

Washington State Joint Legislative and Executive Committee on Behavioral Health

Summary of Priorities and Recommendations

May 2025

Overarching Priorities

The following six statewide behavioral health priorities emerged from an 18-month process involving engaging JLECBH members and subcommittees, and a thorough review of the recommendations of related workgroups. These priorities reflect the Committee’s focus, per proviso, on identifying strategies to “improve access to behavioral health services,” with a “specific emphasis on prevention, early intervention, and home or community-based capacity designed to reduce reliance on emergency, criminal legal, crisis, and involuntary services.” These priorities provide a framework for the Committee’s specific recommendations and are intended to guide the state’s ongoing behavioral health strategic planning efforts.

Overarching Priorities

1. Develop a **vision for behavioral health** in Washington State.

2. Create an **executive level role** to oversee behavioral health.

3. **Improve coordination and collaboration amongst agencies and partners that plan and deliver behavioral health programs.** Statewide vision to serve as “north star” and executive level role to provide guidance and oversight.

4. **Eliminate workforce-related barriers and** challenges that impede the ability of the state to provide needed behavioral health services. These include:

- The cost of entering the behavioral health field is too high.
- Compensation is too low.
- Licensing/credentialing issues are barriers to providing services.

More diversity is needed.

5. **Strengthen primary prevention and early intervention programs and ensure payment/coverage** for these programs.

6. **Center the needs of communities to strengthen equity in behavioral health.** Create a plan to improve equity in programs, access, and funding. for all populations.

High Priority Recommendations

The following recommendations were determined by JLECBH members to be of the highest priority. These recommendations were selected from among those submitted to JLECBH by its ad hoc subcommittees in February 2025, and from recommendations generated by the Committee itself during its subsequent discussions. In alignment with the Committee's charge to develop a strategic five-year action plan, they focus on actionable strategies to strengthen access to behavioral health services that can begin within the next five years.

Connections to Overarching Priorities

For each of the high priority recommendations listed below, a denotation indicates to which of the six overarching priorities it corresponds (1-6). This is intended to illustrate the connection between the specific recommendations and the broader strategic direction.

Timeframe

A timeframe is also provided for each recommendation using the following definitions.

- **Short term strategies** – Implementation within 1 - 2 years ("low hanging fruit"; leveraging work already in process)
- **Mid-term strategies** – Implementation within 2 - 3 years (leveraging work already in process, but may need more effort to get going)
- **Long term strategies** – Implementation beginning within 4 – 5 years.
- **Phased Approach** – Implementation may start immediately but will occur in stages, lasting as long as 5 years.

Relevant recommendations from other workgroups

When relevant and similar recent recommendations or strategies from other workgroups have been identified, these are included to show alignment across efforts. The three primary reports cited are:

1. Children and Youth Behavioral Health Work Group Annual Report 2025 Recommendations [ns](#)
2. Crisis Response Improvement Strategy Steering Committee Final Report 2024
3. Substance Use Recovery Services Advisory Committee (SURSAC) 2024 Recommendations

Recommendation	Priority	Timeframe
<p>Increase investment in community-based prevention, early intervention services and programs as key elements of Behavioral Health for individuals. Increasing investment in evidence-based programs that address social determinants of health at the community level. Address through policy changes.</p> <p><u>CYBHWG 2024 Recommendation:</u> Enhance substance use disorder prevention services and quality substance use disorder and cooccurring mental health care for youth, young adults, and families The CYBHWG requests the legislature allocate additional staffing and financial resources for the Washington State Health Care Authority in the 2025-2027 biennium to stabilize community and school substance use disorder prevention and mental health promotion services, increase the ability to detect behavioral health trends in youth, young adults and pregnant and parenting people, and enhance quality substance use disorder care for adolescents and transition-age youth. The CYBHWG aims to achieve this through: • Supporting state opioid settlement priorities; • Supporting the ASAM-4 package to incorporate and integrate MOUD care and co-occurring MH/SUD care; • Supporting the prevention package enhancing the capacity of the Community Prevention Wellness Initiative (CPWI) and Healthy Youth data collection initiatives</p>	5	<p>Phased Approach. Build on work already in process.</p>
<p>Increase investment and access to Early Intervention services to help prevent mental health or SUD crises and worsening of a condition.</p> <p><u>SURSAC Plan Recommendation</u> for a new SUD engagement and measurement process..</p>	6	Mid-term
<p>Expand mental health school counseling and resources for children and youth, college students, and parents (I.e., screening/support classes for parents). Fund state-wide implementation of social emotional learning curriculum for all ages. Prioritize rural areas and marginalized populations. Increase funding for school-based behavioral health resources.</p> <p><u>CYBHWG 2024 Recommendation:</u> Strengthen statewide guidance and direction for behavioral health in schools Require the Office of Superintendent of Public Instruction (OSPI), in partnership with state, regional, and local entities, to define minimum expectations for behavioral health supports provided and/or coordinated by Washington’s schools and establish strategic direction for state-</p>	6	Mid-term

wide programming to strengthen the capacity of schools to implement meet those supports and reduce system barriers.		
<p>Increase availability of community-based health care providers. Secure funding for Conditional Scholarships – to reduce debt burden, strengthen workforce, diversify workforce.</p> <p>CYBHWG 2024 Recommendation: Conditional Scholarships. A policy change is needed to direct WSAC to work with a UW-led consortium of 13 institutions of higher education statewide to recruit a diverse cohort of master’s level candidates. Funding is needed for: 1) conditional scholarships (\$50k/student; 180 students); 2) three concentration areas: community behavioral health, K-12 public and tribal schools, and crisis serving agencies, to provide skills training to candidates in alignment with employers’ needs (\$10k/student); and 3) continuing program evaluation</p>	4	Phased approach: Some work is underway.
<p>Invest in peer support programs to strengthen the workforce, work towards equity within the workforce and destigmatize behavioral health.</p> <p>CYBHWG 2024 Recommendation: Expand access to peer supports in school settings & professional peer pathways for youth and young people. Expand access to peer supports in school settings by coordinating statewide integration of Peer Learning Curriculum; and expand existing and future peer service provision (especially youth and family peer services) by increasing in-school peer training, creating and enforcing network adequacy standards, lowering barriers to insurance billing, maximizing billing for current programs to expand services and ensure sustainability, and investing in wellness programs and professional development for the peer workforce.</p>	4,6	Phased approach
<p>Address financial burden of entering the behavioral health field (E.g., cost of graduate degrees, expand paid practicums/reduce length of unpaid practicums, relieve debt burden).</p> <p>CYBHWG 2024 Recommendation: Fund the supervisor stipend program. Monitor the budget to ensure that the funding necessary for DOH to implement HB2247’s supervisor stipend program in July of 2025 is retained. These funds are currently included in DOH’s maintenance level budget.</p>	4	Mid-term: CYBHWG has proposed a funding package and July 2025 timeline

HCA and DOH should lead the establishment of a work team to develop recommendations or solutions to streamline credentialing and re-credentialing processes. The effort should include payors and providers to review systems and develop recommendations for a single credentialing process.	3	Short term: Can begin right away.
HCA and OIC should apply similar policies across private health plans, Medicaid, and PEBB/SEBB. Seek opportunities for consistency. Learn from current OIC/HCA efforts in the area of crisis services (MCR and crisis stabilization). Support work proposed in HB 1357 (2023) and SB 6228 (standardizing prior authorization requirements for inpatient/residential SUD care).	3,5	Phased approach: Short term - HCA can align prior auth policies to PEBB/SEBB policies. Mid-term - Evaluate HCA's policies and work with other agencies to align policies across other insurance providers. Long term - Align policies to include private insurance.
Establish a technical advisory panel of MCOs, ASOs and providers to identify sources of regulatory burden, conduct an analysis to identify where duplications exist and determine actions to appropriately reduce duplicative requirements while ensuring quality oversight/monitoring. Note: Requires additional funding. Within current resources, this would not be feasible.	3	Mid-term
Increase and improve collaboration & coordination between local and state public health departments and state agencies (HCA, OIC, DOH, DSHS, DCYF, OSPI) and integrate the work of the state's multiple, overlapping behavioral health plans and legislative-executive workgroups (WA Thriving, State Prevention Enhancement Policy Consortium, CRIS, SURSAC, JLECBH, etc.).	3	Long-term. Lower priority compared to other strategies that can be implemented sooner and increase access to services.
Increase availability of community-based services to help with transition from inpatient/crisis care to independent living (such as mobile case management,	6	Mid-term. Good investment in

mobile outreach, rehab, occupational therapy and independent living skills.) Examples include: <ul style="list-style-type: none"> - Increasing funding for school-based BH services especially in rural and marginalized communities, statewide social-emotional learning, and community BH resources for parents, youth and young adults; continue funding for organizations that provide community-based prevention programs. 		complex discharge planning Progress has been made – i.e. mobile outreach teams.
Improve ability to fund and provide services pre-diagnosis. Ensure services are funded and/or covered by private insurance.	6	Phased Approach. Build on work already in process.
Fund behavioral health education and services for families/parents (e.g., Family Initiated Treatment, FIT). Insurance either does not cover family-centered care or reimbursement rates are too low.	5	Long-Term.
Work with providers and MCOs to ensure they are aware of the flexibility Medicaid has to cover screening and early intervention before a diagnosis, and that they are using consistent interpretations.	5	Short term. HCA work is already in process.
Invest in community-based prevention and early intervention services and programs as key elements of Behavioral Health for individuals. Support policy changes to increase funding and resources for prevention and health promotion.	6	Mid-term
Streamline licensure pipeline for Community Health Workers; use more apprenticeships, compensate supervisors to train students.	4	Mid-term: Work is underway
Address issues of safety, stigma and equity that deter people from seeking and receiving appropriate help.	6	Long term

Additional Recommendations

The following recommendations received a lot of discussion and should be taken into consideration in the state's behavioral health visioning process. In addition, while they are important, they were not prioritized by JLECBH members. These recommendations also resulted from subcommittee and JLECBH meetings and discussions. They are intended to respond to the proviso, as well as the Guiding Principles developed by JLECBH members.

The recommendations are listed below in no particular order.

Additional Recommendations	Priority	Timeframe
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Develop a more integrated approach to providing behavioral health services along the full continuum of care. (Connect the dots and address gaps.) ¹	1,2,3	Long-term
Healing and Recovery need to be included in the state's behavioral health continuum of care and for these to be the goal . The Lummi Nation and Jamestown S'Klallam Tribe can offer helpful models for the state.	1,6	Phased approach
Strengthen the availability of and access to regular outpatient behavioral health care .	6	Long term
Reconsider the use of the term 'Behavioral Health' . Mental Illness is not behavioral; it is an illness.	6	Long-term
Promote 988 and the services it provides more widely; Improved language access (988). See here (LINK) for CRIS Committee recommendations related to 988.	6	Short-term: Work is ongoing.
Workforce supply and development for early intervention services to prevent crises: Need more BS/BA professional career paths to do therapy; more prescribing psychologists.	4	Short term: Work is underway.
Increase investment in the prevention workforce (i.e. certified prevention professionals).	4	Short term: Work is underway.
Develop policy to allow more flexible hiring requirements for Peer Specialists . Reduce the burden of collecting court documentation.	4	Mid-term
Advocate for financial aid and federal funding for Pell Grants (students pursuing behavioral health fields).	4	Long term
Advocate for universal and validated screening tool that can be used to screen for behavioral health issues.	6	TBD
Improve access to data and information on risks and needs: Enhance work related to the Healthy Youth and Young Adult Survey; similar survey needed for adults.	6	TBD