

# Washington State Joint Legislative and Executive Committee on Behavioral Health

May 19, 2025, 10 a.m. - Noon

## Meeting Notes

**In attendance:** Caitlin Safford, Teresa Claycamp, Laura Van Tosh, Sen. Keith Wagoner, Anna Nepomuceno, Lacy Fahrenbach, Vicki Lowe, Rep. Eslick, Jane Beyer, Sam Mellendorf, Claire Wilson, Kailey Fielder-Gohlke

**Not in attendance:** Rep. Alicia Rule, Allison Krutsinger, Annette Cleveland

### 1. Welcome & Introductions - Caitlin Safford

- Final meeting before report submitted; Decision hats on.

### 2. Recommendations/Priorities - Athena Group

- Overarching priorities are from the April 21 JLEC meeting and what was discussed at the planning group [Planning group = Athena Group consultants, person from the House, Senate, Catilin; Kailey and Anna for provider and policy level perspectives]
  - Subcommittees provided the recommendation through 3 months of work
  - Received 8 responses from survey; April JLEC meeting convened at the end of session
  - Weaved recommendations together to represent the perspectives of the group
  - Number 3-6 were repeat of overarching themes from different workgroups and our subcommittees
  - Numbers 1 and 2 are new recommendations:
    - Number 1 – Acknowledgment of the need for a vision to enable a strategic plan and these priorities and recommendations can be implemented;
    - Number 2 - need for Executive level role to oversee BH (this has been brought up in other workgroups and leadership during this JLEC's tenure)
    - A lot has changed in BH in the past five years, and legislature acknowledge the need to take step back and review the work from community feedback
  - Similar work occurring in other workgroups;

### Discussion

- **Laura** – lived experiences and peer recovery needs to be weaved into our overarching priorities; think patients, families of those undergoing BH/MH/SUD treatment in the priorities – their voices need to be amplified and a part of the vision
- **Karen** – content and narrative around these priorities; this piece provides context.
- **Jane** – second Laura's point; integrate it into #1 – developing vision for BH that centers around people with lived experience and their families in Wash State; CY Workgroup/P25 strategic effort, what's the timing? Are they developing vision?
- **Caitlin** – Rep. Senn was interested in, and in one of the transition committees mentioned it. Elevated it to the Gov. Office; liaising between Gov office, health agencies, and community to map it out and evaluate how it is going.
- **Teresa** - #1 working with community to drive that work and moving to strat plan to drive that vision; support #1; coordinate with Washington Thriving; that work is ahead and unsure of how we will create a vision for the state

- **Caitlin** – each workgroup has their own vision; maybe the state’s vision will include each of the workgroup’s vision to create a broader vision. Timeline for this committee did not allow for community engagement
- **Vicki:** evidence-based programs? Not all people have that – practice-based evidence; include best practices (Karen – oversight and will correct it)
- **Kailey:** agreed with Vickie; Provider perspective evidence-based model helps for investments and funding for models that are helpful for populations
- **Vicki:** create a list of promising best practices; there is one created from the Tribal perspectives
- **Teresa:** Referenced continuum of care; framework for workgroup early intervention was age agnostic, early access, early interventions to prevent worsening of condition; duplication of recommendation 1 and 2; recommendation 2 comes from a specific subgroup
- **Anna:** Recommendation 2 very broad statement, needs action statement; intervention at any stage is necessary to focus on; at the end of the report has more specific actions that can be taken to support these recommendations; move lower more action-oriented recommendations to the top
- **Vickie:** does action include who provides the service? Reference flexibility
- **Anna:** agreed.
- **Anna:** universal screening; healing and recovery; access to regular outpatient BH clinics; prevention and workforce
- **Teresa:** recommendations are aspirational goals with timeframes; the group possible action steps to get to that goal; helpful to recommendations are now categorized and linked to priorities loop in the actions.
- **Vicki:** concerned about vagueness of the recommendations will stall the continuation of this JLEC BH work at the legislation level
- **Karen:** plan will have an expanded version of each of the recommendations
- **Anna:** need to add more specificity to each recommendation
- **Caitlin:** gaining more clarity, increase early intervention access? We might need more feedback for specific actions that relate to each recommendation; some of these recommendations are too broad and need to collapsed or reconfigured
- **Laura:** Framing timeframe – indication of the specific times; show where things are happening simultaneous to another; framing to reconsider with federal changes in mind especially centering families and those with lived experiences of BH/MH/SUD; make our draft align with the changing climate we are currently in
- **Jane:** strategic goal, objectives; call broader thing strategic goal, and objectives underneath; agrees with Laura about the federal funding; call recommendations objectives.
- **Rep. Eslick:** agreed with Anna and Vickie about being specific
- **Caitlin:** lot of recommendations; should we consolidate first block of recommendations? Or do we keep and move other recommendations up?
- **Anna:** the latter.
- **Jane:** suggest aligning with the language that is in the proviso; recommendations that are synergistic call out
- **Anna:** trying to model action plan with CY workgroup may not work; as they are long term and BHJLEC is short term
- **Liz :** specific call out that report is a starting point for a strategic plan
- **Teresa** agrees with Liz; platform to jump off to move into next phase

- **Jane:** Cross agency work – technical advisory groups – increase collaboration...Medicaid centric integrating other references and insurers and carriers as well. Jane to send color-coded doc of payor ecosystem
- **Lacy:** recommendation for credential consider phased approach;
- **Jane:** carriers and MCO has a layer added to licensure so include this in the process/ Liz – send us suggested language
- **Brian:** importance of mentorship for retaining staff/workforce
- **X:** is it a single process that checks off each credentialing requirement? Or is it a single process for each profession? Are we considering licensure for facilities (i.e., nursing homes)?
- **Teresa:** layers of licensure's and credentialed; we need framing; strategies and actions to address the two layers will look different. Liz – we will work with Theresa to wordsmith this recommendation
- **Anna:** getting more community feedback will help with accountability
- **Caitilin:** add language to first recommendation to center community voice and to the executive level too

### 3. Moving Forward (to end of project) – **Karen**

- May 27<sup>th</sup> – BHJLEC Committee edits due
- May 30<sup>th</sup> – Report Due to Gov. Office & Legislature

**Anna** – planning committee involvement to support formatting and editing work? **Karen** – will take that offline to connect about support for the final report