

Washington State Joint Legislative and Executive Committee on Behavioral Health

April 21, 2025
10 a.m. - noon

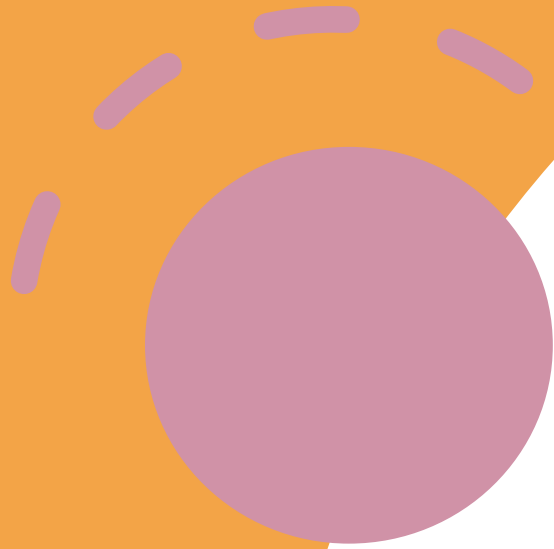
Reminders

- Public meeting
- Meeting is being streamed and recorded by TVW
- Comments in meeting chat are public record (Committee only – **NEW**)
- Cameras off for non-Committee members (**NEW**)

Today's Agenda

1. Welcome & Introductions
2. Recommendations/Priorities
 - Results of member survey
 - Discussion
3. Moving Forward
4. Public comment
5. Wrap up/Adjourn





Welcome & Introductions

	May 28, 2024 (Virtual)	July 2024 (Virtual)	Sept 2024 (In-person)	Nov 2024 (Virtual)	April 2025 (Virtual)	May 2025 (Virtual)
Meeting Goals	<ul style="list-style-type: none"> Current state. Role of committee. Project charter. Finalize Committee Scope. 	<ul style="list-style-type: none"> Review current state/overlap. Discuss projected BH needs and gaps. 	<ul style="list-style-type: none"> Site visit to new UW BH Hospital Discuss projected BH needs and gaps. 	<ul style="list-style-type: none"> Identify strategic priorities. Discuss potential strategic actions. 	<ul style="list-style-type: none"> Finalize priorities, strategies and recommendations. Develop and discuss draft report. 	<ul style="list-style-type: none"> Finalize report and present to Governor, OFM, Legislature (by June 1st)
Budget Proviso requirements	<p>The committee's purpose is to identify key strategic actions to improve access to behavioral health services.</p>	<ul style="list-style-type: none"> Establish a Profile of Washington's current population and behavioral health needs and a projection of population growth and anticipated need through 2028. Establish an Inventory of existing and anticipated BH services and supports for adults, children and youth including health care providers and facilities. Assessing areas of the current system where additional support is needed for Washington's current population (gap analysis). Establish an anticipated inventory of future services and supports that will be required to meet the behavioral health needs of population in 2028 and beyond with a <i>specific emphasis on prevention, early intervention, and home or community-based capacity designed to reduce reliance on emergency, criminal legal, crisis, and involuntary service.</i> Review integrated care initiative on access to timely and appropriate behavioral health services for individuals with acute behavioral health needs. Develop a strategy of actions that the state may take to prepare for the future demographic trends in the population and build the necessary capacity to meet these demands. 				<p>Sustainable five-year plan to substantially improve access to behavioral health for all Washington residents.</p>

Quick re-cap

- After presentations and discussions, JLEC members identified 5 top state-level BH issues
- Subcommittees formed; 3 "sprint" meetings
 - Review and discuss past and existing work being done in this area - prior recommendations, current efforts and/or investments, etc.
 - Identify current challenges, barriers, or unmet needs being experienced in the subject area.
 - Identify the key underlying causes for these challenges.
- Subcommittees February meeting – Subcommittees presented recommendations.
- Rephrase recommendations --> actionable language.
- Create survey for JLEC members to choose top three priorities
- 3 priorities will form basis for 'Strategic Action Plan'.

Themes Identified in Multiple Subcommittees

1. More coordination/collaboration amongst agencies and partners that plan and deliver behavioral health programs.
2. Address workforce barriers and challenges.
 - Cost of entering the BH field is too high.
 - Compensation is too low.
 - Licensing/credentialing issues are barriers to providing services.
 - More diversity needed.
3. Strengthen primary prevention and early intervention programs and ensure payment/coverage for these programs.
4. Equity in programs, access, and funding for all populations.

Topics Missing from Subcommittee report outs per JLEC members, Feb 10 meeting: Will include in JLECBH report.

- **Need a more complete behavioral health continuum of care that connects the dots and addresses these gaps:**
 - Need to pay attention to and strengthen **outpatient behavioral health care**. (Regular outpatient behavioral health Services were not mentioned in the subcommittee report outs).
 - More community-based services are needed 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.)
 - Healing and Recovery need to be included, and for these to be the goal.
- **Lack of standardization of prior authorization for behavioral health services across payors.**
 - Creates inequitable service provision between payors and additional administrative burden for providers. (note: HB1432 addressing this on the private side, not public).

Keep in mind...

1. JLECBH's purpose is ...*"to identify key strategic actions to improve access to behavioral health services"*.
2. 8 survey responses.
3. 3 questions have tied responses. Decision needed on how to deal with ties.
4. Goals for today's meeting are:
 - To confirm strategic priorities and recommendations and,
 - Decide how to handle ties.

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**.

Priority strategies to address challenges and gaps.



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.

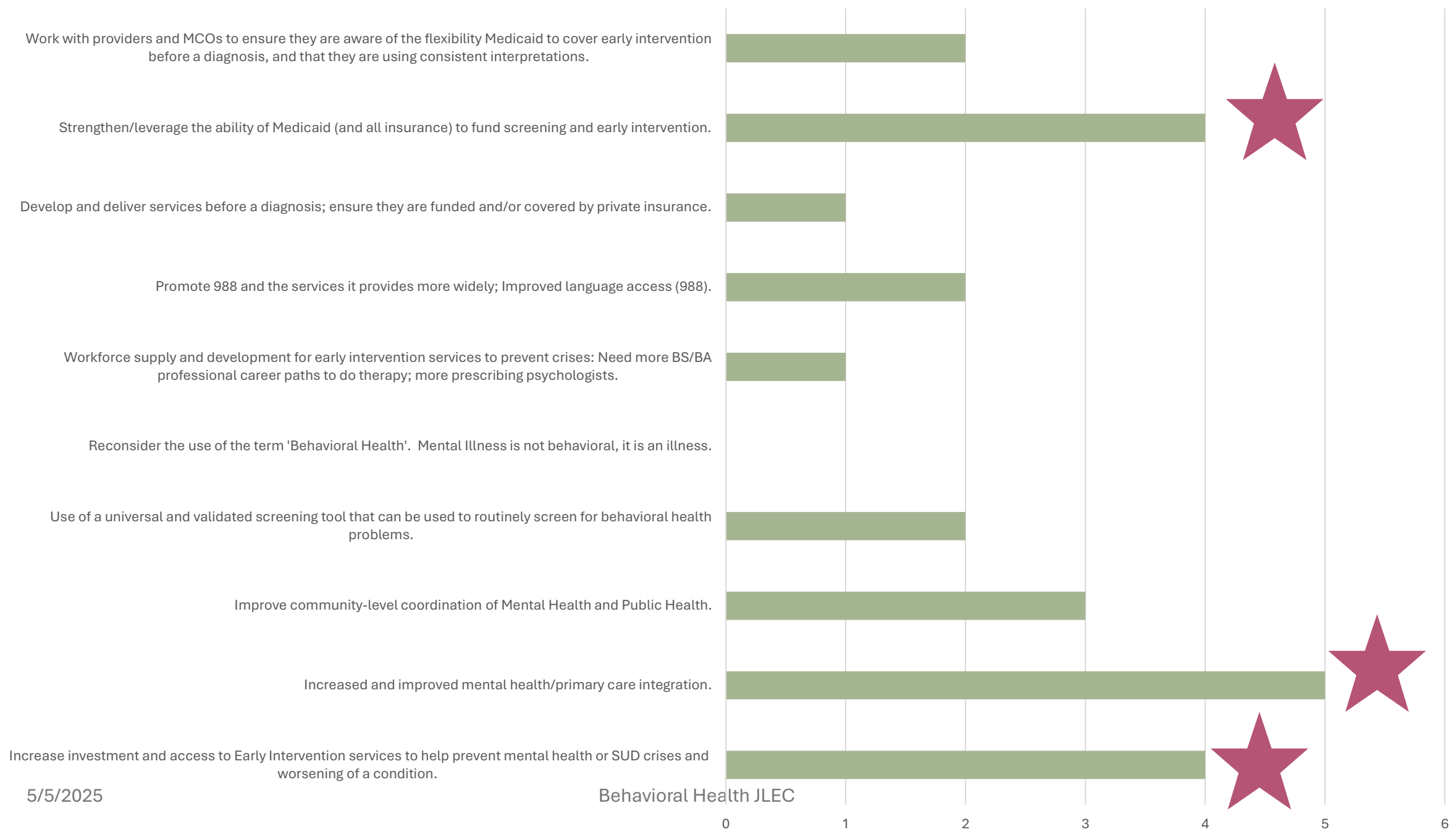
Upstream Prevention



Issue #3:

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

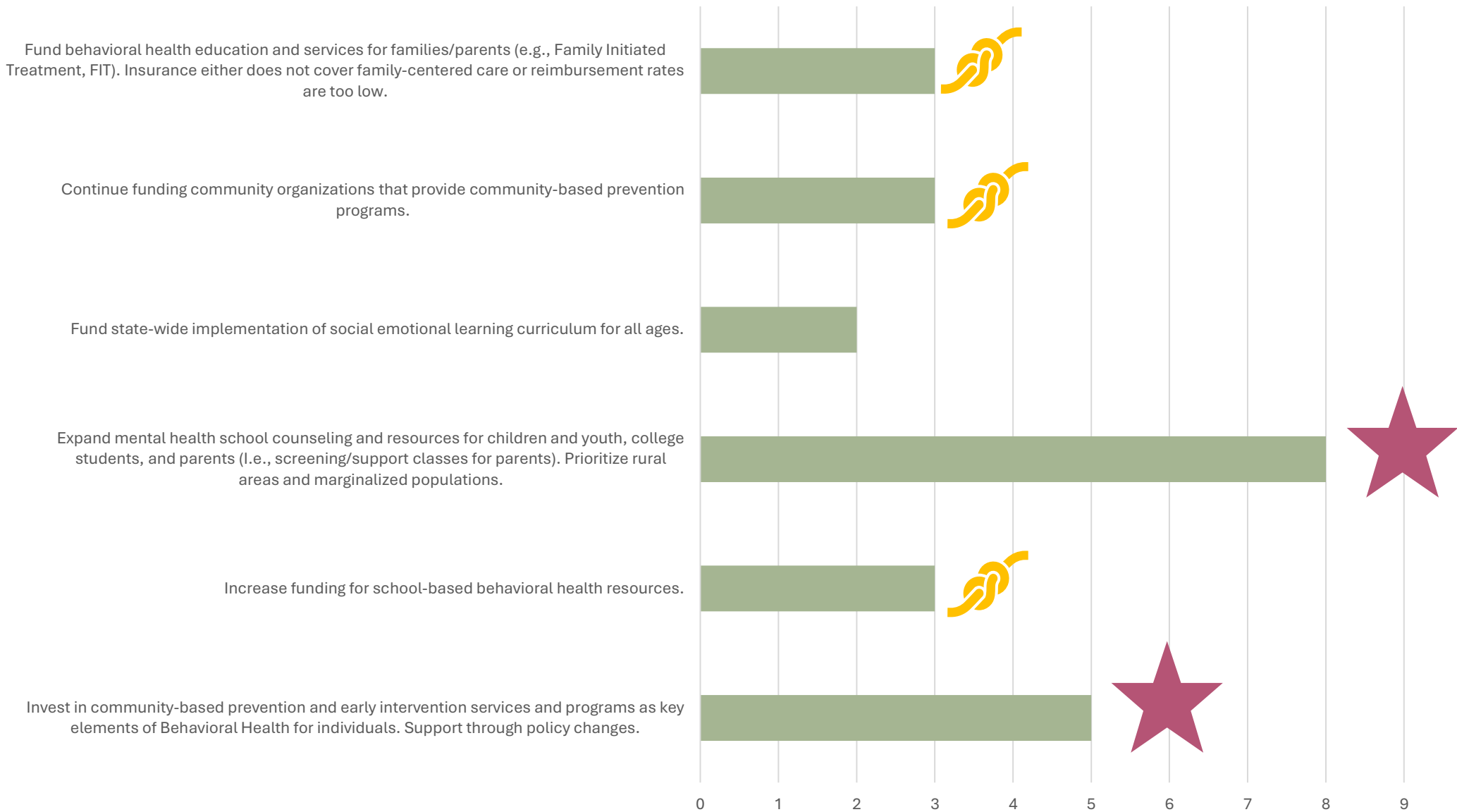
3. Early Intervention



Issue #4:

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

Community Based BH Services



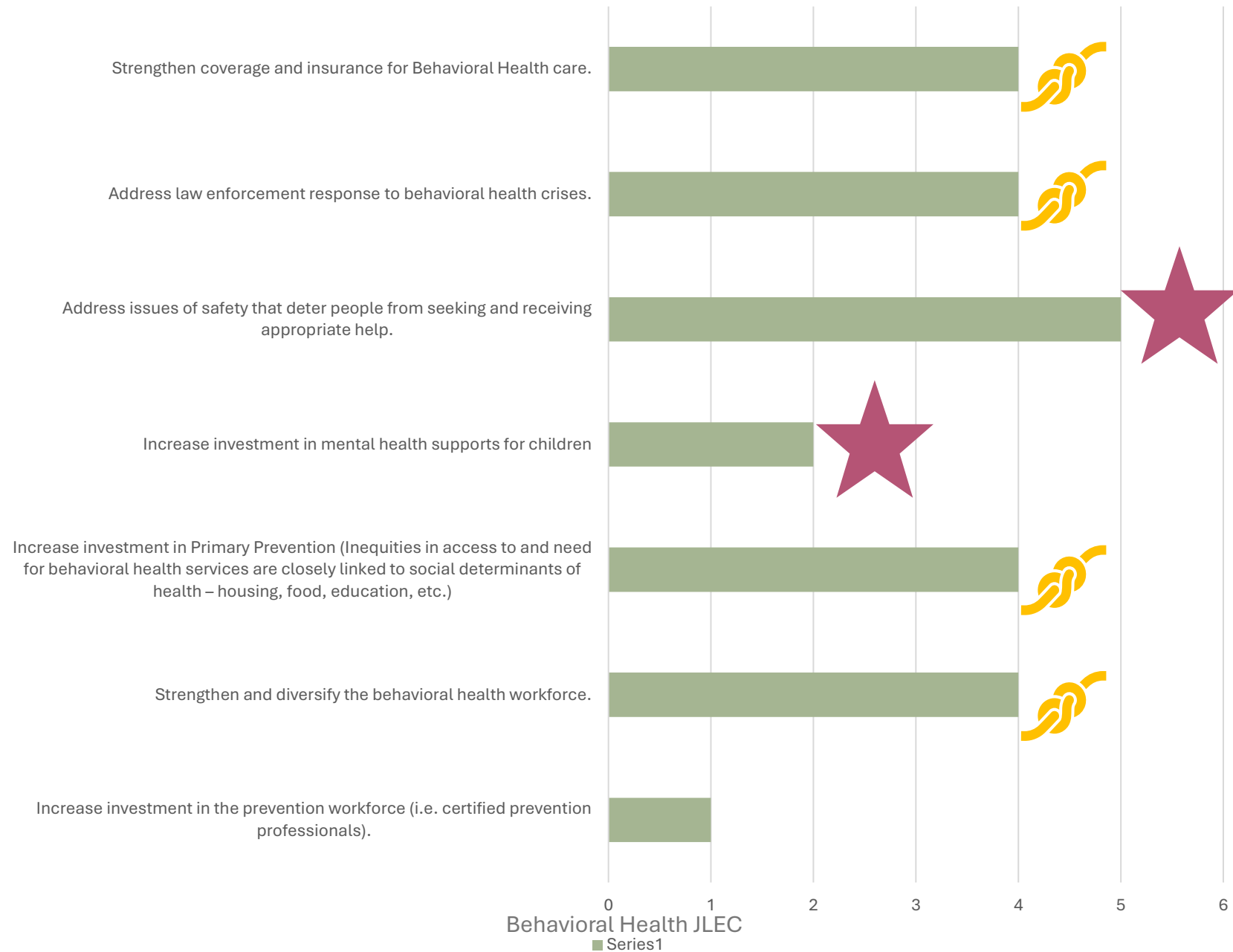
Series1

Behavioral Health JLEC

Issue #5:

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

Addressing inequities in programs, services, funding

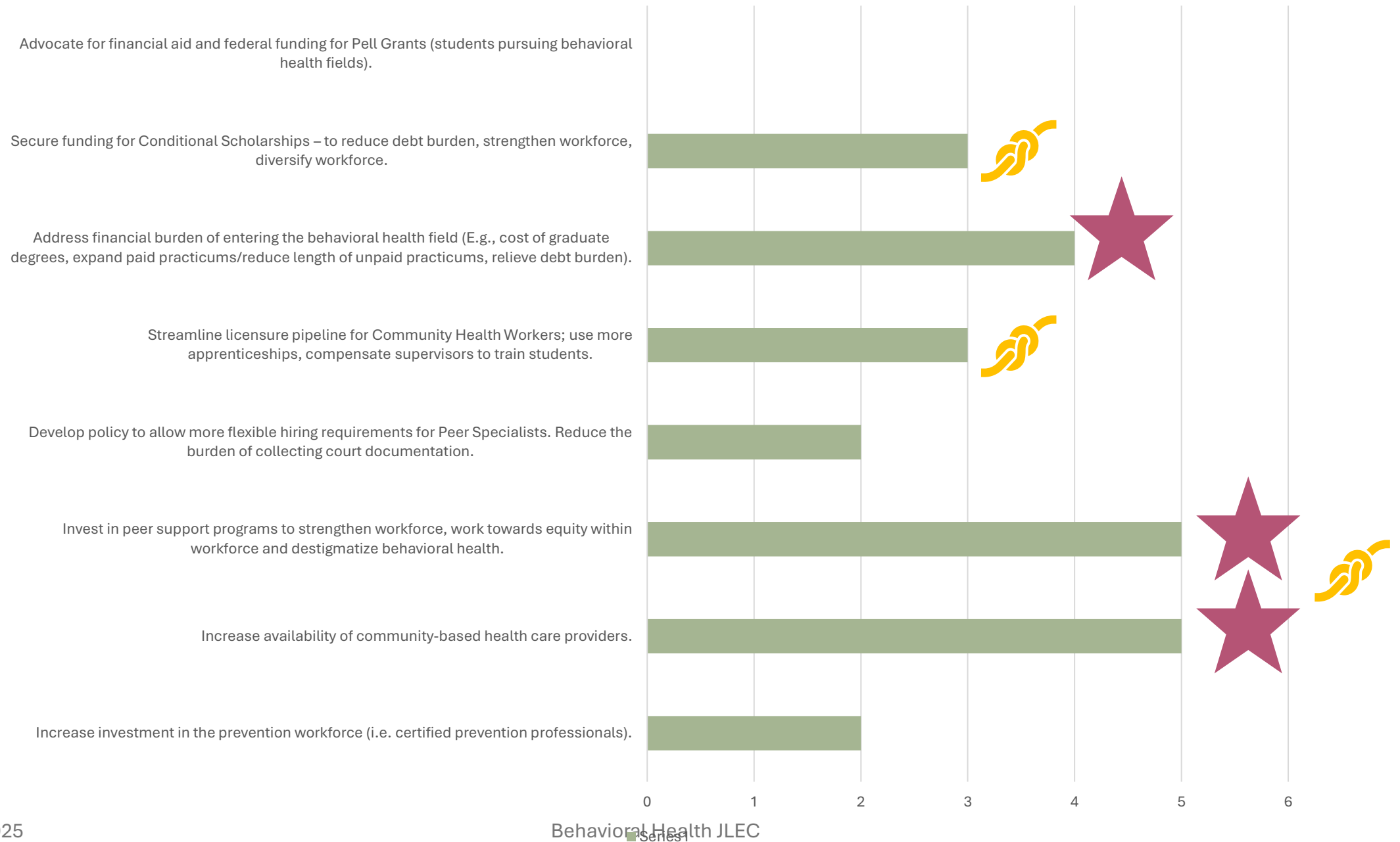


Issue #6:

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.

Addressing workforce challenges and barriers.

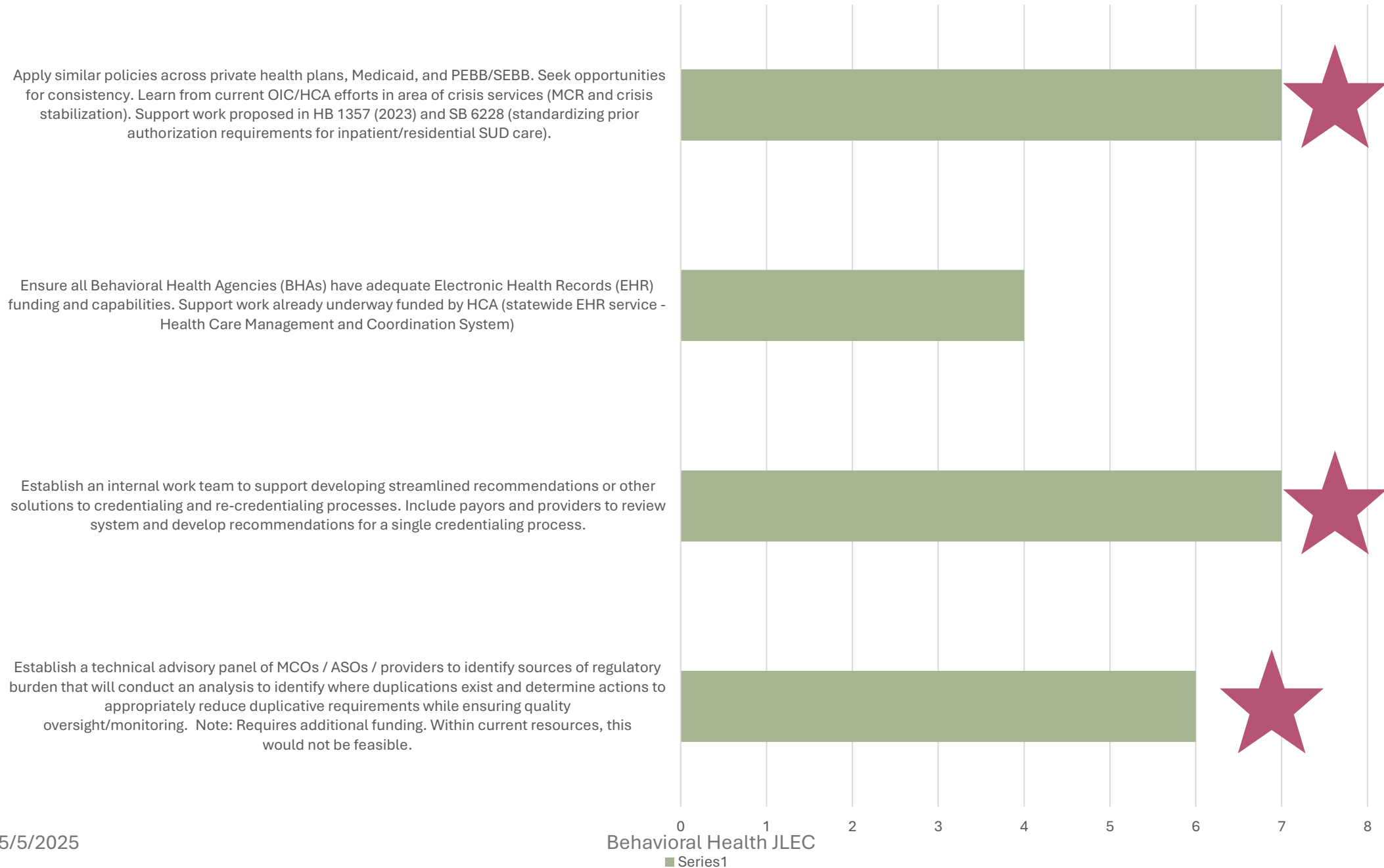


Issue #7:

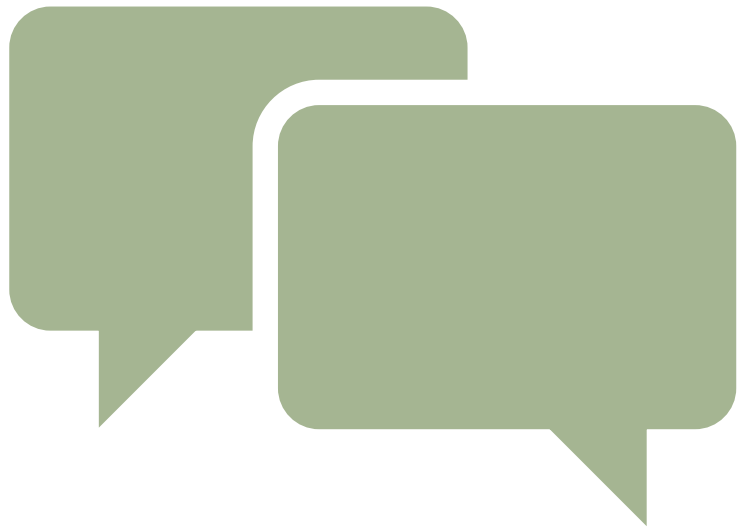
Underlying administrative and structural challenges are reducing providers' capacity to provide direct services to the behavioral health population. Providers are using time to do administrative work that could be spent on service provision. Issues include:

- 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.

Administrative/Structural Issues



Questions and Comments



Public Comment

Final JLECBH meeting

May 19th, 10 am – Noon (virtual)

See you then!