, coordination, and continuity of care, both when a young person is first committed to JR and as their release approaches. This request also includes funding to expand capacity for intensive clinical and peer support services. This funding, along with discharge planning social workers, will help prepare young people for reentry by improving coordination with local entities and providers statewide.

Stakeholder Impacts:

Managed Care Organizations, Accountable Communities of Health, and community providers are likely to be supportive and partner with DCYF. The proposal seeks to enhance professional clinical and peer support services for individuals with severe mental health and substance use needs. It also expects to integrate community partnerships, leveraging Medicaid funds to boost reentry services and community-based support. This aligns with stakeholders' goals of improving conditions in carceral settings and increasing community involvement to support successful reintegration.

State Facilities Impacts:

Not applicable

Changes from Current Law:

Not applicable

Legal or Administrative Mandates:

This proposal addresses legal concerns about the availability of treatment services for young people with behavioral health needs, particularly at Green Hill School. It builds on several key initiatives:

SB 6340 (2016): Suspended rather than terminated Medicaid coverage during incarceration.

2018 Congressional SUPPORT ACT and SB 5380 (2019): Enhanced Medicaid services for opioid use disorder (OUD).

SB 5304 (2021): Directed HCA to seek a Medicaid 1115 waiver for carceral facilities and established the Reentry Action Workgroup to support Medicaid Transformation 2.0 - Reentry.

SB 5118 (2021): Required DCYF/JR to notify Managed Care Organizations (MCOs) before a plan member's release, leading to the creation of a JR Liaison position that has improved Medicaid processes.

Additionally, this request aligns with recent changes at the Department of Health, which now requires licensing for mental health programs in carceral facilities. Following a recent audit, JR is preparing to meet these new requirements by developing policies for a Licensed Behavioral Health Agency (BHA) application. This proposal strengthens the agency's capacity to implement the necessary infrastructure and resources for a fully licensed program. This application was submitted in July 2024, with the license pending.

Governor's Salmon Strategy:

Not applicable

IT Addendum

Does this Decision Package include funding for any IT-related costs, including hardware, software, (including cloud-based services), contracts or IT staff?

No

Objects of Expenditure

Objects of Expenditure <i>Dollars in Thousands</i>	Fiscal Years		Biennial	Fiscal Years		Biennial
	2026	2027	2025-27	2028	2029	2027-29
Obj. A	\$3,476	\$3,476	\$6,952	\$3,476	\$3,476	\$6,952
Obj. B	\$1,067	\$1,067	\$2,134	\$1,067	\$1,067	\$2,134
Obj. C	\$1,048	\$1,048	\$2,096	\$1,048	\$1,048	\$2,096
Obj. E	\$333	\$333	\$666	\$333	\$333	\$666
Obj. G	\$77	\$77	\$154	\$77	\$77	\$154
Obj. J	\$228	\$0	\$228	\$0	\$0	\$0
Obj. T	\$837	\$837	\$1,674	\$837	\$837	\$1,674

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