State of WA Joint Legislative and Executive Committee on Behavioral Health

Meeting Notes

Tuesday July 30, 2024

☒	Rep. Tana Senn	☒	Rep. Carolyn Eslick	☒	Sen. Keith Wagoner
☒	Amber Leaders	☒	Sen. Claire Wilson	☒	Teesha Kirschbaum
☒	Jane Beyer	☐	Vickie Lowe	☒	Anna Nepomuceno
☒	Laura Van Tosh	☒	Brian Waiblinger	☒	Kailey Fiedler-Gohlke
☒	Lacy Fehrenbach	☐	Allison Krutsinger	☐	Alicia Rule
☐	Sen. A. Cleveland				

Meeting Goals:

1. Identify the highest strategic priorities and opportunities for this committee.
2. Identify additional information needs.
3. Discuss formation of subcommittees to support the work.

Virtual Meeting Link/login info:

Committee webpage

Meeting Zoom link

TVW Stream link

#	Agenda Items	Summary of Meeting
1.	Welcome & Introductions	Welcome to the New Committee Members - Community Representatives! • Laura Van Tosh • Kailey Fiedler-Gohlke • Anna Nepomuceno
2.	Review and finalize - **Committee charter** (including summary of what Committee members shared at May mtg. - i.e. priorities and scope)	**Suggested changes and additions:** **Kailey:** A community-based approach that complements available psychiatric treatment and services by working alongside community partners and providers as a "member based" integrative approach to treatment. Add community-based services that are non-clinical. **Teesha:** Edit the Substance Use language: From the WAC - "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*. Item 2: is this an all-inclusive list or just examples? (Ans. just examples, will clarify.) **Jane:** Here is link to the data: https://www.insurance.wa.gov/mental-health-service-cost-and-use-trends Suggestion –Would be helpful to have information on the legislative and executive workgroups to create documents in prep for these plans; also to

have a table of where investments have been in past five years; expand collaboration "roles & responsibilities" to include OIC – we are an active and willing partner

Brian: Bullet # 7: change language to "*with buy-in from people such as people with lived experience*" and end it there.

Laura: Housing needs to be included as overarching issues. Also, does the scope of this project include rights, such a choice of services and connection to recovery? Nothing about us without us:
Rights protection; ability for people to advocate from the perspective of rights. Also, there is no mention of decriminalizing MH and the disproportional number of BIPOC individuals with BH challenges who are incarcerated.

Sen. Wilson: Want to make sure we're talking about Housing and the intersection with BH and MH. Community-based supports for the unhoused who are disproportionately represented among those with BH and MH needs.

Lacy: Add language on non-clinical prevention services to the Continuum of Care, services that are upstream and community-based. Meeting basic needs, social emotional supports. Here is some DRAFT language related to the non-clinical prevention comments. Please feel free to edit, shorten, etc.: Suggested language:
Prevention goes beyond that provided within the clinical care delivery system and includes community and social services, supports, and policies that foster emotional well-being. This would include policies and programs that:

- *Create conditions where the basic needs of individuals and families (i.e., income, food, and housing stability) are met*
- *Facilitate social connectedness*
- *Address unfair policies and practices that can harm the health of specific groups in society*

Jane: Guiding principle: 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.

Sen. Wilson: Just passed legislation "**Nothing about us without us**", voices not being heard. Lifting voices is a value and should be included in anything we (and the state) do. Here is the final bill report for HB 1541.

Anna: potential language based on Rep Senn's request on rights and decriminalization- "Exploring patients' rights and decriminalizing mental illness with a focus on marginalized communities."

		Rep. Senn: Ensure Tribal Nations are explicitly called out in the Charter doc. Item #7 – be clear about expectations. Have more conversation about rights and decriminalization of BH/MH - add language and ensure this population is mentioned.
3.	**Update on Prenatal-25 Strategic Plan**	Presentation by Rep. Lisa Callan, Hannah Traphagan (HCA), Liz Arjun (Health Management Associates - HMA). See slide deck. Notes from presentation: – P-25 Strategic Planning group is a subcommittee of the Children and Youth Behavioral Health Workgroup (CYBHWG) – Requires partnership with CRIS and JLEC. Staffed by HCA, DOH, OSPI, DCYF, DSHS, OIC, Governor, Office of Homeless Youth. – CYBHWG has been in place for many years. Strategic Planning started almost 2 years ago. Focus on community engagement-parents, youth, systems partners. – Elements of the plan that are coming later this year: o Common Vision (late summer); o Current Landscape-services and funding (late summer); o Data Analysis (gap analysis between Vision and Landscape) (late Fall) o Data Dashboard (Fall – Mercer contractor) o Discovery Sprints – short discovery efforts around burning issues such as lived experience, leverage points. (Spring-Fall) o Robust Community Engagement – 3 rounds – Plan will define the vision and actions. No specific timeframe for it. – Focus is on how to move from Crisis to Prevention. Developing more upstream services and how do we do that over time. – How to develop a full Continuum of services developed rather than services with mostly a crisis-emphasis. – Current workstream: o Landscape Analysis: Develop a catalog of state and local programs. Identify oversight and funding. o Quantitative Data: Look at the same numbers. – Rep Callan: Would be great to have a shared Continuum of Care with the BH JLEC, with shared definitions. (McKinsey developed ours for us). – We are also looking at performance measures and national indicators to see how we're doing and to choose the right ones for us.
	Discuss **Continuum of Care**	**Kailey:** Add workforce development for consumers of the BH system, along with basic needs like Housing.

Teesha: Trying to get a visual depiction of CoC is very challenging. We default to the idea that a person might move through the continuum, but that's not how it works. They need to access different parts of the continuum varying times of life. Don't want to have a visual that unintentionally suggests everyone moves through the continuum.

- Comprehensive Crisis Care, and After Care need clearer definitions. After Care = "Recovery Supports".

Continuum of care isn't circular (different entry points and services options based on individual's needs)

Anna: What does Promotion mean? Need some clarity around what's included. Availability? Destigmatizing?

Rep Senn: "Promoting" MH services all along, normalizing it, talking about it.

Laura: Suggest moving overarching topics to the top. Move logo and JLEC to the bottom. Expand the brackets. Also: P25 slide with multicolor, liked this one. Moved from left to right with CRIS on the left of timeline.

Amber: Aftercare is a good example – BH=MH and SU. "Recovery" is different for them. How are we accounting for these differences?

BH/MH/SU continuum is not the same – how are we accounting for the different parts of the system when the parts aren't always aligned?

Rep Senn: Per earlier conversation, Voice and lived experience is important. Add this to overarching issues or to center of the CoC.

4. **Discussion**: Needs and challenges around Prevention, Early Intervention, and Outpatient services and care.

Unmet Needs and underlying barriers:

Anna: Promotion – Parents of youth can't find resources and information. How to get help for adults and children before crisis happens? They end up accessing the system via crisis entry points, at the deep end of the Continuum.

Anna: Also need language supports such as translated documents and interpreters, culturally relevant communication and destigmatizing efforts.

Sen. Waggoner: Lack of counselors in schools.

Kailey: Access to BH services in rural areas. Transportation is a big barrier to access because services are not close.

Sen. Wilson: Need more access and supports for young people. Infant Early Childhood Mental Health Consultation (IECMHC) is a good example of a supportive preventative and early intervention services. Also, in the child welfare space there is not a lot of effort on prevention, MH promotion and early intervention. Lastly, reentry supports for individuals exiting carceral settings.

Rep. Eslick: Need more permanent supportive housing in community settings. And working to educate communities and address their NIMBY concerns.

Jane Beyer: For adults, the only "universal" services that are available to *everyone* are crisis services - 988 and involuntary treatment beds. The rest of the services are benefit and insurance-based and are only available if you qualify (Medicaid) or have insurance (Medicare or private pay). Many people are excluded. There is a lack of parity. More information is needed on what is available on the early end of the Continuum:

- What is covered and not covered depending on the payor type? Coverage is better for Medicaid than private insurance.
- Are people able to access needed care? Are there barriers like waitlists?
- Where are the gaps?

Laura: Consumers/peers need to know what my benefits are and how to access non-crisis services. Recently needed help and got in through the ER and then Acute Care, and then access to a Peer Specialist/Counselor. Would have liked to get access to the Peer Counselors earlier.

Brian: We need a continuum of supportive beds, more than just the state's deep-end beds. Beds for step down.

Rep. Senn: Barriers – Intersection of Developmental Disabilities and Mental Health. More supports are needed – how to strengthen natural supports such as family respite care.

Jane: Workforce development is needed:

- Training.
- Funding to support people going into BH professionals.
- It's easier for people to go into private counseling than to get authorized to provide insurance coverage. There are lots of barriers to this for BH providers.

Teesha: There is a lot of complexity for providers that makes it difficult for them- funding streams, billing, coverage.

- Educating General Public
  - Parents of Adult Children (who've been through/are utilizing the BH system)
- Destigmatization of BH/MH
  - Rural areas
- Providing culturally specific and culturally responsive care
- Entry points of BH/MH
  - Some enter through crisis
- BH workforce

5. What additional information is needed to support Committee development of strategic goals and strategies for Prevention/Early Intervention and community-based Outpatient and Integrated Care? – Information and data on behavioral health issues and unmet needs along the Continuum of Care? – Information on efforts of other workgroups? – Other?	**Anna:** How cultures view MH. What is needed to ensure culturally relevant promotion and communication, language access, translation. **Rep Senn:** Check with the Office of Equity to see what they are doing in this space. UW Colab is also working on culturally, evidence- based behavioral health. **Rep Senn:** Information on Behavioral Health-related infrastructure investments and capital funding over last 5 years. Summary of budget investments. **Sen. Wilson**: Is there a PEAR plan for each agency providing BH services? Can we get that? Need a single entry point for everyone. Not changing the system per se but connecting people to the right place/services.
6. Discuss formation of subcommittees. What organization makes sense given the top priorities identified today?	**Rep Senn:** Subcommittee: Workforce; Learning about the work of other groups and status of; and Facilities/Infrastructure: Community-based facilities, infrastructure around the state. **Teesha:** Suggest using the term "capital Investments" – includes housing infrastructure as well as facilities. **Rep. Eslick:** Confusion around status of the new scholarships and how all the parties will coordinate. Ballmer group, WSAC, etc. **Jane:** Subcommittee on Coverage: what's covered by which payer, and then looking at how/whether covered c are is accessed. That would provide an opportunity to look at how we can work across programs, e.g. Medicaid and private health plans, to address administrative hurdles fo r BH Providers.

Follow up items:

- ✓ Revise Continuum of Care graphic – Athena Group (due 8/15/24)
- ✓ Revise Committee Charter based on meeting comments - Athena Group (due 8/15/24)
- ✓ Add expanded list of current committees (including recommendations) to website - Athena Group (COMPLETED)