Washington State Joint Legislative and Executive Committee on Behavioral Health Subcommittee Recommendations

February 2025

Community-Based Healthcare & Strengthening Workforce

Community-Based *Prevention-Related* Recommendations

- Establish policies and increase funding and services for primary prevention and wellness promotion.
- Increase investment in evidence-based programs to address social determinants of health in communities – I.e., housing, independent living and social connections.
- Ensure funding/payment for prevention and treatment services - both are critical parts of the continuum of care.
- Develop statewide policy to require universal behavioral health care screening in primary care.
- Increase funding for school-based behavioral health resources.
- Expand mental health school counseling and resources for children and youth, college students, and parents (I.e., screening/support classes for parents). Prioritize rural areas and marginalized populations.
- Fund state-wide implementation of social emotional learning curriculum for all ages.
- Continue funding community organizations who provide community-based prevention programs.

Community-Based *Early Intervention-Related* Recommendations

- Increase investment and access to Early Intervention services to help prevent mental health or SU crises and worsening of a condition.
- Improve ability to fund and provide services pre-diagnosis.
- Strengthen and expand programs that intervene following the first crisis, such as New Journeys for psychosis and programs that intervene to prevent a second overdose or suicide attempt.

- Fund BH education and services for families/parents (e.g., Family Initiated Treatment, FIT). Insurance either doesn't cover family-centered care or reimbursement rates are too low.
- Address NIMBYism to ease placement of treatment facilities: education, outreach, planning and zoning requirements.

Workforce

- Increase investment in prevention workforce (i.e. certified prevention professionals).
- Increase availability of community-based health care providers.
- Invest in peer support programs to strengthen workforce, work towards equity within workforce and destigmatize behavioral health.
- Streamline licensure pipeline for Community Health Workers: use more apprenticeships, compensate supervisors to train students.
- Develop policy to allow more flexible hiring requirements for Peer Specialists. Reduce the burden of collecting court documentation.
- Address the financial burden of entering the behavioral health field (e.g., cost of graduate degrees, expand paid practicums/reduce length of unpaid practicums, relieve debt burden).
- Secure funding for Conditional Scholarships – reduce debt burden, strengthen workforce, diversify workforce.
- Advocate for financial aid and federal funding for Pell grants (students pursuing behavioral health fields).

Prevention & Early Intervention

Overarching issue: Increase and improve collaboration & coordination between local and state public health, HCA, OSPI and integration of the multiple, overlapping strategic plans: WA Thriving (children and youth), State Prevention Enhancement Policy Consortium, CRIS, etc.

Develop working definitions

> **Prevention:** Reduce the risk of mental health problems or substance use disorder by addressing factors that contribute to them. Increase protective factors and reduce risk factors.
>
> **Early intervention:** Intervene at earliest sign of struggle, to prevent the need for more intensive care or crisis services.

Prevention-related recommendations

- Strengthen public policy to increase funding and resources for prevention and health promotion.
- Focus on destigmatization and normalizing conversations of behavioral health.
- Improve access to data and information on risks and needs: Enhance work related to the Healthy Youth and Young Adult Survey; Also need a similar survey for adults
- Support for social determinants of health (housing, food security, health, education, etc.) and social services that support connection.
- Increased use of/promotion of EPSTD (Early and Periodic Screening, Diagnostic, and Treatment) and SBIRT (Screening, Brief Intervention, and Referral to Treatment).
- Increase mental health awareness and prevention in schools. Consider cell phone ban and/or restricted use of social media. Reintroduce bill to ban cell phone use in schools.

Early Intervention-related recommendations

- Increased and improved mental health/primary care integration.
- Improve community-level coordination of Mental Health and Public Health.
- Use of a validated screening tool that can be used to routinely screen for BH problems.
- Reconsider the use of the term 'behavioral health'. Mental illness is not behavioral, it is an illness.
- Workforce supply and development for early intervention services to prevent crises: Need more BS/BA professional career paths to do therapy; more prescribing psychologists.
- Promote 988 and the services it provides more widely; Improved language access (988).
- Develop and deliver services before a diagnosis; ensure they are funded and/or covered by private insurance.
- Strengthen/leverage ability of Medicaid (and all insurance) to fund screening and early intervention.
- Work with providers and MCOs to ensure they are aware of the flexibility Medicaid to cover early intervention before a diagnosis, and that they are using consistent interpretations.

Eliminate Inequities & Disparities

Strengthen and Diversify Workforce

- Increase number of bachelor-level counselors and behavioral health aides, especially embedded in communities.
- Increase funding for wages everywhere, and for Behavioral Health staffing in rural, tribal, and marginalized communities.

- Increase diversity: More certified Peer Counselors and staff with lived experience. This includes removing barriers to employment. Ongoing DEI training for clinicians and service providers – e.g. Ethnic Minority Specialist Training.
- Expand Conditional Scholarship program to relieve financial burden and strengthen workforce in rural and marginalized communities.
- Align licensing – i.e., Peer Counselors as they increase their training and education.
- Un-silo licensing/credentialing. "Put windows in the silos in state government." (statement made by subcommittee member)

Invest in Primary Prevention - Equity issues are broader than behavioral health and have shared root causes.

- Address social determinants of health: Housing/homelessness, poverty, education, economic stability, safety and security.
- Invest in Social Emotional Learning, Suicide Prevention, Substance Misuse, and effects of social media
- Invest in perinatal care, post-partum Behavioral Healthcare, home visiting, basic income to support families and prevent development or worsening of Behavioral Health problems for infants and young children.

Invest in Mental Health supports for children

- Poorer, rural areas don't have funding for counselors or robust programs such as social emotional learning. All children across the state should have access to counseling and BH services.

Address issues of safety that deter people from seeking and receiving appropriate help.

- Invest in destigmatizing behavioral health.
- Ensure those with lived experience are not only at the table, but also in professional BH positions.
- Cultural competency training and access to BH services for diverse populations: those speaking languages other than English, LGBTQIA+.
- Recognize efficacy of practice-based care, such as Indian health practices.

Address law enforcement response to Behavioral Health crises. Many people feel unsafe calling 988 or 911 (fear of law enforcement involvement and health system responses), impeding access to needed Behavioral Health care and resulting in inappropriate incarceration.

- Increase crisis intervention training for law enforcement and accountability.
- Wider use of mental health advance directives so that law enforcement and other first responders are informed in advance of response. Increase resources for non-law enforcement response.
- Support the recommendations and work of the CRIS, especially related to Tribal crisis response. Support work being done by HCA (advance directives) and the Governor's Plan to Eliminate Poverty (shift resources from criminal justice systems to social, economic, and health supports).

Strengthen coverage and insurance for Behavioral Healthcare

- Need equity between BH services covered by Medicaid and private/fee for service.
- Ensure private insurance/employer insurance covers crisis services.
- Support a single payer program – (new State Insurance Commissioner. Universal Health Care Commission | Washington State Health Care Authority)
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Structural and Administrative Issues

Issue: Licensed Behavioral Health Agencies (BHAs) are faced with complying with multiple regulatory requirements that may require:

- Annual audits
- On-site reviews
- Data collection and reporting
- Policies and procedures
- Other deliverables and reporting
- Requirements result in BHA's duplicating work and compounding administrative burden.

Contract requirements or program oversight is often developed without realizing impacts to providers or systems and as a result often does not measure what is intended.

Recommendation:

A technical advisory panel of MCOs / ASOs / Providers to identify sources of regulatory burden by:

Conducting an analysis to identify where duplications exist and determine actions to appropriately reduce duplicative requirements while ensuring quality oversight/monitoring. Note: Within current resources, this would not be feasible.

Issue: Credentialing and re-credentialing processes

To bill with an insurance payor, BHA's need to be credentialed, and re-certify credentials regularly. Medical insurance credentialing is a complex, administratively burdensome process that verifies BHA's are legitimate and qualified to receive reimbursement for the services they are providing.

Recommendation: Establish a work team to support developing streamlined recommendations or other solutions.

- Start with payors to identify all requirements and processes.
- Bring in provider perspectives and develop licensing and credentialing recommendations.
- Understand history, what is working, what is not working and how the process works now.
- A single credentialing process is directed by RCW 48.43.750
- Previously administered through OneHealthPort and currently using CAQH.
- There is a Washington Practitioner Application (WPA) and a Washington Credentialing Standardization Group (WCSG) responsible for the WPA.

Issue: Paper based documentation, inefficient Electronic Health Records (EHR, manual information retrieval for data submission, and lack of efficient information exchange/care coordination.

Recommendation: Ensure all Behavioral Health Agencies (BHAs) have adequate Electronic Health Records (EHR) funding and capabilities

- Support work that is already underway - Health Care Management and Coordination System (HCMACS) is a statewide EHR service funded by HCA that all facilities, regardless of type, may be able to access.
- Note: While valuable and aimed at reducing burden, EHR's may also add administrative burden to providers related to re data entry, coding for billing, etc. This should be acknowledged when thinking about this in the context of reducing admin burden.

Issue: inconsistent, overlapping, or duplicative requirements across health plans and payors.

Recommendation: Apply similar policies across private health plans, Medicaid and PEBB/SEBB. Seek opportunities for consistency.

- HCA/OIC collaborative efforts on coverage of crisis services (MCR and crisis stabilization) – what have we learned by trying to import Medicaid payment/service delivery mechanisms

into private health plans. Leverage information gleaned from the upcoming "Address Crisis Services Funding Gaps" report (proviso 19).

- HB 1357 (2023) and SB 6228 (Prior authorization for inpatient/residential SUD care) – changes to prior auth policy apply across commercial health plans, Medicaid, PEBB/SEBB. More bills to come this session.

Compensation and reimbursement rates

- Medicaid and private reimbursement rates have not kept up with inflation and payroll cost resulting in restricting providers ability to hire.
- Integrated care is expensive. Providers cannot afford to hire and fully build out the system of care.

Other issues and recommendations

Current Initiatives, Plans, and Deficits

- **Capacity**: **there is a need for more capacity along the continuum of behavioral health care.**
    - Support for Crisis service expansion. Relying on the treatment system to provide crisis beds perpetuates a burden on providers.
        - Continue to strengthen mobile crisis teams and response capacity.
        - Support Endorsement Teams for crisis response teams and 23-hr Crisis relief centers (CRCs) for adults and youth.
        - Communication on current and planned expansion of crisis facilities
    - Invest in Intensive Behavioral Health Treatment Facilities (IBHTF) and Intensive Residential Treatment (IRT).
- **Funding streams:** Identify all funding streams and opportunities for alignment.
- **Collaboration and Community Voice**: Support cross-agency collaboration embedded in community. Ensure community voice in decisions.