



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

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July 3, 2024

### Glossary of Terms

BHSS: Behavioral Health Support Specialists

CARE: Culturally Affirming & Responsive Mental Health

CCBHC: Certified Community Behavioral Health Clinic

CHW: Community Health Worker

HCA: Health Care Authority

NASW: National Association of Social Workers

### Meeting Topics

NASW 2025 priorities + Social Worker Compact, Bob Cooper (NASW)

Presentation: Cultural wellness experts + CARE project, Sarah Walker (UW CoLab)

Review of Subgroup Priorities, Laurie Lippold & Hugh Ewart

### Discussion Summary

#### National Association of Social Workers (NASW) 2025 Priorities + Social Worker Compact

1. [House Bill 2247 \(HB 2247\) \(2024\)](#) Medicaid reimbursement & self-governance for social workers: [House Bill 2247\(HB 2247\) \(2024\)](#), Sec. 19: provides that the Health Care Authority (HCA) ensure associate licensees the ability to bill Medicaid, as well as allowing associate licensees to continue practicing at the associate level without timing out.
  - i. Impact: The hope is that this change will lead to an increase in licensed practitioners participating in the insurance system and create more access for patients who would otherwise have to travel long distances to get care.
  - ii. Gap: Reimbursement rates need to increase by 10% to stay even with the cost-of-living increases.
  - iii. The amendment to the state Medicaid program is due January 1, 2025, with anticipated rules to follow.
- b. HB 2247 (2024) directed the department to study self-governance for social workers, mental health counselors and marriage and family therapists; however, the bill limits governing board seats to one clinical social worker and one advanced social worker, which is further limited by the small proportion of advanced social workers in the state.
  - i. Proposal: NASW is hoping to update the language to build in flexibility for allowing a clinical social worker occupy the second seat.
  - ii. NASW is awaiting the recommendations from that process to determine if there should be legislation to advance self-governance.
2. Interstate Compact for Social Workers:



- a. Washington state has adopted a new interstate compact for social workers, which will allow them to practice in other member states without additional licensure.
  - b. Under the Interstate Compact, practitioners must operate under the laws of the state in which they are practicing (regardless of modality).
    - i. However, Washington's adoption of the compact included language that specified the compact does not negate the laws that restrict other states' access to a practitioner's licensing and disciplinary records in Washington.
  - c. The rules are still being developed, with Washington state as a leader in this process.
3. NASW 2025 Agenda:
- a. The NASW agenda is smaller in 2025, with limiting budget instructions.
  - b. Other behavioral health workforce-related items can be discussed or added to the agenda for support from the W&R work group.

## Cultural wellness experts + CARE (Culturally Affirming & Responsive Mental Health) project

1. CARE emerged from UW CoLab-hosted planning meetings 3 years ago, when culturally responsive care and expanded workforce were unaddressed priorities through other initiatives in Washington state.
  - a. Mission Statement: The CARE project envisions a mental and behavioral health service system with vastly expanded access to services that provide immediate therapeutic benefit via the rapid expansion of wellness services delivered by certified practitioners with lived and cultural expertise.
  - b. CARE is planning to implement evidence-based wellness services that align with policy priorities for the National Council for Mental Wellbeing and the National Association of Mental Health State Directors, including:
    - i. Traditional spiritual and cultural practices;
    - ii. Youth activities that promote creativity, inclusion and self-reflection; and
    - iii. Information and support groups aimed at supporting helpful mindsets and skills.
2. Infrastructure and Workforce pathway:
  - a. CARE envisions collaboration with regional Workforce Boards to market, recruit and oversee apprenticeship placements, providing certification for peer and Community Health Worker (CHW) pathways through those apprenticeships.
    - i. Proposal: The CARE project proposes adding a wellness certification module on top of existing certification pathways.
    - ii. A suggested potential source of collaboration is the [Washington Workforce Association](#).
  - b. Provider organizations would then be trained to deliver wellness services onsite through a peer coaching model.
  - c. The project is collaborating with HCA to approve billing of these wellness services under the existing therapeutic psychoeducation encounter code H0025, and then adding CHWs to these codes when they are billable in 2025.
  - d. CARE is also developing a culturally responsive training for agencies delivering wellness services and envisions partnering with the bachelor-level behavioral health support



- specialist (BHSS) program along with master-level training pathways to offer these additional certifications or licensure in the mental health field through one pathway within the peer and CHW workforce type.
3. Expanding wellness services in Washington state:
    - a. CARE is currently working on developing and assessing the feasibility of these wellness services for youth, parents, and infant mental health.
      - i. The team is exploring partnerships with existing organizations for replication and scaling of services, as well as searching for implementation sites.
      - ii. The CARE team is also sending out a broad-based feedback form about other services people would like to see supported.
    - b. Current funding for the CARE project runs out at the end of this fiscal year.
      - i. To continue the project, the CARE team is hoping to move this work into an initiative through HCA and designate an HCA project manager.
      - ii. The project will need support for training funds for new organizations coming online to deliver wellness services, as well as the cultural responsiveness training and leadership support for those organizations.
      - iii. There is also a need for apprenticeship funds, ideally with multiple sources of support.
      - iv. The CARE/CoLab team would like to stay involved as the technical assistance and evaluation partner as the project transitions back into HCA.
    - c. These support needs require funding, some of which may come from the HCA package, and potentially included in the W&R recommendations to be voted on if there is need to leverage any additional legislative funding asks.

## Review of Subgroup Priorities

1. There is anticipation of an ask surrounding Certified Community Behavioral Health Clinics (CCBHCs).
  - a. HCA has held one meeting for CCBHC technical provider work group, but there has not been a formal update on what that work will entail, and the W&R subgroup will need to have a sense of the final HCA report before making any formal decisions.
2. 2025 W&R Subgroup Priorities:
  - a. The month of August will be spent coming up with a list of recommendations based on previous year's priorities and new information presented this year.
  - b. Draft recommendations are to be submitted August 28, 2024.
  - c. Support staff are working with other subgroups to get their final slate of workforce and rates priorities for consideration by the W&R Subgroup in August, at which point this subgroup can begin establishing what information and gaps exist to determine realistic and robust recommendations for 2025.
3. Action Items:
  - a. Provide updates to priority information in the shared document by August 1<sup>st</sup>.
  - b. Identify other workforce issues not currently captured for consideration.
  - c. Review the recommendation template and discuss format for providing priority information.



## Look Ahead: 24/25 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.*

- July 17 – 10-11am
- August 7 – 10-11:30am
- 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



# CARE (Culturally Affirming & Responsive) Mental Health Care for Kids and Families in Washington State



UW Medicine  
DEPARTMENT OF PSYCHIATRY  
AND BEHAVIORAL SCIENCES

## CARE Project Areas

Access to mental  
health supports

Diverse workforce

Wellness services

The CARE project envisions a mental and behavioral health service system with **vastly expanded access** to services that provide **immediate therapeutic benefit** via the rapid expansion of wellness services delivered by certified practitioners with **lived and cultural expertise.**

# Mental Wellness

“Activity and Creativity, Growth and Nourishment, Rest and Rejuvenation, and Connection and Meaning ” (Global Wellness Institute).

“Encompasses quality of life and the ability of people and societies to contribute to the world with a sense of meaning and purpose” (World Health Organization).



Wellness services are **evidence-based** for improving mental health and well-being and may include

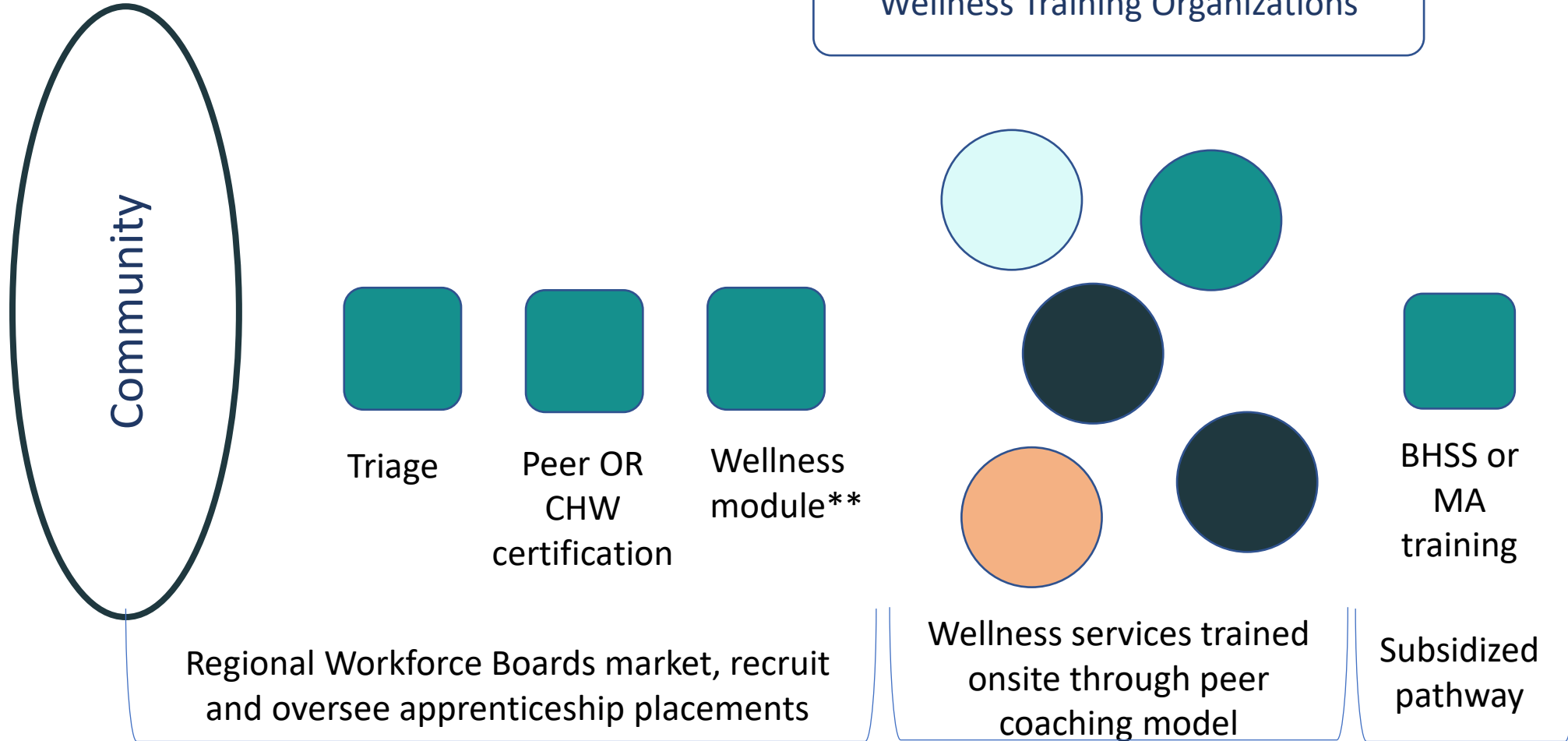
- Traditional spiritual and cultural practices such as drumming circles and mindfulness groups;
- Youth activities that promote creativity, inclusion and self-reflection such as theatre, hip hop, and sports with socioemotional integration;
- Information and support groups aimed at supporting helpful mindsets and skills such as validation and caring listening.

Aligns with the policy priorities of the **National Council for Mental Wellbeing** and **National Association of Mental Health State Directors** to comprehensively address

- Policy ✓
- Payment ✓
- Clinical model innovation ✓
- Workforce expansion with a focus on enhancing diversity, equity, inclusion and belonging ✓
- Quality and accountability ✓

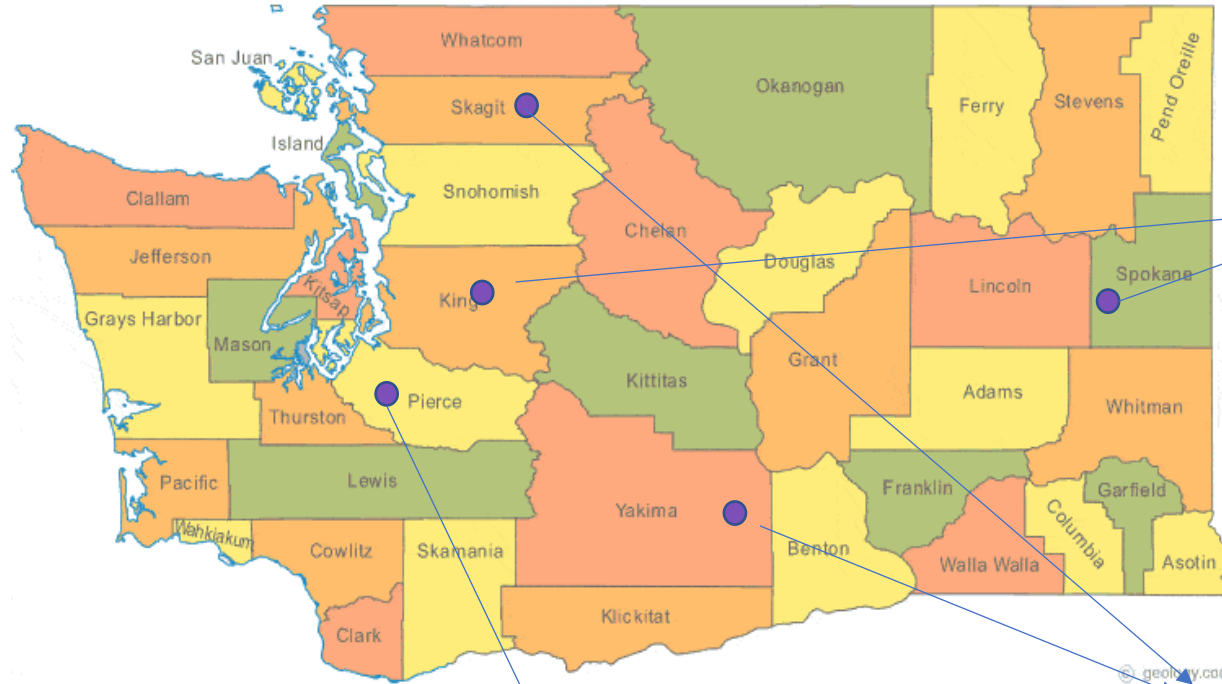
[Policy Priorities \(thenationalcouncil.org\)](https://thenationalcouncil.org)

# Infrastructure Map



SERI and MHBG:  
H0025 Th Psuchoed

# Implementation Map 2024/25



Youth



Parents



Infant Mental  
Health

# Partners

- Health Care Authority (Teresa Claycamp, Diana Cockrell, Amanda Bozley, Todd Jensen)
- CoLab
- SPARK (Carolyn Cox, Gabe Hamilton)
- New Developed Nations (Deekon Jones)
- Deconstructing the Mental Health System (Makinie Fortino, Chalon Ervin, Taquesha Dean)
- Seattle Children's Hospital (Cindy Trevino, Martha Ortiz, China Bolden)
- New Americans Alliance for Policy and Research (Someireh Amirfaiz)
- Great Rivers Behavioral Health Administrative Services Organization (Ray Gregson)
- Greater Health Now (Kaylee Wade)
- Workforce Central (Kari Haugen)

# Support Needs 2025/26

- HCA leadership – Wellness Coordinator
- Training funds – Wellness training organizations 6 sites
- Training funds – Cultural responsiveness training and leadership support 6 sites
- Apprenticeship funds – Workforce boards 6 sites
- Technical assistance and evaluation – CARE/CoLab



Learn more & join our email list:

[uwcolab.org/CARE](http://uwcolab.org/CARE)

Culturally  
Affirming &  
Responsive  
MENTAL HEALTH