

Washington State Joint Legislative and Executive Committee
on Behavioral Health

May 28, 2024, 1:30 – 4:30 pm

Attendees		
<input checked="" type="checkbox"/> Rep. Tana Senn	<input checked="" type="checkbox"/> Amber Leaders (GOV)	<input checked="" type="checkbox"/> Jane Beyer (OIC)
<input checked="" type="checkbox"/> Sen. Claire Wilson	<input checked="" type="checkbox"/> Sen. Carolyn Eslick	<input checked="" type="checkbox"/> Brian Waiblinger, DSHS
<input checked="" type="checkbox"/> Rep. Alicia Rule	<input checked="" type="checkbox"/> Lacy Fehrenbach (DOH)	
<input checked="" type="checkbox"/> Teesha Kirschbaum (HCA)	<input checked="" type="checkbox"/> Sen. Waggoner	<input type="checkbox"/> Senator Annette Cleveland
<input checked="" type="checkbox"/> Allison Krutsinger (DCYF)	<input type="checkbox"/> Community Rep. #1 (position not filled)	<input type="checkbox"/> Community Rep. #2 (position not filled)

#	Agenda Item	Discussion Summary
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1. Welcome and introductions

Three BH issues most interested in and 3 areas of highest priority?

Rep Senn: Children, diversity in the workforce serving children, navigators to help get access to services, and workforce development. Highest priority: community-based programs and services, including stepdown and outpatient care, inpatient care and related workforce development.

Amber: Community-based services, integration of BH with primary care, designing the system to serve all people (race, culture, gender, etc.). The workforce is a critical resource.

Sen. Waggoner: Finish the capital projects we've started, workforce development, ensure that Eastern Washington and Tribal community needs are included and BH resource deserts are addressed

Sen. Wilson: Juvenile rehab and institutional education, Early Learning/IECMHC, and SEL supports are main interests, as well as workforce development. Highest needs/priorities are around culture, language and access-normalizing mental health and removing the stigma so diverse population can access services. Ensuring vulnerable populations such as the unhoused and LGBTQIA+ communities are effectively served.

Rep. Eslick: On the P-25 Strategic Planning Workgroup with Rep. Callan. Focus on scholarships to support the workforce pipeline, the recent purchase of Daybreak, and having enough beds for youth. Also, education for families around mental health.

Jane Beyer, OIC: Ensuring people can access the services that are technically included in their health plan coverage, both private and Medicaid. BH parity and compliance with the requirement that insurance companies cover MH care at same rate as physical health care; workforce that BH

students get same amount of financial aid as students studying to be medical doctors (less student debt). Integration of primary and BH care.

Brian Waiblinger, DSHS: Forensic MH services; continuance of care for other populations such as those with dementia and TBI who fit in the corrections system. Lack of breadth in supportive housing.

Teesha, HCA: Workforce development; upstream work in prevention and early intervention-early and quick access; supportive housing; ensuring communities/people receiving services have a voice in the system to inform decisions.

Lacy, DOH: Ensure access to continuum of services; getting ahead of the needs before they reach a crisis point; see the numbers who need services including their acuity, and learning who we are not reaching. Also, investments in protective factors, relational health, as well as early childhood supports for parents and families to reduce the need for acute services.

Vicki Lowe, ED American Indian Health Commission: Access to care and coverage; coordination of care between tribal health providers and the state's BH system; addressing intergenerational trauma; more understanding of gaps in care; expansion of care through workforce development; culturally relevant care.

Rep. Rule: Licensed clinical social worker. Focus on children and youth BH, SUD and Fentanyl, resources for overdose response for youth.

2. Review purpose of Behavioral Health JLEC

Definition of BH:

- Add “medication” to the first sentence so it doesn’t sound like it’s excluded? Or come up with more general language.
- Add “recovery”

Guiding Principles for the plan:

- **Rep. Senn:** How to build a plan that doesn’t sit on a shelf. A living, workable document with buy-in from advocates, the community, our group.
- **Jane:** Wherever possible have consistency in policy across all state BH programs. Use a common vernacular so the public can understand it. Easier and less confusing.
- **Vicki:** Add “Ensuring that the strategic plan/strategies are trauma informed and culturally responsive”. Also, Behavioral Health refers to the whole person – MH and SUD are not separate.

Sen. Wilson: Should we invite an OSPI rep to this Committee?

<p>3. Review budget proviso</p>	
<p>4. Summary of existing behavioral health groups and committees currently underway</p>	<p>Amber described: CYBHWG and the P-25 strategic plan; SURSAC; CRIS; Tribal Opioid Response (new); and mentioned BURST and SQUISH.</p> <p>Committee interested in understanding results of previous/current work.</p> <p>Teesha: When reviewing past/current work would be helpful to identify common themes across the bodies of work.</p> <p>Senn: Shared that the Athena team will be synthesizing this previous work.</p>

5. Recommended scope, purpose and boundaries of project

What should be included:

- **Senn:** Parity across insurance types; Intersection of DD and BH, especially where DD population has been excluded and can't get services (TBI, dementia), access to care; Diversity the workforce – what are the barriers?
- **Rule:** Workforce development and training for those who serve youth
- **Vicki:** Addressing the stigma of talking about BH
- **Amber:** Committee's plan should be like the governors' Plan to Dismantle Poverty. A plan that identifies the core issues we need to deal with; sets up a workplan.

Anything missing from this list of topics for the scope?

- **Jane:** Earlier access to care for adults, in communities. Also, common policies.
- **Amber:** We are very reactive as a state. We should identify outcomes – how do we know if we're seeing success or progress? We should consider this in our strategic plan.

Senn: Does OIC have data on wait times for services? (Jane: OIC has data on MH prevalence and utilization.) **We should get data on waitlists for IECMHC services from CCA or DCYF.**

Amber: How to predict the need for capacity for early intervention and community services? We should look at having a policy on this.

Brian: We need to build a model for supportive care. If we only have supervisors doing assessments in the community and hospitals, and nothing in the middle, we're just going to end up building more hospital beds. We need: supervised housing, vocational rehabilitation, peer support, and supportive housing.

Rep Senn: We need to know where and by whom these services should be provided? By the state or community providers?

Sen. Waggoner: We need a bed plan; the last report showed a shortage – does it still?

Teesha: Data is hard. Bed numbers seem simple, but they don't solve the problem. Two things:

1. How do we build out basic community-based outpatient care that is easy to access with enough capacity?
2. How to support people?

Brian: Can we clarify what kinds of beds we are talking about? State hospital beds? Supportive housing? Something in between?

Jane: Inpatient and PHP is an alternative to a “bed”, along the continuum of community-based care.

Rep Senn: We need to answer these questions:

1. What is the continuum of community-based care?
2. What are the services needed that go along with it?
3. What is the workforce needed to support these services?

Brian: other states have a much higher number and breadth of non-intensive hospital beds than Washington. Massachusetts is one.

Sen. Wilson: There is a re-entry workgroup working on supportive housing for individuals released from incarceration. 5151 Group. We should pull in their work.

Question for Committee: Given the proviso requirements and our discussion so far, what are your thoughts on the issues that are most important to include in the Committee’s strategic planning work?

Vickie: Not separating out person's needs; not saying BH intersects with substance use disorder; BH services to be holistic

Rep Senn: Insurance; payor coverage for mental health/BH services; parity across insurance type

Jane: See [HERE](#) for OIC Mental Health Dashboard. We could also consider services such as intensive outpatient and partial hospitalization programs as an alternative to "beds" to some extent. This goes to the continuum of community-based care.

Question for Committee: Are there specific **populations or demographics** that should be focused on?

Sen. Wilson

- Education system (intergenerationally, approaches, leveraging expertise)
- Amber (response)
 - Education system (OSPI) designee can be included if identified

Rep Rule: Children and Youth specifically

Workforce (specially training workforce for youth and children BH/mental health services)

Rep Senn

- Intersection of services for ppl with developmental disabilities; where ppl with developmental disabilities have been excluded from mental health services or where there is a gap in culturally appropriate services for ppl with developmental disabilities or places where they

can't get them because of external factors outside of their control
(include TBI and dementia in this as well)

- How do we diversify our workforce?
- Having providers from communities that are diverse (long term)
- How to support current providers (short term)

Question for Committee: What are your thoughts on whether any of the above related topics should be included?

- Vickie
 - Addressing stigma of people receiving BH services; health workforce workers stigma of BH services

Follow up/Action Items

# Action Item	Assigned To:	Date Due:
1. Send slide deck out to all committee members to see if they have more feedback.	Athena Group	
2. Update Guiding Principles with member suggestions	Athena Group	
3. Review meeting notes about scope and refine scope document.	Athena Group	
4. Add scope to charter and send out to Committee for feedback.	Athena Group	
5. Review existing workgroups to summarize their work.	Athena Group	
6. Review past work to identify any common themes/recommendations (avoid recreating the wheel). Brian asked about a plan done 5 years ago that sounds like this effort (see meeting chat for details)	Athena Group	
7. Committee members to review 10-year strategic plan on poverty	Athena Group will add report to JLECBH webpage and send link to committee	