

# **Washington State Joint Legislative & Executive Committee on Behavioral Health**

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**September 23, 2024**

**11 am – 2 pm**

**University of Washington Behavioral Health Teaching Facility**

# Reminders

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- Public meeting
- Meeting is being recorded by TVW
- Comments in chat are public record (for those participating on Zoom)

# Welcome & Introductions

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## Warm-Up Question

*What are a few of your top takeaways from this morning's tour?*



# Today's Agenda

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1. Spotlight: University of Washington Behavioral Health Teaching Facility
2. Charter and Continuum of Care
3. Bed Inventory and Contributing Factors
4. Spotlight: Crisis Response Improvement Strategies (CRIS) Committee
5. Themes from Priorities/Committee Recommendations
6. Comments from the public
7. Adjourn / Reminder about next meeting

# Today's Meeting Goals

1

Gain a new understanding of certain behavioral health services and where they lie on the Continuum of Care



2

Start to develop high-level priorities for the 2025 legislative session.

# University of Washington Behavioral Health Teaching Facility

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Our speakers:

Rashi Gupta, Director of State Relations, University of Washington Medicine

Charity Holmes, RN, MSN, MBA, CNML, PMH-BC, NEA-BC

# INTRO VIDEO

CBHL

# Joint Legislative and Executive Committee on Behavioral Health

## September 23, 2024

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CHARITY HOLMES, ASSISTANT ADMINISTRATOR OF BEHAVIORAL HEALTH SERVICES AT UW MEDICAL CENTER

RASHI GUPTA, DIRECTOR OF STATE RELATIONS, UW MEDICINE



# Center for Behavioral Health and Learning

## Washington State has partnered with UW Medicine to:

- Increase access to behavioral health care in the state
- Provide behavioral health training and workforce development



## WA State allocated \$244 million funding for a 150-bed facility on the UWMC-NW campus and a commitment to fund long-term civil commitment beds ongoing at cost

- 25 inpatient beds for geriatric patients needing psychiatric care.
- 50 inpatient beds for patients admitted needing medical/surgical care who also have a behavioral health diagnosis.
- 75 inpatient beds for patients on 90–180-day, long-term civil commitments.

# Big Picture: Part of UW Medicine's Behavioral Health Services

## When patients need help right away

**Harborview Medical Center**  
24/7 Emergency and crisis care for patients experiencing mental health or substance-use crises.

Comprehensive inpatient and outpatient psychiatric care.

## When patients need new solutions

**UW Medicine Garvey Institute For Brain Health Solutions.** Launched in 2019 with \$ 50 million gift from Mike & Lynn Garvey.

**Behavioral Health Institute at Harborview**



## When patients need a place to get well

### 150-Bed "Center for Behavioral Health & Learning"

- Inpatient care for adults
- Medical / surgical care
- Neuromodulation treatments
- 24/7 telepsychiatry consultation for providers
- Training and workforce development

## When providers need advice

**24/7 state-wide telepsychiatry consultation**  
Psychiatry Consultation Line (PCL)  
Partnership Access Line (PAL)  
PAL for Moms  
UW PACC & other ECHO programs  
All Patient Safe training

# Civil commitment long term inpatient behavioral health care

- **75 long-term beds** - specifically for patients already in a psychiatry unit who qualify for longer treatment.
- **Transfers may occur inside or outside of UW Medicine** – behavioral health patients being treated at HMC who are committed for longer term tx (90-180 day civil commitment care) could be transferred to CBHL.
- Moving longer-term patients out of acute care psychiatric units will free up acute psychiatry beds for patients who are boarding in Emergency Departments or on medical/surgical units.



# Garvey Institute Center for Neuromodulation

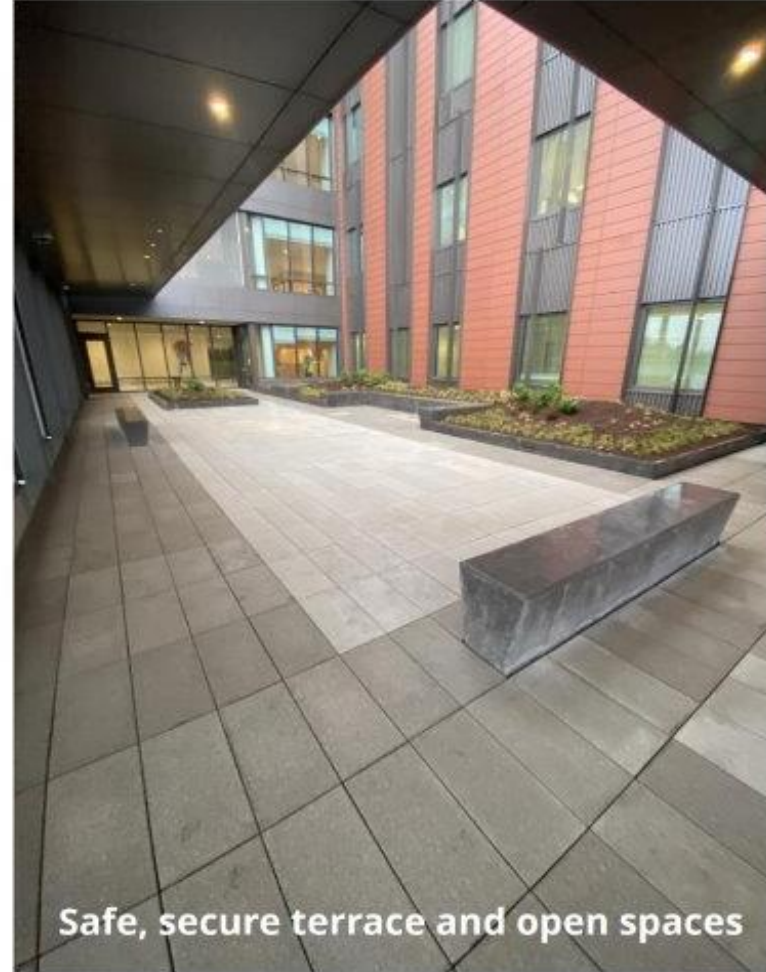
Will offer inpatient/outpatient nonsurgical procedures that help improve brain function:

- **Transcranial magnetic stimulation (TMS)**
  - **Electroconvulsive therapy (ECT)**
- Providers will be able to refer via Epic or website (or patients can self-refer)
- Treatments are suitable for variety of conditions:
    - Major depressive disorder
    - Obsessive-compulsive disorder
    - Bipolar disorder
    - Catatonia
  - Treatment availability will be late Spring/Summer 2024



# Features that enhance the care at the CBHL

- Access to fresh air and open spaces
- Sensory Rooms
- Therapeutic activity rooms for group therapy
- Calming Rooms in Observation unit
- Art



# Safety for all

**Intentionally designed to prioritize safety while supporting healing and recovery**

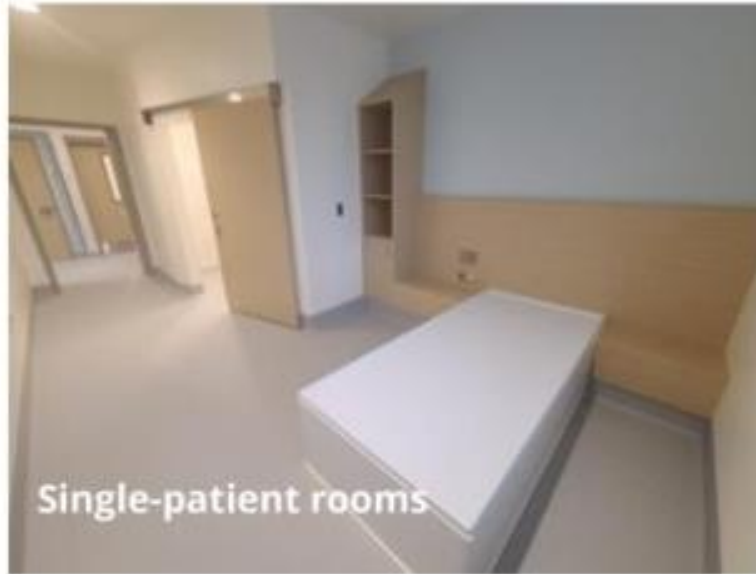
- Sally port
- Clear sight-lines from nursing stations and down hallways
- Large windows to see into group therapy and consult rooms
- Distress alarm and locator badge worn by staff





# Safety

- Single occupancy patient rooms and wide, open common areas so patients have a sense of personal space
- Medical/Surgical beds specifically designed for patients with behavioral health conditions



# Bright, spacious café & dining area

Opening to serve entire Northwest campus!





# Artwork to promote healing & recovery



Cafeteria art wall.  
Hernan Paganini, artist



Stained Glass in new Reflection Room  
Originally in D-Wing Chapel



Main Lobby, overhead art wall.  
Hernan Paganini, artist



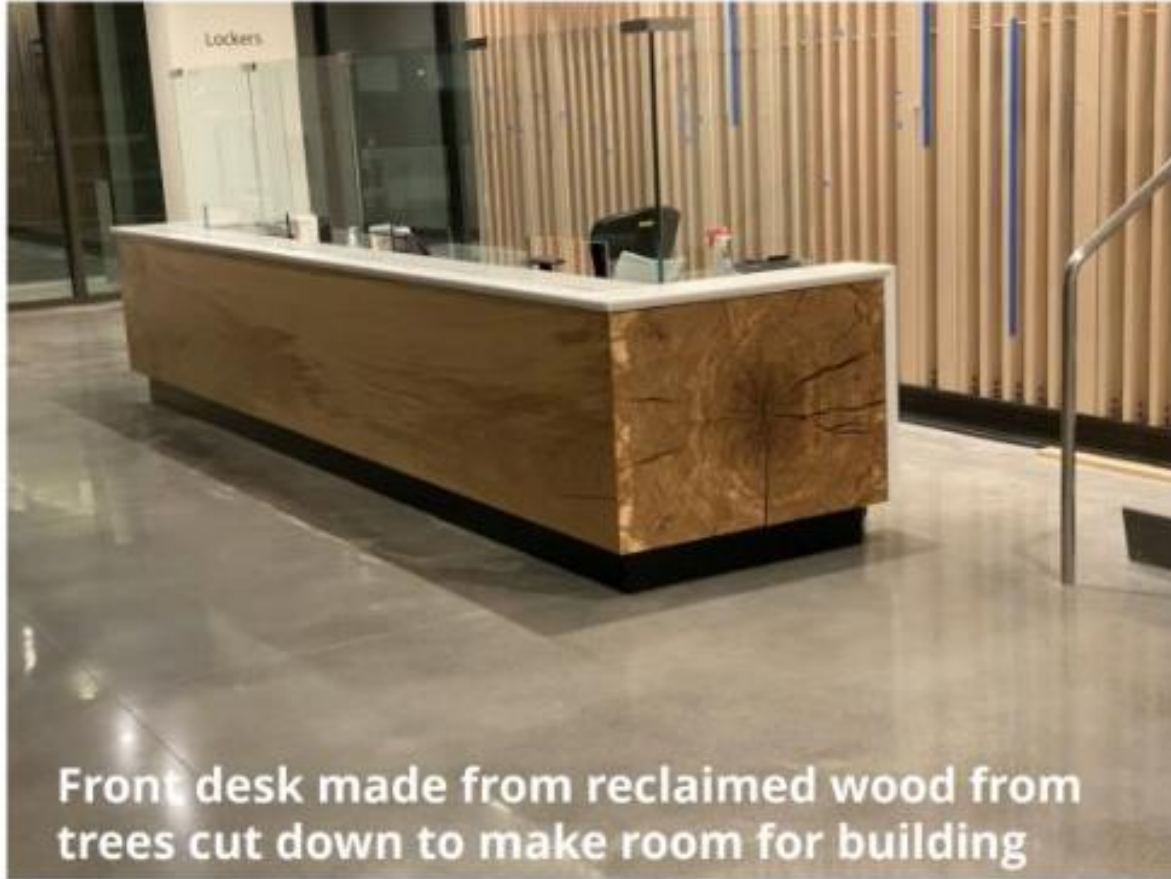
Nature photo on 4th floor D-Wing



Large nature photos on floors 4 - 6. Each floor has 4 unique images.

UW Medicine

# Reclaimed wood from property repurposed



# QUESTIONS?



# About today's discussions

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We heard you!

- Today's meeting incorporates comments, ideas, and feedback from previous meetings.

JLEC scope

- ...focus on **prevention, early intervention and community-based care**, to “reduce reliance on emergency, criminal legal, crisis, and involuntary services.”

JLEC charge

- ...develop a 5-year plan that identifies actionable strategic priorities.

**Approve:  
Committee Charter**

DEFINITION

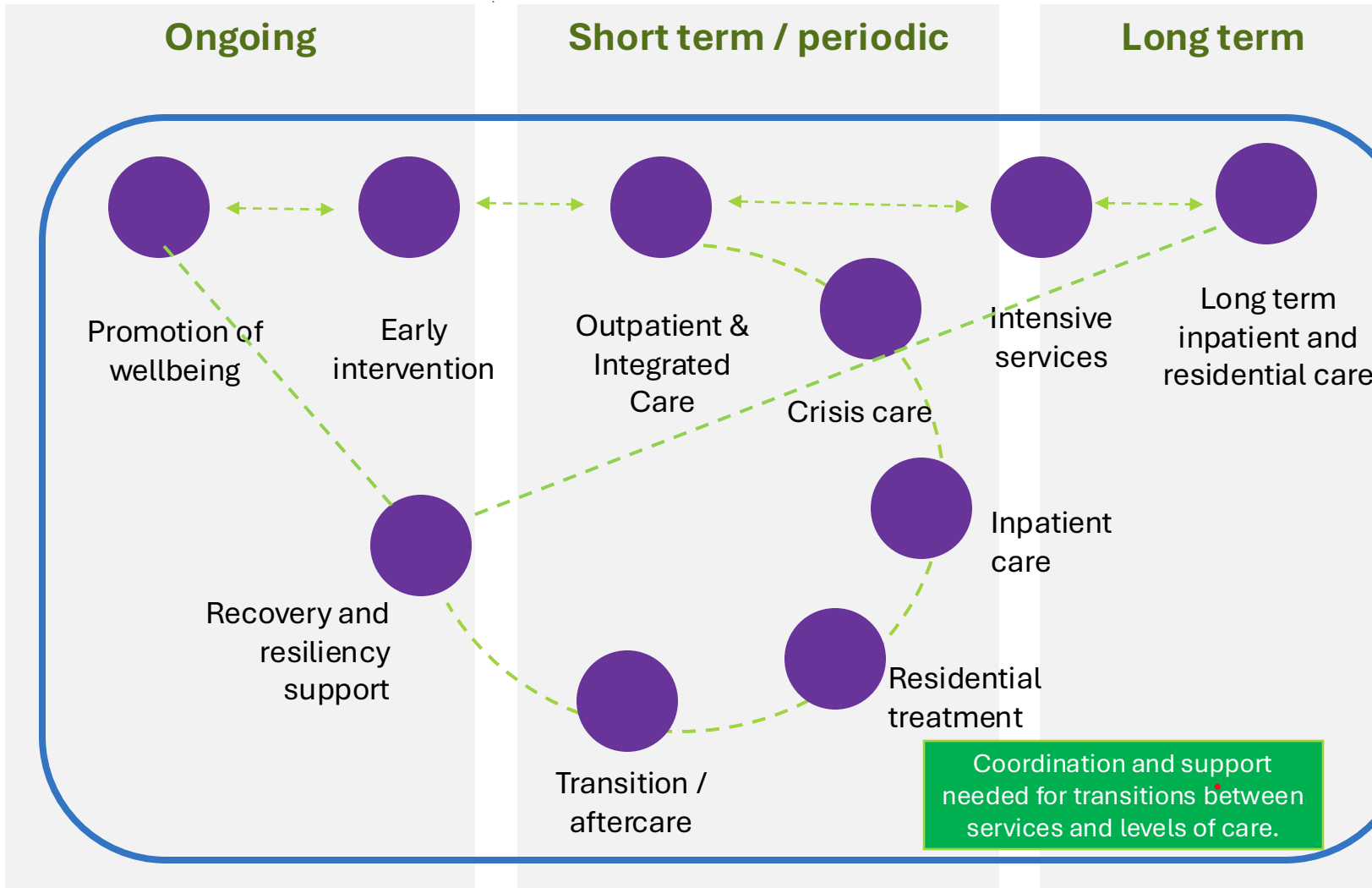
GUIDING PRINCIPLES

COMMITTEE SCOPE



# Continuum of Care

## WA State Joint Legislative & Executive Committee on Behavioral Health (Revised Sep. 2024)



### Promotion, Prevention & Early Intervention

Family, school, and community approaches are aimed at eliminating stigma, improving mental health and preventing behavioral disorders. Ensure timely support.

**Outpatient & Integrated Care** Individuals with emerging or identified behavioral health needs benefit from integrated physical and behavioral health outpatient counseling and medication management, tiered psychiatric consultation and care coordination.

**Intensive Services** Those with moderate to intensive needs who are at risk of transitioning from a residential or inpatient setting benefit from time-intensive skill-building services, family support, targeted case management, and wraparound services.

**Comprehensive Crisis Care** Those experiencing a crisis have access to hotlines, mobile response, crisis observation, crisis stabilization, respite, and peer services.

**Inpatient Care** Individuals with acute behavioral health needs benefit from emergency psychiatric consultation and inpatient care.

**Residential Treatment** Individuals who require stabilization benefit from short-term, community-based psychiatric residential treatment and therapeutic group homes.

**Recovery and Resiliency Support** Services that assist individuals while building the capacity to cope with future stressors. Focus on both immediate recovery and long-term emotional and psychological resilience.

**Transition/Aftercare** Guiding and supporting individuals to whatever next level best suits their needs.

### Needed by all

### Needed by some

### Needed by few

**Healthy Communities:** Social, school family, and environmental supports that address societal issues and build emotional wellbeing.

**Overarching Issues:** Equity and disproportionate impacts, Workforce development, Developmental disabilities, Insurance and Medicaid coverage, Trauma-informed and culturally responsive care, Supportive housing, Availability of community services.

This graphic is adapted from Washington Thriving materials.

# Questions



1. Is this "good enough" for now?
2. Does it give us a way to:
  - ✓ Move forward and use this to depict what (generally) currently exists?
  - ✓ Discuss potential levers of change, as we develop strategic actions?
  - ✓ Have a tool to use across stakeholder groups?
  - ✓ Understand something abstract in a concrete way?

# **Inventory of Behavioral Health Beds**

## **Issues to consider**

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# Why a bed inventory?

- JLEC's budget proviso requirement:
  - ...an inventory of existing and anticipated **behavioral health services and supports for adults, children, and youth**, including health care providers and **facilities**.
- This bed inventory *begins* to describe the landscape of what is available to address behavioral health in Washington State.
  - Represents deeper end of behavioral health system resources. (Early intervention and outpatient services will be next.)
- Information being collected:
  - Who the beds are intended for (i.e. type of patient)
  - Geography (i.e. where beds are in the state)
  - Who is eligible
  - Who oversees and manages the facilities
  - Number of beds

# Bed Inventory, cont'd

## Network of Behavioral Health beds is complex

- Beds are generally available around the state. Provided/funded by several state agencies and many community facilities.
- However, may not always be the "right" kind of beds to meet
- Different acuity levels and needs: (MH, SUD, complex needs, forensic/civil, involuntary/voluntary, etc.)

## Bed data limitations

- ✓ Data not updated in real time; some only updated quarterly (DOH behavioral health directory).
- ✓ No way to track current availability of beds, particularly for individuals with complex needs.
- ✓ Facilities maintain data on *licensed vs. available* beds. Facilities may not accept admissions due to staffing, acuity, etc.

## Current Efforts Underway

### Bed registry (part of 988 effort)

- Registry will allow for real time understanding of availability and assessment of capacity and needs.
- Bed Registry would facilitate better placement for Washington residents.

### RDA Draft Report coming out in October

- Proviso 87: Tracking community bed capacity and reporting on implementation of new community beds.
- New section in report to establish relationship between **capacity and needs**.

# Bed Inventory Discussion

As we develop the bed inventory, what are you most interested in learning more about?

- Number and geographic location
- Purpose of beds
  - MH, SU treatment, short/long-term; voluntary/involuntary, etc.
- Access and eligibility (Apple Health, insurance, etc.)
- Adequacy of bed capacity to meet certain needs
- Status of new and planned construction
- Other

# Spotlight: Crisis Response Improvement Strategies (CRIS) Committee

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Our speaker:

Michele Roberts, Assistant Secretary, Prevention and Community Health Division, Washington State Department of Health



## 988 AND CRIS UPDATE

Michele Roberts, MPH, MCHES  
Assistant Secretary for Prevention and Community Health

# 988 Suicide & Crisis Lifeline

Call, text, or chat the 988 Lifeline to get support for:

- Thoughts of suicide
- Substance use concerns
- Any type of emotional distress
- A loved one who may be in need of crisis support

The 988 Lifeline has four specialized lines:

- Veterans Crisis Line
- Spanish Language Line
- LGBTQIA+ Youth Line
- Native and Strong Lifeline – only available in Washington state

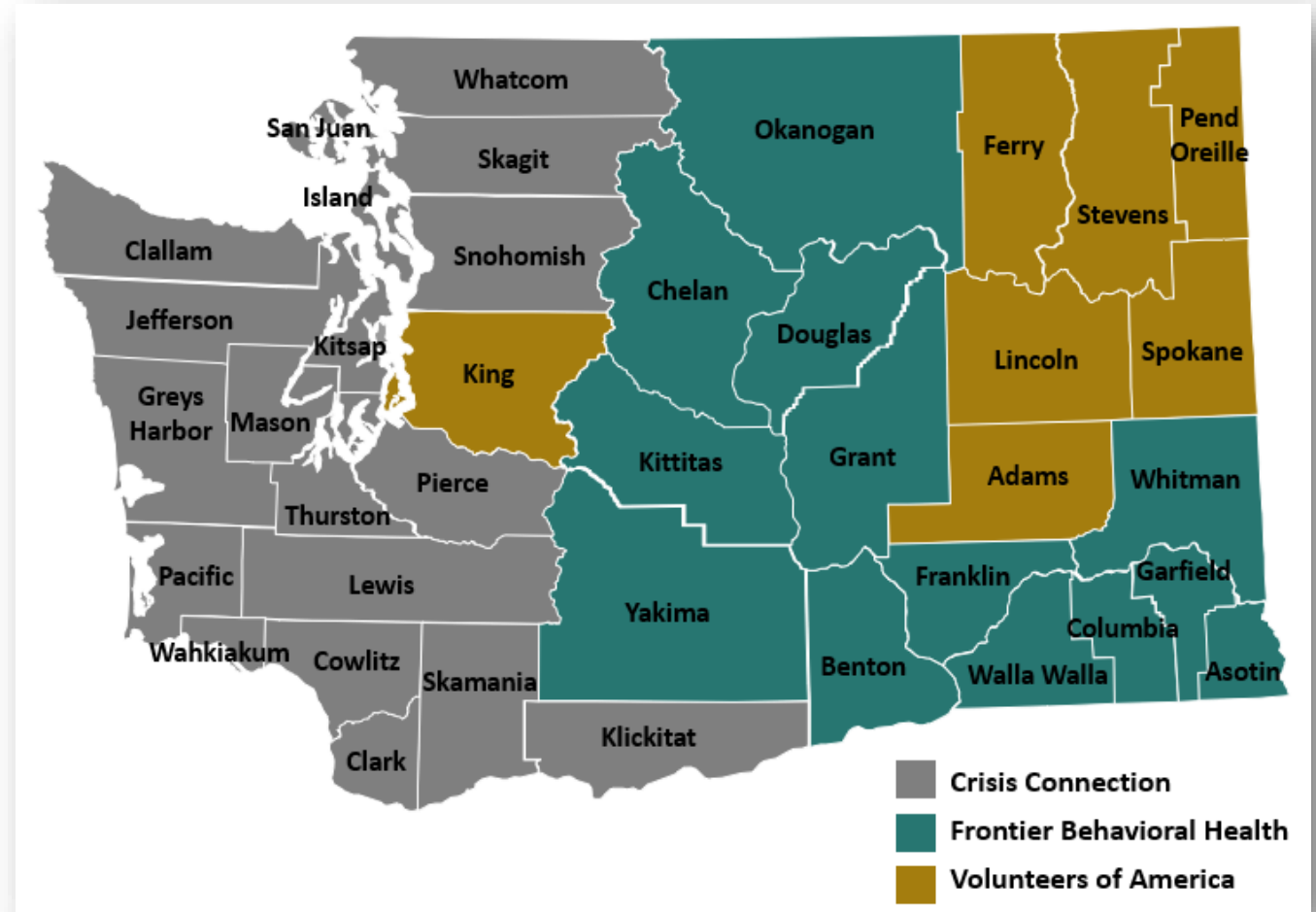
You can also get support in multiple languages, including American Sign Language





## Washington 988 Centers: Service Areas

- Washington has three 988 Lifeline Centers that serve different regions of the state.
- All three 988 centers now provide in-state backup routings for all calls, which calls to stay in Washington.
- Crisis Connections is providing backup text and chat services; Frontier hopes to provide back up text and chat services in the future.



## Overview of HB 1477 Steering Committee, CRIS Committee, and Subcommittees

*The Steering Committee – with input from the CRIS and Subcommittees – is charged to deliver to the Governor and Legislature recommendations related to funding and delivery of an integrated behavioral health crisis response and suicide prevention system in Washington.*

### Steering Committee

Role: Make Recommendations to the Governor and Legislature

### Crisis Response Improvement Strategy (CRIS) Committee

Role: Advise the Steering Committee as it formulates recommendations

### Subcommittees

Role: Provide professional expertise and community perspectives on discrete topics\*

|             |                             |             |                             |                           |                                  |                  |                 |
|-------------|-----------------------------|-------------|-----------------------------|---------------------------|----------------------------------|------------------|-----------------|
| Tribal 988* | Credentialing and Training* | Technology* | Cross-System Collaboration* | Confidential Information* | Rural & Agricultural Communities | Lived Experience | 988 Geolocation |
|-------------|-----------------------------|-------------|-----------------------------|---------------------------|----------------------------------|------------------|-----------------|

\* Six of the eight subcommittees are established by legislation . The Steering Committee established two additional subcommittees: Lived Experience and Rural & Agricultural Communities



- **The CRIS Committee and Subcommittees are charged with advising the Steering Committee in developing recommendations, including, but not limited to:**
1. **Vision:** *Recommendations vision for Washington’s crisis response and suicide prevention system.*
  2. **Equity:** *Recommendations to promote equity in services for individuals of diverse circumstances.*
  3. **Service Goals:** *Identify quantifiable goals for the provision of statewide and regional behavioral health crisis services and targeted deployment of resources; Develop a plan for the statewide equitable distribution of crisis stabilization services, behavioral health beds, and peer-run respite services.*
  4. **Quality & Oversight:** *Identify crisis system goals and a process for establishing measures, targets and oversight.*
  5. **Cross System Interactions:** *Examine and define complementary roles and interactions for broad range of entities involved in the crisis system.*
  6. **Staffing/Workforce:** *Make recommendations related to workforce needs by region, including staff education and training requirements for call center Hubs.*
  7. **Funding/ Cost Estimates:** *Cost estimates for each of the components of the integrated behavioral health crisis response and suicide prevention system. This will inform budget needs and funding recommendations.*
  8. **Technology:** *advise on the technology and platform needed to manage and operate the behavioral health crisis response and suicide prevention system (Section 109 Technical and Operational Plan).*

## Washington's Vision and Guiding Principles for Crisis Response and Suicide Prevention

*Vision: 988, Washington's Crisis Response: building understanding, hope, and a path forward for those in need, where and when they need it.*

### People in crisis experience:

- Timely access to high-quality, coordinated care without barriers
- A welcoming response that is healing, trauma-informed, provides hope, and ensures people are safe
- Person and family centered care
- Care that is responsive to age, culture, gender, sexual orientation, people with disabilities, geographic location, language, and other needs

### The Crisis System is intentionally:

- Grounded in equity and anti-racism
- Centered in and informed by lived experience
- Coordinated and collaborative across system and community partners
- Operated in a manner that honors tribal government-to-government processes
- Empowered by technology that is accessible by all
- Financed sustainably and equitably

*Approved by the HB 1477 Steering Committee, May 2022*

# Washington Behavioral Health Crisis Response: DOH and HCA Lead Roles



## **SOMEONE TO CALL**

*DOH: 988 Contact Hubs*



## **SOMEONE TO RESPOND**

*HCA: Mobile Response Teams*

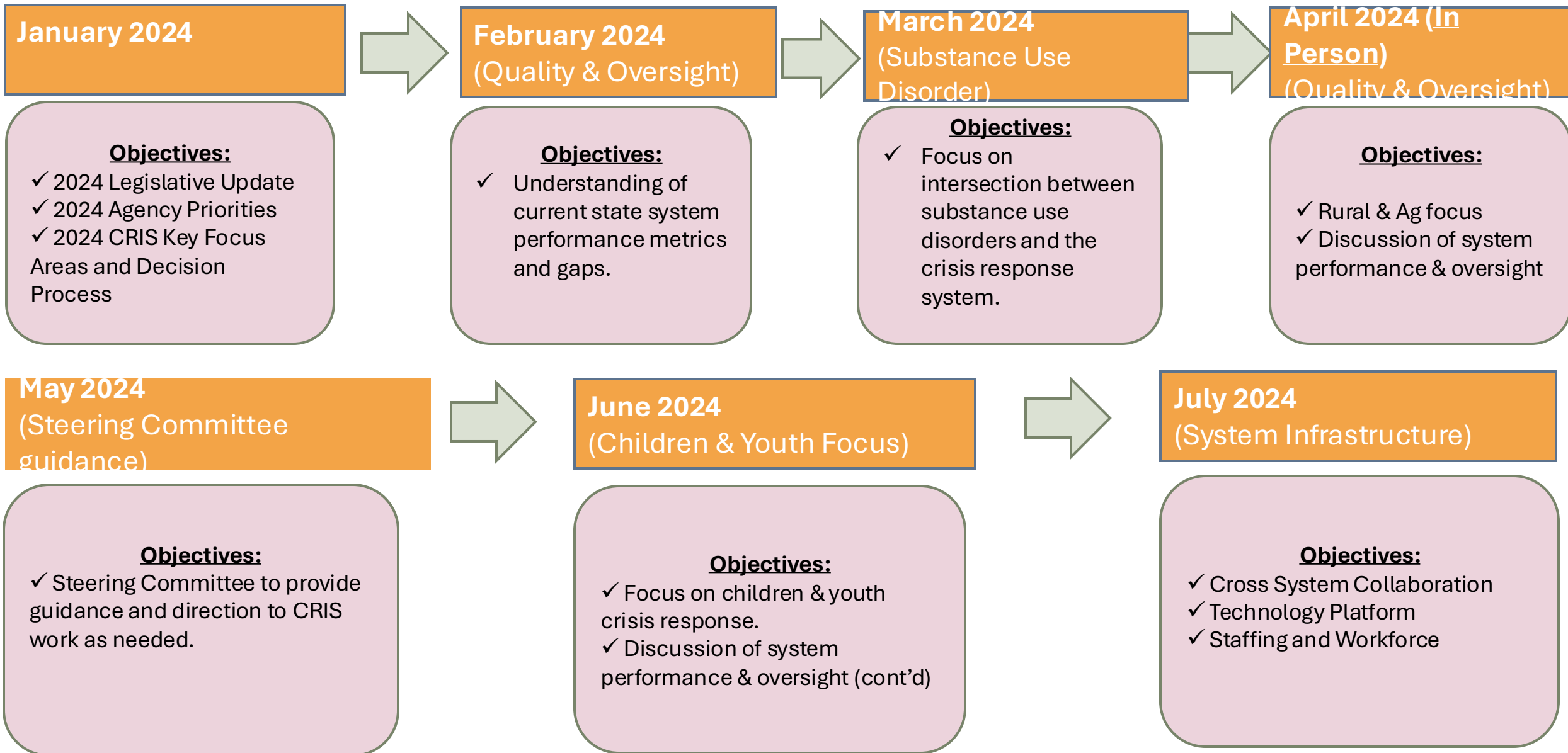


## **A SAFE PLACE TO BE**

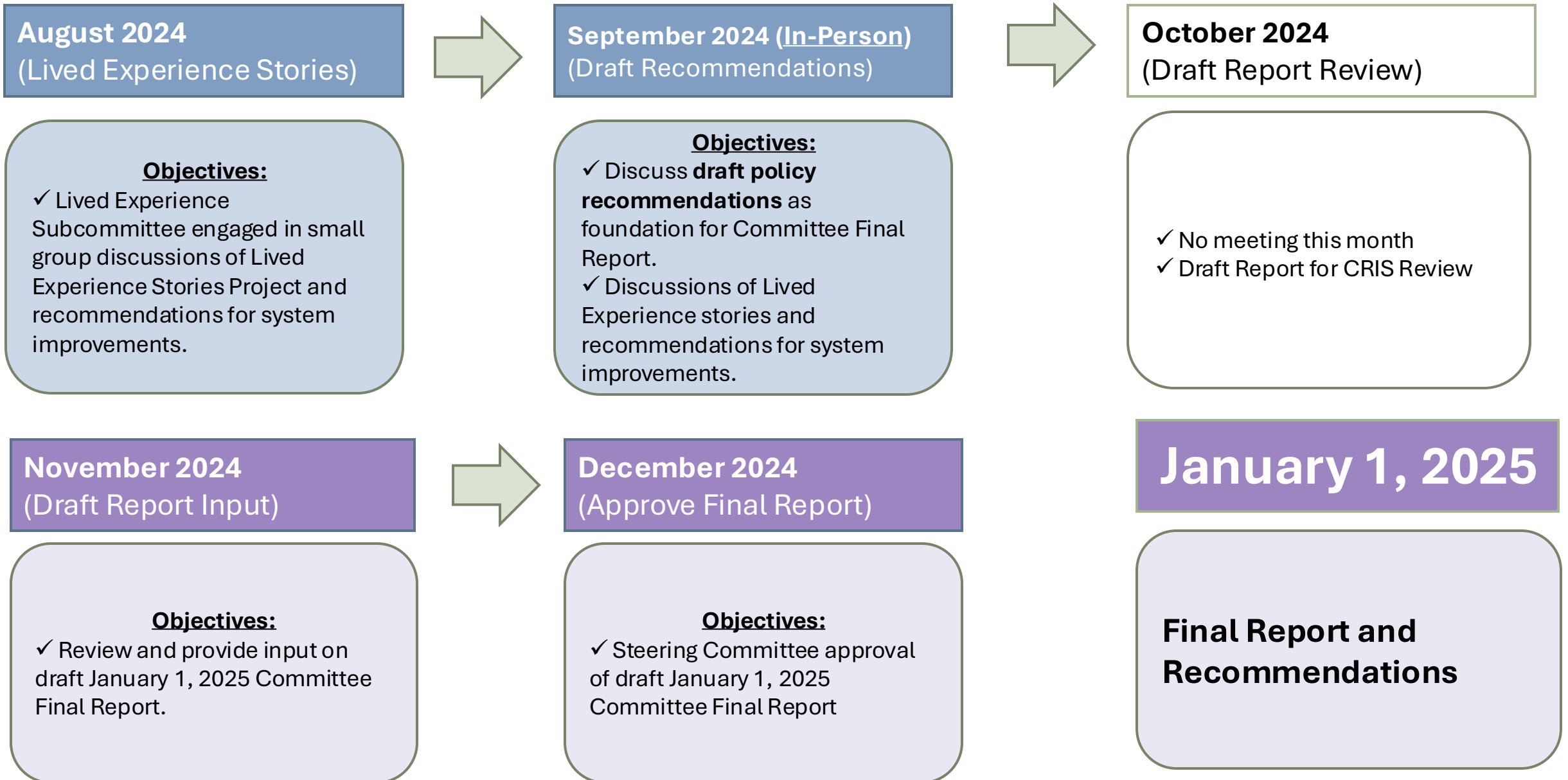
*HCA: Crisis stabilization services*

- The Steering Committee – with input from the CRIS and Subcommittees – is charged to deliver to the Governor and Legislature recommendations related to funding and delivery of an integrated behavioral health crisis response and suicide prevention system in Washington, including:
  - ✓ **JANUARY 1, 2022:** Initial Assessment Washington’s behavioral health crisis response and suicide prevention services.
  - ✓ **JANUARY 1, 2023:** a second progress report, including a summary of activities completed by the CRIS during CY 2022 and recommendations related to funding of crisis response services from the 988 Account created by the line tax.
  - ✓ **JANUARY 1, 2024:** a third progress report, including a summary of activities completed by the CRIS during CY 2023
  - ☐ **JANUARY 1, 2025:** a Final Report with recommendations addressing system elements outlined by the legislation.

# CRIS Committee Decision Process Map – 2024



# CRIS Committee Decision Process Map



Questions?

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# Contact

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**Michele Roberts, MPH, MCHES**

*Assistant Secretary for Prevention and Community Health*

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@WADeptHealth





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# **JLEC Member Priorities and Recommendations from other Behavioral Health Workgroups**

## **Overarching Themes**

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# Introduction and Context

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- Other Mental Health and Substance Use groups
  - Children and Youth Behavioral Health Workgroup
  - Crisis Response Improvement Strategy Committee (CRIS)
  - Substance Use Recovery Services Advisory Committee (SURSAC)
  - WA Workforce Training & Education Coordinating Board
  - Tribal Opioid and Fentanyl Response Task Force
  - 2023-2027 Substance Use Disorder Prevention and Mental Health Promotion Strategic Plan
  - Washington State Opioid and Overdose Response Plan-final-2021.pdf
  - Behavioral Health Recovery System Transformation Task Force (BHRST)
  - Select Committee on Quality in State Hospitals (SCQUISH)
- Includes recommendations and areas where work has been and continues to be done.
- Action has been taken on many of the recommendations, including additional funding.

# Overarching Themes

## Increase investment in prevention and early intervention

- State resources are skewed towards crisis response and deep end services; not enough funding and services for early intervention.
- The only BH services *universally* available to everyone in Washington are for crises: 988 crisis response and involuntary treatment. (State funded regardless of ability to pay).
- Access to prevention/early intervention services depends on ability to pay.
  - Private insurance, Medicare, or private pay.
  - Medicaid (Apple Care) does not cover prevention and early intervention.
- Strengthen state collaboration for prevention.

## Increase availability of community-based BH care

- Behavioral health awareness, screening and treatment should be integrated with primary care; funding for school-based behavioral health services.
- Expanding access to prevention, early intervention, diversion, crisis response and outpatient treatment
  - People can get care earlier before a crisis occurs.
  - Avoid placement in high level care if possible.
- Expanding high level care inpatient beds within communities
  - Reduce wait times and get treatment faster
  - Reduce burden on state hospitals
- Strengthen non-medical community supports: Peer groups, recovery support, supportive housing, etc.

# Overarching Themes, cont'd

## Strengthen Workforce

- Educational debt relief; Reduce tuition costs.
- Increase compensation and BH Medicaid rates to address shortages and improve retention.
- Workforce Development (scholarships, licensing).
- Funding and planning for Certified Community Behavioral Health Clinics.

## Address BH Cost Coverage Issues

- Lack of parity between Medicaid and Medicare; more funding for both.
- Private insurance coverage is not robust.
- Parity needed between physical and behavioral health coverage.

## Eliminate Disparities and Inequities

- Inequitable distribution of services contributes to limited access, particularly in underserved communities and schools. Address BH “deserts, especially rural”
- Limited resources for specialized behavioral health services for intellectual disability/developmental disability (ID/DD) and geriatric care populations.
- More culturally responsive services and systems improve equity and effectiveness. Address racism, bias, and trauma, and stigma around BH; elevate voices of diverse and vulnerable populations.
- Improved integration between Tribal and state/local systems.

# Overarching Themes, cont'd

## Reduce Demand on State Hospitals

- Prioritize state beds for forensic patients; use diversion strategies; create more community capacity for long-term civil involuntary treatment and inpatient care.
- Build housing for individuals with BH challenge. Overcome barriers to building community-based BH facilities (building codes, affordability, stigma).
- Increase preventive care to reduce need for long-term inpatient beds.

## Enhance Community Crisis Response

- Enhance statewide crisis response capacity and capability to serve diverse populations, unique needs and rural areas. Improve coordination with local responders.

## Reform Criminal Justice Practices

- Diversion and treatment over criminalization. Integrate diversion into crisis response and police practices.
- Early intervention and alternative sentencing to keep individuals in communities.
- Strengthen re-entry practices for those needing MH or SU support.

# Overarching Themes, cont'd

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## Structural and administrative issues

- Understand why not getting bidders/vendors
- Streamlining billing and paperwork.
- Addressing issues with supervision (certification)
- Administrative barriers.

## Substance Use

- Stigma-reducing outreach and education, more importantly for youth and schools
- Strengthen prevention campaigns, reduce access, reduce stigma, shift norms.
- Identify opioid use earlier and support recovery.
- Health Engagement Hubs for People Who Use Drugs
- Geographic availability of methadone treatment. Expanding funding for Opioid Treatment programs (OTPs) to include partnerships with rural areas.
- Improve state coordination, including with Tribes.

# Discussion & Moving Forward

## Keep in mind:

- JLEC's charter and focus on *prevention, early intervention, and community-based services*,
  - Areas where work has or is being done.
1. Do the themes presented cover the key high-level issues?
    - Is anything missing?
  2. What topics should the JLEC focus on over the next few months as we identify strategic priorities and strategies?
    - Discussion and ranking exercise
    - Top 5 themes
    - "Sprint" teams (subcommittees)



# List of Overarching Themes

- Strengthen Workforce
- Address Behavioral Health Cost Coverage (Medicaid, Medicare, Insurance, etc.)
- Eliminate Disparities and Inequities
- Reduce Demand on State Hospitals
- Enhance Community Crisis Response
- Reform Criminal Justice Practices
- Structural and administrative issues
- Substance Use



# Comments by the Public

Next  
Meeting

Nov. 19, 9 am - Noon

Meeting will be virtual.

