

Washington State Joint Legislative & Executive Committee on Behavioral Health

Charter

Fall 2023 – Spring 2025

V1 draft created January 2024

V2 revised May 2024

V3 revised August 2024

*Highlighted text denotes revisions reflecting Committee input.

INTRODUCTION

A charter is an agreement made by group members in the early stages of building a high-functioning team. This charter, specifically, is created to:

- Define project parameters.
- Clarify project expectations, including the basic process, committee member roles and responsibilities, and member list.
- Highlight decision making roles and responsibilities.
- Highlight agreements made by each committee member to make sure the experience is productive and rewarding for everyone.

PURPOSE

This charter clarifies the charge and responsibilities of, and expectations for, the Behavioral Health Joint Legislative and Executive Committee (BHJLEC).

CHARGE

[Per budget proviso]

(c) The purpose of the committee is to identify key strategic actions to improve access to behavioral health services, by conducting at least, but not limited to, the following tasks:

- (i) Establishing a profile** of Washington's current population and its behavioral health needs and a projection of population growth and anticipated need through 2028;

(ii) Establishing an inventory of existing and anticipated behavioral health services and supports for adults, children, and youth, including health care providers and facilities; 13

(iii) Assessing the areas of the current system **where additional support is needed** for Washington's current population;

(iv) Establishing an **anticipated inventory of future services** and supports that will be required to meet the behavioral health needs of the population in 2028 and beyond 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;**

(v) Reviewing the integrated care initiative on access to timely and appropriate behavioral health services for individuals with acute behavioral health needs; and

(vi)(A) Developing a strategy of actions that the state may take to prepare for the future demographic trends in the population and building the necessary capacity to meet these demands, including but not limited to:

(I) Exploring the role that education, housing and homelessness response systems, the criminal legal system, primary health care, and insurance systems have in the identification and treatment of behavioral health issues;

(II) Evaluating behavioral health workforce demand and workforce education, training, and continuing education requirements;

(III) Statutory and regulatory changes to promote the most efficient use of resources, such as simplifying administrative procedures, facilitating access to services and supports systems, and improving transitions between care settings.

(vi)(B) Strategies must:

(I) Be based on explicit and measurable actions;

(II) Identify what must be done, by whom, and by when to assure implementation;

(III) Estimate a cost to the party responsible for implementation;

(IV) Recommend specific fiscal strategies that rely predominately on state and federal funding;

(V) Include recommendations for needed and appropriate additional caseload forecasting for state-funded behavioral health services; and

(VI) Incorporate and reconcile, where necessary, recommendations from past and current behavioral health work groups created by the legislature and network adequacy standards established by the health care authority.

(d) The committee shall incorporate input from the office of the insurance commissioner, the caseload forecast council, the health care authority, and other appropriate entities with specialized knowledge of the needs and growth trends of the population and people with behavioral health issues. In the conduct of its business, the committee shall have access, upon request, to health-related data available to state agencies by statute, as allowed by state and

federal law. All requested data or other relevant information maintained by an agency shall be provided in a timely manner.

(e) The committee shall submit a sustainable five-year plan to substantially improve access to behavioral health for all Washington residents to the governor, the office of financial management, and the legislature by June 1, 2025

PROJECT SCOPE

Proposed Guiding Principles and Scope

The Committee's purpose is to consider current state-level behavioral health efforts, identify projected needs and gaps, and develop a 5-year plan that identifies actionable strategic priorities to improve prevention and access to behavioral health services and meet future needs.

The following guidelines have been developed to support the Committee as it refines its scope and conducts its work.

Definition of Behavioral Health

Behavioral Health means the “*prevention, treatment of, and recovery from any or all the following disorders: substance use disorders, mental health disorders, co-occurring disorders, or problem gambling and gambling disorders*”. WAC 246-341-0200

Behavioral health can refer to the intersection of mental health, substance use and chronic medical issues to offer "whole person" care. Behavioral health involves the interaction between biological, psychological, social, and environmental factors that shape an individual's health and well-being.

- Mental Health - encompasses a broad spectrum of conditions ranging from anxiety and depression to schizophrenia and bipolar disorder.
- Substance Use - includes alcohol/ drug use and recovery.

Within the context of this definition of behavioral health and the 2023 budget proviso, the following principles and scope are proposed to guide the Committee's work and development of the 5-year strategic action plan.

Guiding Principles

1. Maintain a focus on *system-wide* issues, priorities, and goals across state agencies and legislative committee jurisdictions. Recognize the interplay between state-level services and those offered by the counties and other jurisdictions.
2. Coordinate and build on the work of other legislative and executive workgroups, policies and investments to avoid duplication and promote coordination.
3. Focus on prevention, early intervention and community-based care, to “reduce reliance on emergency, criminal legal, crisis, and involuntary services.”
4. Consider how behavioral health needs and access to care vary across payer types and Washington’s communities, including the disproportionate impacts on different demographic populations (i.e. income, race/ethnicity, culture, language, gender, geographic location, etc.).
5. Ensure that the strategic plan and resulting strategies are trauma-informed and culturally responsive.
6. Aim for consistency in policy across all state behavioral health programs. Use common vernacular so the public can understand it.
7. The resulting plan is intended to be a living, working, actionable document with buy-in from people with lived experience., behavioral health advocates, community partners and providers, Tribal governments, the JLECBH, state agencies, and other relevant parties.
8. Plan should consider community-based supports for the unhoused who are disproportionately represented among those with behavioral health needs.
9. Strategies should also include non-clinical community-based services to complement available psychiatric treatment and services by working alongside community partners and providers as an integrative approach to treatment.
10. The prevention of behavioral health disorders goes beyond what is provided within the clinical care delivery system and includes community and social services, supports, and policies that foster emotional well-being.
11. Proactively design a system that puts patients first in terms of patient choice and does not use the criminal justice system as a response. Strategic plan should have language that says we put patients first.
12. **Summary of Proviso Required Tasks**
 - Establish a profile of Washington's population and its behavioral health needs, and a projection of population growth and anticipated need through 2028.
 - Assess projected needs for behavioral health services based on trends and population.
 - Identify service capacity, gaps, and projected unmet need where additional support and services are needed.

- Establish an inventory of future services needed.
- Strategies developed should have 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.

Scope of Committee’s Work: What will be included?

1. All ages, prenatal through adult.

2. Full continuum of behavioral health care, recognizing that the committee may defer in instances where other committees/workgroups are conducting work on a specific topic:

- Prevention
- Assessment and Referral
- Early intervention
- Outpatient treatment
- Crisis services and interventions
- Inpatient and Residential care:
 - Emergency and short-term hospitalization
 - Long-term care & Acute-Care Hospital Transitions
 - Partial Hospitalization Programs (PHP)
 - Overdose Response and Prevention
- Aftercare (step down care)
 - Short-term Intensive Outpatient (IOP)
 - Community-based treatment (counseling, integrated care)

4. Other related issues to consider when assessing needs:

- How to predict the need and capacity for early intervention and community-based services
- Behavioral health workforce development
 - Workforce development and training for those who serve youth
 - Diversification of the workforce; identifying and addressing barriers
- Insurance systems and funding: Medicaid, Medicare, Private Payers, and those without insurance
- Intersections with populations not well-served in the current behavioral health system, including those with intellectual and developmental disabilities, traumatic brain injury, and dementia diagnoses. This includes examining areas when these populations should have access to the behavioral health system

and don't, or when they access behavioral health but would be better served by a different system of care

- Partnership and collaboration with tribal governments and urban Indian health organizations with state behavioral health care systems
- Behavioral health and criminal justice intersections (care for justice-system involved individuals, populations in carceral settings, reentry services)
- Housing, supportive housing and transitional housing
- Education and training (i.e. family and community); addressing community and cultural stigmas around behavioral health.
- Consistency across state agency policies for behavioral health
- Parity across insurance types and in actual coverage
- Outcome measures for the strategic plan to gauge progress and success

MEMBERSHIP

[Per budget proviso]

(i) The president of the senate shall appoint three legislative members, including a chair of a senate committee that includes behavioral health within its jurisdiction and a member of the children and youth behavioral health work group;

(ii) The speaker of the house of representatives shall appoint three legislative members, including a chair of a house committee that includes behavioral health within its jurisdiction and a member of the children and youth behavioral health work group;

(iii) The governor or his or her designee;

(iv) The secretary of the **department of social and health services** or his or her designee;

(v) The director of the **health care authority** or his or her designee;

(vi) The **insurance commissioner** or his or her designee;

(vii) The secretary of the **department of health** or his or her designee; and

(viii) The secretary of the **department of children, youth, and families** or his or her designee;

(ix) Other agency directors or designees as necessary;

(x) Tribal representative, and;

(xi) Two individuals representing the **interests of individuals living with behavioral health conditions**.

ROLES AND RESPONSIBILITIES

The Planning Team (OFM project manager, Athena Group consultants, Committee Co-Chairs, and legislative staff from OPR and SCS) will:

- Establish the project scope, schedule, and meeting cadence to ensure successful project completion.
- Collaborate to identify the background materials, presentations and data needed to support Committee deliberations.
- Collaborate with staff at the Washington State Health Care Authority, DSHS Research and Data Analysis (RDA) designated to support the BHJLEC's deliberations, to discuss and obtain the information and data needed to support deliberations.
- Monitor the Committee's progress and timeline and recommend course corrections if needed.

BHJLEC members will:

- Participate in up to 8 committee meetings between August 2023 and June 2025.
- Support committee deliberations by providing background information and data as needed.
- Monitor the Committee's progress and timeline and make course corrections if needed.

Project facilitators will:

- Support creation of a charter to guide the work of the Committee.
- Facilitate meetings of the Project Team
- Identify and develop background materials, coordinate presentations from key parties, and provide relevant data to BHJLEC members to inform their deliberations.
- Coordinate meeting logistics, including scheduling, communications, TVW services, collaborating with committee co-chairs to develop agendas, and addressing any barriers to participation for BHJLEC members.
- Be present and available at meetings to answer questions and inform the discussions.
- Manage and coordinate content of the BHJLEC website
- Develop and distribute Committee meeting summaries.
- Draft and revise the BHJLEC's 5-year plan document based on committee members' direction and feedback.
- Ensure the final plan includes the information required by the Committee's authorizing proviso, the results and learnings of the Committee's work, and the key strategic actions to improve access to Behavioral Health services.

COMMUNICATION

Internally

In the interest of streamlining communications, the Facilitator and/or Co-Chairs will communicate directly with BHJLEC members. If a BHJLEC member would like to communicate with the rest of the BHJLEC, they should send the Facilitator an email for distribution to the larger group. The Facilitator may choose to bundle this email with other emails to the BHJLEC.

Externally

Participants of the BHJLEC should not represent themselves as speaking for the Committee unless directed to do so. This working rule in no way restricts individual participants in their capacity as citizens from interacting with elected officials, the media or community organizations.

MEETING SUMMARIES

The Facilitator will prepare a written summary of the discussion and comments following each meeting.

- The meeting summaries will strive to summarize all outcomes and points of view clearly and fairly. Meeting summaries will not be a transcript of the proceedings.
- Meeting summaries will describe areas of agreement and disagreement and clarify where and why there is a disagreement to the degree possible.
- The project team will send meeting summaries to members for their review.