Notes

Children and Youth Behavioral Health Work Group – Workforce & Rates (W&R) Subgroup

June 5, 2024

Glossary of Terms

AADR: Alternate Access Delivery Request
BH-ASO: Behavioral Health Administrative Service Organizations
BIPOC: Black and Indigenous People of Color
CCBHC: Certified Community Behavioral Health Clinic
CRIS: Crisis Response Improvement Strategy
HCA: Washington State Health Care Authority
HMA: Health Management Associates
LSW: Licensed Social Workers
OIC: Office of Insurance Commissioner
WSMA: Washington State Medical Association

Meeting Topics

Presentation: CRIS Committee Staffing and Workforce Recommendations, Liz Arjun, Health Management Associates

- Nicola Pinson (she/her) available to contact at npinson@healthmanagement.com
- Kashi Arora (she/her) available to contact at kashi.arora@seattlechildrens.org

Presentation: Mental Health Workflow Strategy Sprint, Andi Smith, Ballmer Group
Presentation: Network Adequacy 101, Jane Beyer, Office of Insurance Commissioner

- Jane Beyer available to contact at Jane.Beyer@oic.wa.gov

Discussion Summary

CRIS Committee Staffing and Workforce Recommendations

1. Health Management Associates (HMA) operates the Crisis Response Improvement Strategy (CRIS) Committee. The committee was established under HB 1477 (2021) to provide recommendations for the governor and legislators to enhance the local behavioral health crisis response.
    a. In 2022, an initial assessment of Washington's behavioral health (BH) crisis response and suicide services was conducted. Progress reports for 2023 and 2024 will follow, with the final report due on January 1, 2025.
        i. Recommendations address workforce needs, including staff education and training requirements for call center hubs.
2. The 2024 Report includes two overarching recommendations:
    a. Recommendation 1: Expand the workforce to be diverse and reflective of the served community's shared experiences and language.
    b. Recommendation 2: Implement training for providers and responders focused on youth (considering diversity, developmental levels, and disabilities) to minimize harm and build community trust.

3. The 2023 Report emphasizes standardized training for core topics, integrating peers into strategies, cross-system training and handoff protocols, enhancing first responder competency, and addressing secondary trauma and burnout.
    a. Training effort collaboratives will support regional focus.
4. These recommendations have not yet translated into policy or budget requests, necessitating future focus on actionable legislation and funding.
    a. Specifically, this pertains to crisis response, including mobile and call center operations.
5. Questions raised:
    a. How can the impact of training and staffing be ensured without adequate resources?
        i. For instance, identifying youth callers to 988 and determining the necessary services is a challenge, as coaching to call is not effective for everyone.
    b. How should core competencies be determined, and who is responsible for this?
        i. Core competencies need to be identified, but this process has not been completed. Regional collaborative training assessments are in progress.
        ii. First responders are a major focus due to insufficient mobile response teams.
            1. A clear definition of accountability for core competencies is needed.
    c. How to diversify the behavioral health workforce, specifically for crisis response?
        i. Legislation passed a number of years ago that requires health (including BH) professionals to take training regarding cultural responsiveness, working with diverse populations, etc. The legislation was supported by the WG. We need to find out the status of implementation.
        ii. Refer to the CRIS Committee 2024 Progress Report for specific recommendations on diversification.
            1. There is a need to bridge the gap between recommendations and legislative or budgetary actions.
        iii. Sarah Walker (UW CoLab) can provide a CARE Project progress update in one month, focusing on:
            1. Pilot cultural responsivity training for mental healthcare.
            2. Transitioning community workforce into mental healthcare roles through wellness services.
        iv. Behavioral Health Aide program at Heritage University is also working in this space.
        v. Career development pathways for peers should be considered.
        vi. Diverse leadership should be encouraged alongside the direct service workforce.
        vii. The steering committee should formulate recommendations for the 2025 legislative session.
6. In 2023, the Washington legislature tasked the HCA and Behavioral Health Administrative Service Organizations (BH-ASO) with developing recommendations for establishing regional (geo-based) Crisis Workforce and Resilience Training Collaboratives.
    a. Training will be voluntary and involve regional cross-system collaboratives.
    b. HB 1134 Section 11 (2023) outlines 988-specific training, explanations of the 988-911 system, best practices for diverse populations, tailored training for rural/agricultural communities, community involvement, and protocols for sustaining collaboratives, along with associated funding and timelines.

7. Training Needs Assessment requests input to develop training programs, will repeat during in person full Work Group meeting tomorrow:
    a. What are the crisis workforce training priorities from the perspectives of children, youth, and families?
    b. What are the best practice trainings?
    c. What training areas support cross-system collaboration for youth and families? (Including 988, 911, community health providers, mobile responders, first responders, peers, youth, families, and other system partners).
    d. NIMH Awards Grant to Support Improved Quality Assurance for 988 and Crisis Care – resource for focusing on core skillful and caring listening/reflection skills.
    e. Collaboration with the School of Social Work on a co-response model, primarily lifespan-focused but with some K-12 emphasis with Dr. Stuber
        i. Preference for mobile response over police involvement.

Mental Health Workflow Strategy Sprint by the Ballmer Group

1. The Ballmer Group is a national philanthropy focused on reshaping opportunities and reducing systemic inequities for children and families in the United States.
    a. The group's initiatives span from cradle to career, with a significant focus on behavioral health in Washington.
    b. The strategy sprint focuses on workforce issues, including the scale, occupational composition, and diversity of workers needed to meet individual needs.
2. The Ballmer Group entered the behavioral health space in 2021 with BH grants, targeting:
    a. Crisis System Re-Design.
    b. Teaching Clinic Model and Rate.
    c. Peer Expansion.
    d. Apprenticeships.
    e. Social Workers and Counselors.
    f. Bachelor's Level.
    g. Nurse Practitioners.
    h. Behavioral Health Community Lab.
3. Considerations for the next decade include public vs. private sector involvement, tech innovations, and the role of the private insurance market in behavioral health access.
4. Workforce pain points identified:
    a. Growing and diversifying the number of mental health credentialed graduates.
        i. Currently, only 1 in 10 psychologists are Black and Indigenous People of Color (BIPOC), whereas the BIPOC population is three times higher nationally.
        ii. The average debt for an MSW is $72,000 compared to the US university average of $37,000 and salary does not similarly reflect burden of cost for degree.
    b. Maximizing workforce impact.
        i. Inefficient MH distribution and underutilization of technology to address capacity constraints.
        ii. Licensing reciprocity constraints between states for Licensed Social Workers (LSW).
    c. Increasing workforce retention.

        i. 93% of the workforce experiences burnout, much higher than the national worker average.
        ii. There is a 30% increase in the length of cases and caseloads.
5. Root causes of workforce shortages include:
    a. Lower reimbursement rates (Medicare/Medicaid/etc.) and insufficient coverage.
    b. Skills and tasks mismatches.
    c. Restrictive and burdensome licensing and reciprocity policies.
    d. Lack of employer support.
    e. Limited career pathways and training opportunities.
6. The Ballmer Group's four investment priorities (out of twelve potential solutions) to improve the workforce are:
    a. Expanding the footprint of Certified Community Behavioral Health Clinics (CCBHCs) to maximize workforce retention and impact.
        i. Philanthropic funding for longer-term embedded technical assistance.
    b. Establishing a National Mental Health Scholarship Fund to lower upfront costs and raise return on investment for master's level mental health roles.
        i. Collaboration with the United Negro College Fund to pay off the remaining debt.
    c. Developing a Youth Mental Health Corps (Schultz Foundation working on) to expand the number of entry-level MH workers with advancement opportunities.
    d. Mobilizing the philanthropic community to create partnerships, share knowledge, align strategies, and pursue joint funding.
7. Andi Smith will potentially attend the early July meeting to reconnect for more detailed discussions on unfinished business categories as the presentation was cut short.

Network Adequacy 101

1. HB 1688 (2021) explicitly addresses the continuum of BH services including crisis.
2. Network Access Program from Office of the Insurance Commissioner (OIC).
    a. Before the Affordable Care Act, Washington adopted the 1996 version of NAIC Model Rule #74.
        i. This rule depends on time/distance standards for yearly regulation.
    b. In 2013-2014, it was found that no stakeholders were satisfied with the regulatory framework: health carriers, providers, and consumers.
    c. Geographic barriers exist between where care is needed and where providers are located.
    d. Network Adequacy vs. Access:
        i. Adequacy refers to a health plan's ability to deliver promised benefits by providing reasonable access to enough in-network providers under the terms of the contract.
        ii. Access ensures enrollees have in-network access to medically necessary covered services promised in the health plan at in-network cost-share without balance billing.
3. It is important for carriers, the Office of the Insurance Commissioner (OIC), and the general public to communicate effectively.
4. Regulatory tools vs. enforcement should be considered to prevent patient harm.
5. Decision: Health carriers bear the administrative burden to explain, report, and monitor network access.

6. Rulemaking R-2013-22: Establishes network access general standards for the entire network and specific requirements for mental health and substance use disorder treatment
    a. The Alternate Access Delivery Request (AADR) is used to notify OIC of gaps and compliance pathways, protecting consumers.
7. Rulemaking R-2014-08: Ensures maintenance of sufficient networks through monitoring, threshold reporting, and potential transmission of written notices.
8. Network Access Reports:
    a. Monthly:
        i. Provider Network Form A report (30 days prior, limitations, taxonomy, contracts).
        ii. Provider Directory Certification document – compliance with Form A.
        iii. 988 Crisis Hotline Appointment Form D Report – whether appointments were offered and accepted, with reasons if not. This report is public but anonymized.
    b. Yearly:
        i. Network Enrollment Form B report – includes monthly data, line of business, product/plan ID, network details, etc., to indicate network size.
        ii. Access Plan report – a narrative report on the development and maintenance of
    c. Yearly:
        i. Network Enrollment Form B report – includes monthly data, line of business, product/plan ID, network details, etc., to indicate network size.
        ii. Access Plan report – a narrative report on the development and maintenance of the network.
        iii. Geographic Network reports.
    d. As Needed:
        i. Alternative Access Delivery Request – Form C.
        ii. Amended Alternate Access Delivery Request – Form E.
    e. To review reports: http://fortress.wa.gov/oic/consumertoolkit
9. Enforcement Results:
    a. Coordinated Care Corporation Order 17-2017:
        i. The company received a $1.5 million fine, with $1 million suspended pending a compliance plan for previous failures.
    b. Molina Healthcare of Washington Inc. 19-0240:
        i. The company was fined $600,000, with $200,000 suspended, alongside a compliance plan for previous failures.
10. Challenges:
    a. Even if a provider is listed in a network plan, the provider is not always available to everyone in the network.
    b. These issues predominantly affect commercial plans, with separate considerations for Medicaid provider contracting.
11. Question: Which plan should be contracted with based on authorization practices? Is there any plan to standardize authorization?
    a. HB 6228 (2024) involves Medicare working with providers to develop a unified process for determining medical necessity for treatment.
    b. HB 1537 (2023) includes administrative synthesis discussions, with the first focus question being on prior authorization.

12. While large health systems have significant market leverage, most providers operate on a smaller clinic scale. The OIC does not have authority over carrier-provider rate regulations.

Look Ahead: 24/25 Schedule

- *Other subgroups will deliver their workforce and rates priorities by the June 21 meeting.*

W&R Schedule

**(April-August) All meetings will take place on the first and third Wednesdays of the month, unless otherwise indicated.*
(September-October) All meetings will take place on the first and third Thursday of the month, unless otherwise indicated.

- **Friday*, June 21 – 10-11:30am
- July 3 – 10-11am
- July 17 – 10-11am
- August 7 – 10-11am
- August 21 – 10-11am
- **Friday,* September 6 – 10-11am
- September 19 – 10-11am
- **Tuesday,* October 1 – 10-11am
- October 17 – 10-11am
- November 7 – 10-11am
- November 21 – 10-11am
- December 5 – 10-11am
- December 19 – 10-11am