Washington State Joint Legislative and Executive Committee on Behavioral Health

April 21, 2025, 10 a.m. - Noon

Committee webpage

Meeting Notes

Members in attendance: Laura Van Tosh (community rep), Kailey Fiedler-Gohlke (community rep), Teesha Kirschbaum (HCA), Anna Nepomuceno (community rep), Jane Beyer (OIC), Dr. Brian Waiblinger(DSHS), Caitlin Safford, co-chair (GOV)

Members absent: Sen. Keith Wagoner, Vickie Lowe (AIHC), Lacy Fahrenbach (DOH), Sen. Clair Wilson, Rep. Carolyn Eslick, Sen. Annette Cleveland, Rep. Alicia Rule, Allison Krustsinger (DCYF)

Facilitator: Karen Meyer, Athena Group

Context of meeting:

1. Final week of legislative session.
2. Low attendance.
3. 50% response rate to survey. N = 8

Goals of meeting:

1. To confirm strategic priorities and recommendations and,
2. Decide how to handle ties.

Report related suggestions:

Planning Group (including Kailey F.- G. and Anna N.) will draft revised recommendations.

For Executive Summary:

- Describe context (BH environment).
- Context at federal level.
- Horrible fiscal situation.
- Mention foundational issues such as housing, transportation, food, etc. as another scope of services – related but slightly outside scope of plan.

Report:

For final report, provide context. For example:

- The 2025 Washington State Legislative Session began on January 13, 2025, and is scheduled to conclude April 27, 2025.

- Significant budgetary issues at state level.
- Multiple political, administrative and budgetary issues and changes at federal level.
- Highlight those key things to home in on – specific activities that are "off the shelf" ready.
- Recommendations and strategies should be practical/pragmatic; what is required by law.
    - What is feasible, doable
    - How can directors be more responsive?
    - Concrete strategies and tactics
- Include only those strategies that don't require much funding.
- Provide examples of integration; use language like "such as", blending recommendations together.
- Use the report to push the State of WA in language, tone and content
- Take the client's point of view into account as possible.
- Use existing data, as much as possible.
- What investments have already been made? Status of investments.
- What's working well; for programs that are not working well, how can funding be diverted?

Suggestions by Priority Issues:

Issue #1: Challenges and gaps exist in the state's system for providing behavioral health services all along the full continuum of care. State agencies that play a key role in behavioral health need to work together to ensure the State has a complete continuum of behavioral health care.

Recommendations:

1. 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, (children and youth), State Prevention Enhancement Policy Consortium, CRIS, SURSAC, JLECBH, etc.).
2. Increase availability of community-based services to help with transition from inpatient/crisis care to independent living (such as mobile case management, mobile outreach, rehab, occupational therapy and independent living skills.)
3. Develop a more integrated approach to providing behavioral health services along the full continuum of care. (Connect the dots and address gaps.)

Guidance from JLEBH members in attendance:

Report should include a description of the complex behavioral healthcare system. Jane B. has pie chart that shows who is covered and by what. The insurance system is extremely chopped up. Describe.

Issue #2: State agencies that play a key role in behavioral health should invest more in upstream prevention services to help prevent onset of behavioral health issues, worsening of conditions, and the need for crisis services.

Recommendations:

1. Invest in community-based prevention and early intervention services and programs as key elements of Behavioral Health for individuals. Support through policy changes.
2. Invest in peer support programs to strengthen workforce; work towards equity within workforce; de-stigmatize behavioral health.
3. Improve ability to fund and provide services pre-diagnosis. **TIE**

4. Strengthen and expand programs that intervene following the first crisis. e.g., New Journeys for psychosis and programs that intervene to prevent a second overdose or suicide attempt. **TIE**
5. 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. **TIE**
6. Increase availability of community-based health care providers. **TIE**
7. 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). **TIE**

Guidance from JLEBH members in attendance:

Consider re-phrasing top recommendation so that the more specific recommendations that received the same # of votes are included as examples (such as....").

Issue #3: State agencies who play a key role in behavioral health should invest more in early intervention services to help prevent the onset of behavioral health issues, worsening of conditions and need for crisis services.

1. Increased and improved mental health/primary care integration.
2. Strengthen/leverage the ability of Medicaid (and all insurance) to fund screening and early intervention. **TIE**
    Example: Use of a universal and validated screening tool that can be used to routinely screen for behavioral health problems. **TIE**
3. Increase investment and access to Early Intervention services to help prevent mental health or SUD crises and worsening of a condition.

Guidance from JLEBH members in attendance:

Issue #4: State agencies who play a key role in behavioral health should invest more in early intervention services to help prevent the onset of behavioral health issues, worsening of conditions and need for crisis services.

Recommendations:

1. Expand mental health school counseling and resources for children and youth, college students, and parents (I.e., screening/support classes for parents). Prioritize rural areas and marginalized populations.
2. Invest in community-based prevention and early intervention services and programs as key elements of Behavioral Health for individuals. Support through policy changes.
3. Fund state-wide implementation of social emotional learning curriculum for all ages. **TIE**
4. Continue funding community organizations that provide community-based prevention programs. **TIE**
5. Increase funding for school-based behavioral health resources. **TIE**

Guidance from JLEBH members in attendance:

Issue #5: Inequities exist in programs, services and funding that are impeding access to needed behavioral health services for all populations.

Recommendations:

1. Address issues of safety that deter people from seeking and receiving appropriate help.
2. Strengthen and diversify the behavioral health workforce. **TIE**
3. Strengthen coverage and insurance for Behavioral Health care. **TIE**
4. Strengthen and diversify the behavioral health workforce. **TIE**

5. Increase investment in mental health supports for children

Guidance from JLEBH members in attendance:

Issue #6: Workforce-related barriers and challenges are impeding the ability of the state to provide needed behavioral health services. These include:

- 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 within the workforce to effectively serve communities.

Recommendations:

1. Increase availability of community-based health care providers. **TIE**
2. Invest in peer support programs to strengthen workforce, work towards equity within workforce and destigmatize behavioral health. **TIE**
3. 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).

    Examples:
    - Secure funding for Conditional Scholarships – to reduce debt burden, strengthen workforce, diversify workforce.
    - Streamline licensure pipeline for Community Health Workers; use more apprenticeships, compensate supervisors to train students.

Guidance from JLEBH members in attendance:

- Conditional Scholarships were strongly endorsed at the subcommittee level. This should be noted in the report.

Comments:

- What can be done to keep pipeline moving on a short-term basis? E.g. What flexibility might be possible to allow people into BH field and to practice quicker?

Issue #7: Underlying administrative and structural challenges are reducing providers' capacity to provide direct services to the behavioral health population. Providers are using time to do administrative work that could be spent on service provision. Issues include:

- Licensed Behavioral Health Agencies (BHAs) are faced with complying with multiple regulatory requirements that may result in BHA's duplicating work and compounding administrative burden.
- BHAs must credential with numerous payors; Inconsistent, overlapping, or duplicative requirements across health plans and payors create overly burdensome credentialing and re-credentialing processes.
- Paper-based documentation, inefficient Electronic Health Records, manual information retrieval for data submission, and lack of efficient information exchange/care coordination make administrative processes overly time consuming and onerous.

Recommendations:

1. Establish an internal work team to support developing streamlined recommendations or other solutions to credentialing and re-credentialing processes. Include payors and providers to review system and develop recommendations for a single credentialing process. **TIE**
2. 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). **TIE**
3. Establish a technical advisory panel of MCOs / ASOs / providers to identify sources of regulatory burden that will 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.
4. Ensure all Behavioral Health Agencies (BHAs) have adequate Electronic Health Records (EHR) funding and capabilities. Support work already underway funded by HCA (statewide EHR service -Health Care Management and Coordination System).

Guidance from JLEBH members in attendance:

This is foundational to other priorities and recommendations. (Move to top of list of priorities/recommendations?)

Recommendations OK as is.

Next meeting: May 19, 2025, 10 am - noon