Washington State Behavioral Health JLEC

Current Groups and Committees

Group/Lead Agency	Focus Area(s)	Themes/Recommendations	Gaps/Outstanding Needs Identified	Forecast Data	Where on Continuum of Care is focus?
Behavioral Health Joint Legislative Executive Committee (Note: This is us.)	Systemwide: Improve access to Behavioral Health services	TBD	TBD	TBD	Full continuum
Children and Youth Behavioral Health Work Group (HCA)	Children/Youth - Strategic Planning and Service improvement	Recommendations			
Substance Use Recovery Services Advisory Committee (SURSAC) (HCA)	Substance Use	DATA: 1. BH-ASO and RNP data reporting 2. LE and BH data collection and reporting DIVERSION, OUTREACH, ENGAGEMENT: 1. Expanding investment in programs along the 0-1 intercept on the sequential intercept model 2. Stigma-reducing outreach and education, more importantly regarding youth and schools 3. Amend RCW 69.50.4121 – Drug paraphernalia law TREATMENT: 1. Health Engagement Hubs for People Who Use Drugs 2. Safe supply workgroup	• Children in foster care. • Geographic availability of methadone treatment. • Workforce needs related to intake, screening, and assessment for substance use disorder (SUD) services.	None	Promotion, Prevention, Early Intervention Outpatient and Integrated Care Intensive Home & Community Based Services

Aug. 2024

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		3. SUD engagement and measurement process 4. Expanding funding for OTPs to include partnerships with rural areas			
Crisis Response Improvement Strategy Committee (CRIS)/ Harborview until 1/1/25, then HCA	Crisis Response and Suicide Prevention. 988 line. Someone to call (DOH: 988), Someone to Come (HCA Mobile Response Teams), A Safe Place to Be (HCA Crisis Stabilization Services)	**2023**: – **Equity**: Engage consumer voice, ease of access, information and navigation, system needs to work for diverse populations, address stigma around BH – **Crisis response availability in all regions** statewide – Strengthen BH and suicide prevention system capacity – Effective collaboration with crisis response, first responders, and across regions – Technology investments – Critical focus on youth crisis system coordination – Strengthen cross-system protocols with Tribes – **Diversify** BH and first responder workforce and invest in **trauma-informed** care trainings – Pursue consistent/more funding for mobile crisis response, rural crisis response – Insurance: consider expanding services beyond just Medicaid and private insurance. **2022:** - enhance and expand mobile rapid response teams in each region, (including	– Addressing inequities in BH: disproportionality of those experiencing crisis **and** ability to access crisis services – Not enough availability of crisis response services in rural areas – Workforce needs to be strengthened – Better more integrated technology – Focus on youth services and crisis coordination – Need more coordination and integration of services with Tribal BH systems – Need more mobile response capacity		Comprehensive Crisis Response Access to help across the crisis response continuum

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		– specialized teams to respond to unique needs of youth, including AI/AN and LGBTQ youth, geriatric populations, older adults of color and older adults with comorbid dementia			
Tribal Opioid and Fentanyl Response Task Force WA State Tribal Opioid-Fentanyl Summit Report	Opioid Response	Justice System: more culturally responsive criminal justice practices and integration with state/local justice systems. **Treatment & Recovery**: Increasing access to BH services, increasing capacity, more evidence-based research, insurance **Prevention:** Address housing and homelessness, food insecurity, poverty, youth prevention awareness. **Housing and Homelessness**: increase access to affordable housing, reduce barriers to housing for homeless struggling with SUD	– Better integration between Tribal and state/local systems – Need for **more culturally responsive practices for treatment** – Improving **funding and access** to BH care for Tribes – Need for **community** wrap around services and help with meeting		

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		Community and Family: More education and prevention awareness; better communication b/w Tribal and State systems; more community programs, better wrap around and transition supports for those existing corrections system.	basic needs: housing, food, security – Stigma – Lack of affordable housing, high barriers to housing – Not enough **community-based** programs, wrap-around services, and support with transitions. – Traditional practices not covered by insurance – Barriers too high for accessing housing – Barriers to direct provider licensing requirements.		
Workgroup on Agricultural Behavioral Health	Suicide Prevention	None identified.			N/A
Recently Expired Group(s)					
Behavioral Health Workforce Workforce Board: Washington Workforce Training & Education Coordinating Board | Workforce Training and Education Coordinating Board	Workforce Development	**Addressing educational debt** **Recommendation 1:** As a short-term strategy, the Legislature should appropriate additional funds to support behavioral health loan repayment awards via the Washington Health Corps to address immediate retention challenges			

Commented [KM1]: @Liz DuBois I'll check in with some folks about this. I can't locate anything about this workgroup - no evidence that it's an active group.

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		within a variety of behavioral health settings. **Recommendation 2:** The Washington Student Achievement Council (WSAC) should work with its planning committee, participating sites, potential applicants, and awarded providers to ensure clear understanding that behavioral health loan repayment participants' hours worked in community settings, such as crisis response services, homeless shelters, supportive housing, street outreach, and families' homes, may count towards the required service obligation hours. **Recommendation 3:** As part of supporting the investments made in loan repayment programs in Washington, the Legislature should appropriate funds to support administration of the Washington Health Corps and require an evaluation of program outcomes. **Recommendation 4:** As a middle- and long-term strategy, policymakers should require eligible behavioral health employers to provide Public Service Loan Forgiveness educational materials and information about the Office of the Student Loan Advocate at WSAC when hiring a new			

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		employee, annually, and at the time of separation. Within already appropriated resources, the Office of the Student Loan Advocate should conduct outreach to eligible behavioral health employers and assess if additional staff support is needed to serve demand. **Recommendation 5:** As a middle- and long-term strategy, if the currently operating, privately funded, conditional grant program demonstrates successful outcomes in educating and retaining a diverse master's-level workforce for community behavioral health settings, the Legislature should provide funding to continue the program beginning in the 2025-26 biennial budget. **Addressing behavioral health workforce wages** **Recommendation 6:** In addition to increasing Medicaid behavioral health rates to increase wages for behavioral health workers, Washington should also provide continuation funding for planning and development of Certified Community Behavioral Health Clinics. Build on foundational work from FY 2022 to develop			

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		a sustainable, prospective payment system for comprehensive community behavioral health services by refining the CCBHC model, pursuing federal demonstration state status, conducting related actuarial analysis, obtaining continued technical assistance from the National Council for Mental Wellbeing, and proposing a pathway for statewide implementation of CCBHCs.			
Beh Health Recovery System Transformation Task Force (webpage) BHRST (letter to Gov)	Monitor and make recommendations about behavioral health system in WA state. 2020	2020 **System Infrastructure:** 1. The Governor should appoint a director within the Executive Cabinet responsible for coordinating implementation of behavioral health initiatives among state agencies and educational institutions, including coordination of data between agencies and establishment of a bed tracking system capable of tracking real-time availability of behavioral health civil commitment beds for 14-, 90-, and 180- day placements for adults and children. 2. The state should increase capacity for structured involuntary treatment diversions, such as crisis triage, peer respite, and stabilization centers, and increase the deployment of assertive community treatment teams. 3. The state should lead an effort to standardize the definitions used by the state hospitals, managed care organizations, and community behavioral health providers to determine when a patient is ready for successful discharge, can be served safely in a community setting, and no longer requires active psychiatric treatment at an inpatient level of care under RCW 71.05.365, including guidelines for effective discharge support such as frequent check ins and employment of peer-bridger model. 4. The state should oversee the use of exclusionary criteria to deny admission to behavioral health services and reduce instances of admission declines for persons detained for involuntary treatment, considering methods such as those proposed by Senate Bill 6469 (2020). The state should ensure that crisis treatment facilities are reimbursed for providing behavioral health services which meet the standard of medical necessity without being limited by the legal standard for involuntary commitment. 5. State hospitals should submit comprehensive budgets that eliminate chronic overspends. **Physical Infrastructure:** 1. The state should focus on the continuum of care in the behavioral health system so that patients have a "next-step" option in long-term residential care and do not spend more time than is necessary in acute care settings. The state should continue its work to develop and open specialized enhanced community facilities by addressing obstacles such as building codes and regulations for persons who need behavioral health services and have high needs due to acute medical conditions, dementia, or other extraordinary circumstances. 2. The state should identify revenue sources to build stable supportive housing units for individuals facing behavioral health challenges and increase the availability of supportive housing options. 3. State agencies should collaborate to determine what factors create a challenge when siting behavioral health facilities and how to overcome them, such as property and construction costs, stigma against behavioral health disorders, and managing community response. **Behavioral Health Workforce:**			

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		1.The state should increase Medicaid rates for behavioral health services to retain workforce and improve access, in the fashion that was adopted in the 2020 budget proviso (SB 6168, Sec. 211, subsection 78) and vetoed as part of the Governor's pandemic response. 2. The state should expand the Workforce Education Investment Act, including the Washington College Grant and other financial aid programs, to provide free graduate tuition and loan repayment programs for students who will commit to entering the behavioral health field. 3. The state should create apprenticeship programs and create a method to reimburse behavioral health agencies and providers for their role in providing supervision to interns and new graduates. 4. Mental health professionals should be authorized to treat substance use disorder beyond the 2.1 ASAM score that is currently allowed.			
SCQUISH **(2017 letter to Gov)** **Select Committee on Quality in State Hospitals** Timeframe**:** 2016 Legislative Session LD Note: Yellow highlights are particularly relevant to our committee's work.	State Hospital bed capacity and the need for more long-term inpatient psychiatric care beds for civil (non-forensic/Justice-involved) patients.	**Recommendations** 1. **Capacity at the state hospitals should be prioritized for forensic patients**. The state should assess whether the current facilities provide adequate regional access for these services. 2. The state should move towards creating capacity for long-term psychiatric inpatient care in community settings. Attention must be paid to not closing current civil treatment capacity until adequate alternatives are available. 3. Civil commitment beds remaining at the state hospitals should be prioritized for	**Preliminary findings** • The state hospitals exist within a continuum of care. • Significant numbers of civil patients at the state hospitals have delays in discharge due to a lack of community resources. • There is a significant wait list for people requiring long term	None in this Committee letter but we should follow up on available data for community-based inpatient psychiatric care: - Has more capacity	

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		highest risk patients and those with the most complex needs. 4. Treatment of patients at the state hospitals and in community settings should be outcome-based with ongoing assessment of patient outcomes in these facilities. 5. The state should consider whether **long term psychiatric inpatient care in community settings should be state operated, privately run, or use a hybrid model**. The state should base its decisions on quality of care, patient outcomes achieved, cost, and availability. 6. **Diversion strategies** must be explored and integrated into crisis response, police practices, and preventive care to reduce the demand for long-term civil and forensic inpatient services. 7. The state should pursue, with community input, the recommended development of a model or models that would **transfer future financial risk for long-term treatment needs to managed care providers.** Payment methodologies must be streamlined so that responsibility for care, outcome, and payment are better aligned, including an increased role for	inpatient services at the state hospitals. • There is a growing demand for forensic evaluation and restoration services and the department is not meeting the timeframes established by the federal court for these services in all cases. • Financial incentives among the different entities providing care to the populations served by the state hospitals need to be better aligned and accountability measures need to be improved. • **Individuals who require long term civil inpatient treatment will experience stronger recovery if they are served in their local**	been developed since this report? - Data available on need and current capacity?	

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		managed care providers to control inpatient utilization. 8. The state should move to adopt an acuity-based staffing model at the state hospitals informed by the model recommended by OTB, with modifications based on input from state hospital administrators and Legislative appropriations. While not intended to be a complete list, the Select Committee should explore the following questions over the next year: – Is there a need to revise statutes related to involuntary detention and court ordered commitments? – ? What is the gap between the current federal standards for the state hospitals and state standards for community psychiatric hospitals? Would there be benefit tied to making a change in this area? – ? How is behavioral health data shared with local government and housing resources, and can this be improved? ? Are there additional outcome measures that can be added to the performance measure and outcome reports to address positive outcomes such as increased employment, abstinence from unprescribed drugs, etc.?	**communities** where they can remain connected with family, friends, community treatment networks, and local resources. • Federal dollars through the state's Disproportionate Share Hospital grant are scheduled to be periodically reduced which will impact the state budget. • Opportunities for federal funding should be considered in all processes to evaluate and plan for structural changes in the behavioral health system. ? State Hospitals must be held to high standards, not just the minimum standards necessary to satisfy federal requirements.		

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			• Discharge processes at the state hospitals should be standardized to achieve policy-driven outcomes. • Protocols and patient outcomes must be reviewed and measured to ensure alignment with mission, which must include making the patients well or their condition allow. • It is imperative to address workforce needs and culture at the state hospitals. • The shortage in the behavioral health workforce must be addressed to ensure there are trained and qualified providers available to meet the needs of Washington residents.		

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			• Ongoing collaboration with community leaders, courts, law enforcement, behavioral health providers, managed care organizations, and health plans is necessary to achieve desired outcomes and create the buy-in and realistic goal setting needed for system change. • State hospital employees should be cross-trained to be prepared to fulfill coverage expectations created by vacant positions at the state hospitals. –		
WashingtonStateOpioidandOverdoseResponsePlan-final-2021.pdf WA State Prevention Enhancement Policy Consortium/HCA					
Washington State Substance Use Disorder (SUD) Prevention and Mental Health Promotion (MHP) Five-Year Strategic Plan (2023–2027).	SUD and MH promotion and prevention				

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