

<b>JLECBH Member Priorities (Identified at May 28 mtg)</b>	<b>Selected Recommendations from other Behavioral Health Workgroups &amp; Committees</b>
<p><b>Children and youth related:</b></p> <ul style="list-style-type: none"> <li>- Early supports and interventions: <ul style="list-style-type: none"> <li>• Early Learning/IECMHC, and SEL supports,</li> <li>• Early childhood supports parents and families to reduce the need for acute services.</li> <li>• Education for families around mental health.</li> </ul> </li> <li>- Diversity in the workforce serving children.</li> <li>- Focus on children and youth behavioral health.</li> <li>- The recent purchase of Daybreak and having enough beds for youth.</li> <li>- Juvenile rehab and institutional education.</li> <li>- Resources for overdose response for youth.</li> </ul> <p><b>Workforce development</b></p> <ul style="list-style-type: none"> <li>- 4 committee members responded with “Workforce,” plus the following): <ul style="list-style-type: none"> <li>• Expansion of care through workforce development</li> <li>• Inpatient care and related workforce development</li> <li>• Parity in educational financial aid - BH students get the same amount</li> </ul> </li> </ul>	<p><b>Children and Youth Behavioral Health Workgroup (CYBHWG)</b></p> <p><b>2024 Recommendations:</b></p> <ul style="list-style-type: none"> <li>• Ensure the P-25 Strategic Plan effort is included in the work of the Joint Select Committee on Health Care and Behavioral Health Oversight, <b>the Joint Legislative Executive Committee on Behavioral Health</b> – both established in 2023 and Substance Use Recovery Services Advisory Committee (SURSAC). Current legislation directs coordination with the Crisis Response Improvement Strategy (CRIS) committee’s work.</li> <li>• Programs such as PACT (Program of Assertive Community Treatment), HOST (Homeless Outreach Stabilization Transition), WISe (Wraparound with Intensive Services), and New Journeys (for First Episode Psychosis) are intended to support individuals with complex behavioral health needs. These programs are not currently delivering the full continuum of care to all the youth and young adults they are intended to serve.</li> <li>• Ensure parity between physical health and behavioral health.</li> <li>• Fund House Bill 1724 <b>stipend program for recent graduates in the behavioral health field</b>. Offset costs of professional supervision.</li> <li>• Improve student access to mental health literacy education <b>(funded)</b></li> <li>• Provide bridge funding for Certified Community Behavioral Health Clinics (CCBHCs) To ensure successful completion of implementation of a statewide CCBHC model, the state should support and sustain the current CCBHC expansion grant programs by providing bridge funding to current CCBHCs in Washington during the statewide planning process. <b>(funded)</b></li> <li>• Deliver and sustain approved funding for BH360 (formally Parent Portal) <b>(funded)</b></li> <li>• <b>Finance</b> behavioral health care coordination as performed by <b>community health workers (CHWs)</b> to address the behavioral, emotional, social, and developmental needs of children on Apple Health (Medicaid). <b>funded</b></li> </ul>

of financial aid as students studying to be medical doctors (less student debt)

- Focus on scholarships to support the workforce pipeline

### Prevention

- Upstream work in prevention and early intervention-early and quick access

- Getting ahead of the needs before they reach a crisis point (prevention)

- Investments in protective factors

### Access and Availability

- Navigators to help get access to services

- Ensure access to full continuum of services

- See the numbers of who need services including their acuity and learn who we are not reaching

- More understanding of gaps in care

- Access to care and coverage

### Community-based Services

- Community-based programs and services, including stepdown and outpatient care

- Community-based services

- Ensure equitable access to and realize the intended outcomes of intensive programs serving youth and young adults with the most complex behavioral health needs. (Services along full continuum of care; Parity, more funding, rate increase, better access, removes barriers). (Progress.)
- Allow funding for the Washington Health Corps Behavioral Health Program to be used for conditional scholarships (some progress)
- Increase investment in Infant and Early Childhood Mental Health consultation (IECMH-C) (some progress)
- Expand early ECEAP. Allow continued access to Working Connections CC (to ensure access to family services supports for prenatal and B-3) (not funded but WCCC change made.)
- Provide school-based behavioral health funding for school districts. (not funded)
- Funding and housing programs for homeless youth

### 2023 Recommendations

- Medicaid rate increases. (Progress)
- Funding for Children's Long-Term Inpatient Program (CLIP). (Progress)
- Expand services and codify a consistent approach to support the needs of youth who are effectively "stuck" in hospitals. (Progress).
- Expand school- and community- based clinicians and PAL line (not funded)
- Designate a lead agency for students' behavioral health. Not funded (Instead, the Joint Select Committee on Health Care was expanded to include Behavioral Health.
- Increase ECEAP complex need funding - funded
- Funding for BH integration into primary care -funded
- Reduce behavioral health workforce barriers; reduce educational debt burden. (Progress).
- Scale up culturally affirming mental health care for children and families (CARE project). Funded.
- Certified Community Behavioral Health Clinics (CCBHCs) Build on foundational work from 2023 (funded)

### 2022 Recommendations:

- Integration of behavioral health with primary care

### Equity and Cultural Responsiveness

- Ensure that Eastern Washington and Tribal community needs are included and BH resource deserts are addressed;

- Designing the system to serve all people (race, culture, gender, etc.);

- Culture, language and access: normalizing behavioral health;

- Culturally relevant care;

- Addressing intergenerational trauma

- Coordination of care between tribal health providers and the state's behavioral health system;

- Removing the stigma so diverse population can access services;

- Ensuring vulnerable populations such as the unhoused and LGBTQIA+ communities are effectively served;

- Ensuring communities/people receiving services have a voice in the system to inform decisions.

### Insurance

- 7% Medicaid Rate increase for Community BH agencies (funded)
- Provide funding for startup activities for behavioral health integration in primary care clinics. (funded)
- Medicaid reimbursement funding for non-licensed community health workers. - Funded
- Provide funding to explore implementation of Certified Community Behavioral Health Clinics (developing a sustainable, alternative payment model for comprehensive community behavioral health services) - Funded
- Clinical Supervision workgroup on removing barriers to certification. Funded
- Increase rates for non-Medicaid BH services. Funded
- Provide bridge funding for the current Certified Community Behavioral Health Clinics (CCBHCs) In our state to accompany the CCBHC study for a statewide initiative. Funded
- Funding for IECMHC. Funded
- Grants for BH clinicians in schools (not-funded); Funding to expand school-based health centers. (funded)
- Youth and Young Adult Continuum of Care: Funding to ensure stable housing and care coordination for youth exiting inpatient settings. Funded.

### Crisis Response Improvement System (CRIS) Committee

- Address inequities: Engage consumer voice, ease of access, information and navigation, system needs to work for diverse populations, address stigma around BH
- 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**
- Enhance and expand mobile rapid response teams in each region
- 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

- Ensuring people can access the services that are technically included in their health plan coverage, both private and Medicaid.

- Behavioral health parity and compliance with the requirement that insurance companies cover mental health care at same rate as physical health care.

#### **Intersecting Areas:**

- Forensic mental health services;

- Continuance of care for other populations such as those with dementia and TBI who fit in the corrections system.

- SUD and Fentanyl treatment (more)

#### **Housing**

- Lack of breadth in supportive housing.

- Supportive housing

#### **Capital Projects**

- Finish the capital projects we've started

- Pursue consistent/more funding for **mobile crisis response, rural crisis response**

### **SCQISH (Select Committee on Quality in State Hospitals)**

- Capacity at the state hospitals should be prioritized for forensic patients.
- 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.
- Civil commitment beds remaining at the state hospitals should be prioritized for highest risk patients and those with the most complex needs.
- The state should consider whether long term psychiatric inpatient care in community settings should be state operated, privately run, or use a hybrid model
- 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
- 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 managed care providers to control inpatient utilization.

### **BHRST (Behavioral Health Recovery System Transformation)**

- Governor should appoint an **executive Cabinet Level director** responsible for coordinating implementation of behavior health initiative among state agencies and educational institutions; and to coordinate data and a bed tracking system.
- State should **increase capacity for involuntary treatment diversions** (crisis triage, peer respite, stabilization centers, assertive community treatment teams)
- Physical Infrastructure
  - State should focus on the Continuum of Care in the BH system so that patients have "next step" options and **don't spent more time than necessary in acute care settings**. Continue work to **open specialized enhanced community assessment facilities**.

- State should identify funding sources to build stable supportive housing for individuals with BH challenge.
- State should identify and overcome barriers to building more community-based BH facilities (building codes, affordability, stigma)
- BH Workforce
  - State should increase Medicaid rates for BH services to retain workforce and improve access in the fashion that was adopted in the 2020 budget proviso and vetoed by the Governor as part of pandemic response
  - Expand the Workforce Education Investment Act to provide free graduate tuition and loan repayment programs
  - Create apprenticeship programs and reimburse BH providers for role in providing supervision to new graduates and professionals.

### Tribal Opioid and Fentanyl 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
- **Reduce barriers to housing** for homeless struggling with SUD
- Better coordination and integration b/w Tribal and State systems
- Need for **more culturally responsive practices for treatment**, and **coverage of traditional practices by insurance**
- More **community-based treatment** availability
- More education and prevention awareness;
- Need for **community wrap around services** and help with **meeting basic needs**: housing, food, security

### Substance Use Recovery Advisory Committee (SURSAC)

- Geographic availability of **methadone treatment**.
- Invest in Health Engagement Hubs for People Who Use Drugs
- Address needs of **children in foster care**

- Enhance Workforce needs related to intake, screening, and assessment for substance use disorder (SUD) services.
- Expanding funding for OTPs to include partnerships with rural areas

### Behavioral Health Workforce (Workforce Board)

- Legislature should appropriate funds to support **BH loan repayment** via the Washington Student Achievement Council to address retention challenges, support work of WSAC, and WSAC should make administrative changes.