



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

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*July 17, 2024*

### Glossary of Terms

AAC: Agency Affiliated Counselor  
BCBA: Board Certified Behavior Analyst  
BH: Behavioral Health  
BHSS: Behavioral Health Support Specialists  
CMS: Centers for Medicare & Medicaid Services  
DOH: Department of Health  
HCA: Health Care Authority  
HSQA: Health Systems and Quality Assurance  
INBH: Inland Northwest Behavioral Health  
IOP: Intensive Outpatient Program  
OT: Occupational Therapist  
PHP: Partial Hospitalization Program  
RN: Registered Nurse  
SUD: Substance Use Disorder

### Meeting Topics

Presentation: Washington Thriving P-25 Behavioral Health Discovery Sprints (Bloom Works)  
Presentation: Understanding the array of different BH professional types, Megan Veith & Shawna Fox (HSQA Division, DOH)  
Discussion: Sacred Heart Facility Closure, Tamara Sheehan (Providence)  
Presentation: Behavioral Health Workforce + 2025 Priorities, Renee Fullerton (Health Workforce Council)  
Review of Subgroup Priorities, Laurie Lippold & Hugh Ewart

### Discussion Summary

#### WA Thriving P-25 Behavioral Health (BH) Discovery Sprints

1. Discovery sprints are being used to understand the current state of systems and services and provide actionable recommendations for four topic areas – K-12, BH during Pregnancy, Complex Hospital Discharge and Transition Age Youth.
2. Bloom Works conducted a several week scoping phase where they narrowed in on starting problem statements for each discovery sprint topic.

K-12 School-Based Behavioral Healthcare (Angel Zhou):

1. The scoping phase identified structural challenges limiting Washington's efficacy at supporting students' BH, including limited funding, a lack of centralized leadership of BH in K-12 education, and an inconsistent approach to delivery and success of BH.



2. Discovery problem statement: How might we better connect middle and high school students with Tier 2 BH services through school?
  - a. The Multi-Tiered System of Supports includes:
    - i. Tier 1, focused on promoting positive social, emotional and behavioral skills and overall wellness,
    - ii. Tier 2, which includes supports and early intervention for students identified through needs assessments as being at risk for mental health concerns, and
    - iii. Tier 3, where there are intensive needs and targeted interventions required.
3. Early insights about workforce-related trends:
  - a. Bloom Works' research maintains known challenges around sustainable funding for in-school BH staffing, with a need for both school and mental health counselors.
  - b. The staff need to be integrated to ensure they aren't being asked to work beyond their capacity.
  - c. Early intervention is key for reducing the need for critical supports.
  - d. Private insurance providers are lacking, especially in rural areas.
  - e. The Student Assistance Professional program has shown success in the Tier 2 space.
  - f. Representation in mental health services is crucially important, with a need for diverse providers who can relate to students' experiences.
  - g. There is some desire for more substance use professionals in schools.
  - h. Telehealth has not come up much in the discovery, but Bloom Works is keeping tabs on this topic.

#### Behavioral Health during Pregnancy (Daniel Honker):

1. There are well known connections between BH issues in pregnancy and parenting, especially substance use, leading to child welfare involvement, family separation in the long term, and trauma-related challenges across life stages and maternal mortality.
2. Scoping identified challenges across life stages and experiences, including the shortage of available resources, the lack of whole family-centered care, access barriers (especially related to the rural and urban divide), stigma, fear and mistrust, unmet holistic support needs, and preconception wellness.
3. Discovery problem statement: How might we better connect pregnant people who have BH needs to services during their pregnancy?
4. Bloom Works is conversing with people who oversee the BH system at the state level, as well as people in direct service roles across substance use, mental health and medical roles, clinical providers, and people with lived experience to understand what is working, challenges, and organizational partnerships.
5. Emerging themes:
  - a. There are challenges in awareness and navigating BH and substance use disorder (SUD) services for pregnant people.
  - b. There are limited services for SUD during pregnancy.
    - i. SUD is coming up as the primary driver of bad outcomes in this space.
  - c. There is a lot of stigma, leading to a lack of normalization and awareness of services.
  - d. Factors that help services work well include provider flexibility to deviate from the script, whole person care, whole family care, integrated/coordinated care, and informal, non-clinical navigation support such as peer-based support and allies.



- e. Workforce-specific items:
  - i. Providers would benefit from more training or education regarding topics such as substance use treatment options that exist for pregnant people and how to connect patients to these resources.
  - ii. It would be beneficial for providers to have the ability to connect with one another to provide more integrated and connected care for patients.
  - iii. There are time and cost pressures for providers to deliver ideal personalized care.
  - iv. There are providers and a variety of services that are providing staffed and paid roles for parent allies and peer navigators.
6. Insights and Recommendations:
  - a. Bloom Works plans to generate insights about challenges and successes accessing BH services, from first-hand perspectives of people with lived experience, as well as providers and advocates on the front lines.
  - b. The insights help form recommendations, in the form of tactical opportunities to streamline processes, improve communication or technology; piloting or expanding key services and supports; or larger scale insights and opportunities for the system.
7. People can share comments and feedback on these discovery sprints in a [survey](#).
8. The Bloom Works team is presenting their discovery sprint information to other subcommittees, and it is suggested that those subcommittees incorporate the information into subgroup workforce recommendations to be reported back to W&R.

## Understanding Behavioral Health Professions

1. The Department of Health (DOH) Health Systems & Quality Assurance (HSQA) division licenses over 80 professions.
2. There are 16 of these professions that are most relevant to the subgroup, as described below:
  - a. Advanced Registered Nurse Practitioners: Perform the acts of a registered nurse (RN), but with an expanded role in diagnosing and managing health conditions, as well as the ability to prescribe legend drugs and Schedules II through V controlled substances.
  - b. Agency Affiliated Counselors (AACs): registered, certified, or licensed as a counselor and employed by an agency or is a student intern.
    - i. Registered: Limited to mental or BH counseling, and often includes student interns, juvenile rehabilitation counselors, and peer counselors.
    - ii. Certified: May conduct mental health assessments and make mental health diagnoses, but all reviewed by clinical supervisor.
    - iii. Licensed: May independently conduct mental health assessments and make mental health diagnoses.
  - c. Applied Behavioral Analysis:
    - i. Certified Behavior Technician: Paraprofessional who implements behavioral analysis treatment plans under supervision.
    - ii. Licensed Behavior Analyst: Licensed to practice behavioral analysis to design, implement, and evaluate a person's behavioral mental health, as well as conducting functional assessments and analysis; and using a variety of techniques to assist individual behavior development.



- iii. **Licensed Assistant Behavior Analyst:** Licensed to practice behavioral analysis under supervision of licensed behavioral analyst.
- d. **Behavioral Health Support Specialist:** Certified to deliver brief, evidence-based interventions under supervision, including those for mental health, substance abuse use, and co-occurring disorders.
- e. **Certified Adviser/Counselor:** Private practice counseling that helps people gain awareness and achieve sensitivity or self and others, discover and build on strengths/abilities, gain stronger self-confidence and resiliency, cope with grief and loss. Certified advisers must hold an AA, while certified counselors must hold a bachelor's or advanced degree.
- f. **Hypnotherapist:** Registered counselor who provides hypnosis as a therapy to help with issues including smoking cessation, stress reduction, healthy relationships, weight loss and management, confidence building, and motivation.
- g. **Marriage & Family Therapist:** Licensed therapist who diagnosis and treats mental and emotional disorders within the context of relationships, including marriage and family systems. Services provided to individuals, couples, and families.
- h. **Licensed Mental Health Counselor:** Licensed counselor who assesses, diagnoses, and treats mental and emotional disorders, as well applies a wellness model of mental health for individuals, couples, families, groups, and organizations.
  - i. **Associate** – Prelicensure candidate with a graduate degree in a mental health field who is gaining the supervision and experience to become a licensed mental health counselor.
- i. **Occupational Therapist (OT):** Provider credentialed to provide therapy to maximize a person's independence, prevent disability, and maintain health and involves evaluation, treatment, and consultation. Therapy is provided individually, in groups, or through social systems.
  - i. **Assistant** – Provides occupational therapy under supervision or regular consultation with OT.
- j. **Peer Specialist:** Certified to practice peer support services, which is the provision of interventions by either a person in recovery from a mental health condition or SUD, or both, or the parent or legal guardian of a youth who is receiving or has received BH services. Interventions are provided through using shared experiences to assist a client in acquiring and exercising skills to support recovery.
- k. **Psychologist:** A person licensed to practice psychology, including the observation, evaluation, interpretation, and modification of human behavior by applying psychological principles, methods, and procedures for the purpose of preventing or eliminating certain behaviors and promoting mental and BH. Services are provided to individuals, families, groups, organizations, and the public.
  - i. **Psychology associate** – Either currently enrolled in relevant doctoral program, or participating in a relevant postdoctoral experience, deemed competent to practice, and practicing under supervision.
- l. **Social Worker**
  - i. **Advanced Social Worker:** Licensed provider who applies social work theory and methods, including assessment, supervised psychotherapy, case management, consultation, advocacy, counseling or community organization.



- ii. Advanced Social Worker Associate: Prelicensure candidate who has a graduate degree in a mental health field and is gaining supervision and experience necessary to become an advanced social worker.
  - iii. Independent Clinical Social Worker: Licensed provider who diagnoses and treats emotional and mental disorders based on knowledge of human development, psychopathology, therapeutic treatment practices, and social work practice. Services are provided to individuals, couples, families, groups, or organizations.
  - iv. Independent Clinical Social Worker Associate: Prelicensure candidate who has a graduate degree in a mental health field and is gaining supervision and experience necessary to become an independent clinical social worker
  - m. Substance Use Disorder Professional: Person certified in SUD counseling, which means assessing and diagnosing SUD and providing SUD treatment planning and referrals, patient and family education on SUDs, individual and group counseling, relapse prevention counseling, and case management. (trainee – working on gaining education and experience requirements for certification)
3. Educational requirements for each position:
  - a. Below bachelor's degree: Certified Behavior Tech., Registered AAC, Certified Adviser, Hypnotherapist, Peer Specialist, OT Assistant, Substance Use Disorder Professional (and Trainee).
  - b. Bachelor's Degree: Licensed Assistant Behavior Analyst, Certified AAC, Behavioral Health Support Specialist, Certified Counselor.
  - c. Master's Degree: Licensed Assistant Behavior Analyst, Certified AAC, Behavioral Health Support Specialist, Certified Counselor.
  - d. Doctoral Degree: Psychologist, Psychologist Associate (must at least be currently enrolled in a relevant doctoral program).
4. A next step is identifying which of these positions are billable through Medicaid via the Health Care Authority (HCA).

## Sacred Heart Facility Closure

1. Providence has given their BH department team members and community members the 60-day notice that they will be closing their adolescent inpatient psychiatric unit, due to a workforce-related census cut in March.
2. There has been a decline in mental health-related emergency room visits and inpatient unit utilization and boarding from the adolescent population.
3. Providence is committed to providing BH care to this population despite the unit closure, much of which comes from the increased investment in outpatient resources.
  - a. Sacred Heart was a pilot site for the partial hospitalization & intensive outpatient programs (PHP/IOPs) whose funding came out of the W&R subgroup's work with HCA and legislators.
    - i. PHP/IOPs were previously not a benefit in WA state for the Medicaid population, but they have had a major impact for the outpatient and community resources Providence can provide now that they are a benefit.



- ii. There is more access in schools and increasing virtual IOP programs to provide continuing care, outside of continuing situational issues with those under 18 who have developmental delays or significant autism.
  - b. There is concern that reimbursement rates for PHPs and IOPs set by HCA would not be viable for a new facility, but Providence already had contracts in place at the time and has maintained their contract pricing.
  - c. Providence has a formalized LLC partnership with Inland Northwest Behavioral Health (INBH), which has 25 adolescent inpatient beds and a robust IOP program and will continue to take 12–17-year-old kids into their services.
  - d. Additionally, Providence is creating a mobile team of RNs, mental health counselors, social workers, OTs, a Board-Certified Behavior Analyst (BCBA), and a psychiatry consult team, as well as an outpatient immediate access psychiatry team.
  - e. Providence has good relationships with INBH and Frontier Behavioral Health to help provide wraparound services to all BH patients across the hospital.
- 4. Workforce Issues:
  - a. Sacred Heart tried different models and recruitment tactics, but faced known challenges in recruiting child adolescent psychiatrists, compounded by the high acuity environment and lack of adequate compensation for these roles.
    - i. Ultimately, they faced psychiatrist workforce shortages, with a lack of coverage and stability for patients.
  - b. The adolescent inpatient program used to breakeven, but now has a negative bottom line, making it difficult to continue operations.
    - i. The closure was not primarily a financial decision, but finances are an important secondary or tertiary conversation, as one can't run units that don't have reimbursement to cover their costs.
  - c. The impacted workforce from the closure includes about 50 individuals, represented by 4 unions, some of whom are being provided with new positions based on seniority, while other staff are transitioning to the mobile team.
    - i. For staff who aren't interested in the available options, Providence is providing a severance package.
  - d. Having an in-person psychiatrist in the consult role was key, as they are able to work with the team and family and determine inpatient need versus discharging back home or to outpatient care.

## Behavioral Health Workforce Observations + potential 2025 Priorities

1. Big picture question: What is the intersection between workforce and rates?
2. We don't have uniformity of payment models for different work settings.
3. All of us are trying to affect a massive ecosystem, and coordinated action is needed by government, employers, payers and the education system to get the workers we need in the places we need them.
  - a. Progress is being made in the following areas:
    - i. Brand new credential types,
    - ii. Developed behavioral health support specialists (BHSS),
    - iii. Working to create more defined roles within the AACs,



- iv. Peer support coming into the DOH,
  - v. Now have associate psychologists.
- 4. Observations (Renee Fullerton):
  - a. BH services are provided via a mobile workforce across different BH subsectors, with workers moving between settings due to funding streams or employer needs.
  - b. The workforce is not easy to move around due to differing regulatory requirements for clearly delineated categories of workers.
  - c. Payment differences drive employer choices about worker types used to provide services, with some profession types more fiscally viable than others.
  - d. For those in workforce policy development, understanding which BH workers are used in which settings seem key to state efforts to align training with employer needs and avoid unintended consequences.
    - i. For example, for the BHSS credential, there aren't payers or facilities involved in the early rulemaking process, which causes confusion about billing and makes it difficult to develop appropriate rulemaking initially.
  - e. A lot of new professions provide a clause regarding the general direction for the Legislature to make a profession reimbursable, but how do we understand what payment changes are necessary to implement a profession across different facility or payment model type?
- 5. Major takeaway: It is important to understand what roles facilities are using to provide BH services and how they vary by payment model and payer (Medicaid versus commercial).
  - a. Potential policy benefits of better understanding the intersection of workforce with payment include:
    - i. Better alignment of training with employer needs,
    - ii. Better regulation of professions, including how to mesh more traditionally medical roles with BH roles as BH is integrated into other care settings (for example, who can supervise medical assistants),
    - iii. Helping us understand ways to shift reimbursement if key professions don't "pencil out" in the settings we want them to work in.
  - b. We need to understand settings where BH services exist or where we want BH services to go that are in different payment models, such as facilities providing primarily outpatient BH services, facilities providing outpatient BH services integrated with primary care, and other facilities providing BH services.
- 6. There are different settings without great understanding of which professions go where, where they are billable, and how they influence each other, depending on unequal requirements or more administratively burdensome versus less administratively burdensome settings.
  - a. Examples include: SUD and Title 42 of the Code of Federal Regulations (CFR) as well as Centers for Medicare & Medicaid Services (CMS) relieving schools of the administrative burdens related to Medicaid documentation.
  - b. Additionally, there are issues with keeping certain professions in specific settings due to workforce shortages and unequal hours and administrative requirements.
    - i. This connects back to the strategic plan work – there is a need to look at the new provider types and which settings and funding supports allow them to be most clinically successful.
- 7. People agree that this is worth including in the subgroup priorities issues chart.



## Review of Subgroup Priorities

1. 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.
2. Draft recommendations are to be submitted August 28, 2024.
3. In an effort to enhance collaboration on recommendations, support staff are working with other subgroups to get their slate of workforce and rates priorities for consideration by the W&R Subgroup in August.
  - a. The intention is to understand the full scope of the workforce and rates issues across all subgroups, which can then be refined into individual and/or joint subgroup recommendations.
4. The August subgroup meetings will be spent focusing on prioritization, and there will be opportunities for asynchronous collaboration for those who are unable to attend.
5. 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, using the information requested at the top of the chart.
  - 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.*

- 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



# Big picture: What is the intersection between workforce and rates?

Questions and discussion for CYBHWG W&R Subgroup  
July 17, 2024



# We're trying to affect an **ecosystem**



**Coordinated action is needed by government, employers, payers and the education system to get the workers we need in the places we need them. (And we've made progress!!)**

**BH services are provided in a wide range of facilities, under different payment models. The workforce is mobile and moves between different BH subsectors.**

**Workers (mostly) must meet regulatory requirements, i.e. training/credential requirements, for employers to receive payment for services.**

**Payment differences drive employer choices about worker types used to provide services because some roles are more fiscally viable than others.**

**For those in workforce policy development, understanding which BH workers are used in which settings seems key to state efforts to align training with employer needs and avoid unintended consequences.**

**E.g., how does the state create the laws/rules for a new profession when we're not quite sure what settings those people will be in, and how will the payment regulations influence employer uptake.?**

**How do we understand what payment changes are necessary to implement a profession across different facility/payment model types beyond general direction from Legislature to make a profession reimbursable?**

**Boils down to:  
What roles are facilities using to  
provide BH services, and how do  
those vary by model and payer?**

# Potential policy benefits of better understanding the intersection of workforce with payment:

In theory, knowing what settings the different workers are in would allow us to:

- Better align training with employer needs,
- Better regulate professions (who can legally provide supervision, and how to mesh more traditionally “medical” roles with BH roles as we integrate BH into other care settings),
- Make the case to shift reimbursement if key professions don't "pencil out" in the settings we want them to work in.

### Facilities to understand (likely not complete!):

- **Facilities providing primarily outpatient BH services:** Licensed Behavioral Health Agencies (some integrate medical care), Opioid Treatment Programs, Methadone Clinics, Outpatient Behavioral Health Clinics
- **Facilities providing outpatient BH services integrated with primary care:** Federally Qualified Health Centers (FQHCs), Tribal Clinics, Rural Health Clinics, School-Based Clinics, Outpatient Medical Clinics
- **Other facilities providing BH services:** Schools, Community Based Organizations (others?)
- **\*Note:** Inpatient settings have their own payment models and the same workers move between those settings and outpatient

**For discussion**

**Q1. Worth doing?**

**Q2. If so, how do we do this?**





## BEHAVIORAL HEALTH PROFESSIONS

Health Systems & Quality Assurance (HSQA) Division  
July 17, 2024

# Presenter

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**Megan Veith, JD**

(she/her)

*Policy Director*

Health Systems & Quality Assurance  
(HSQA)

# Behavioral Health Related Professions

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Advanced Registered Nurse Practitioners	Agency Affiliated Counselor	Applied Behavioral Analysis	Behavioral Health Support Specialist
Certified Adviser	Certified Counselor	Hypnotherapist	Marriage and Family Therapist
Marriage and Family Therapist (Associate)	Mental Health Counselor	Mental Health Counselor (Associate)	Occupational Therapist
Peer Specialist	Psychologist	Social Worker	Substance Use Disorder Professional

# Health Professions

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- **Advanced Registered Nurse Practitioners:** performs the acts of an RN, but with an expanded role in providing health care services including diagnosis and management of acute, chronic, and complex health conditions, health promotion, disease prevention, health education, and counseling to individuals, families, groups, and communities. They can also prescribe legend drugs and Schedules II through V controlled substances.



- **Agency Affiliated Counselors:** registered, certified, or licensed as a counselor and is employed by an agency or is a student intern.
  - **Registered:** Limited to counseling, which means employing any therapeutic technique, for a fee, focusing on mental, emotional, or behavioral health problems. Can include student interns, juvenile rehabilitation counselors, and peer counselors.
  - **Certified:** May conduct mental health assessments and make mental health diagnoses, but all reviewed by clinical supervisor.
  - **Licensed:** May independently conduct mental health assessments and make mental health diagnoses.
- **Applied Behavioral Analysis**
  - **Certified Behavior Technician:** paraprofessional who implements behavioral analysis treatment plans under supervision
  - **Licensed Behavior Analyst:** licensed to practice behavioral analysis which means designing, implementing, and evaluating instructional and environmental modifications to produce socially significant improvements in human behavior; conducting functional assessments and analysis; and using a variety of techniques to assist individual behavior development.
  - **Licensed Assistant Behavior Analyst:** licensed to practice behavioral analysis under supervision of licensed behavioral analyst.

# Health Professions

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- **Behavioral Health Support Specialist:** certified to deliver, under supervision, brief, evidence-based interventions, including those for mental health, substance abuse use, and co-occurring disorders.
- **Certified Adviser/Counselor:** private practice counseling that helps people gain awareness and achieve sensitivity or self and others, discover and build on strengths/abilities, gain stronger self-confidence and resiliency, cope with grief and loss. Certified advisers must hold an AA, which certified counselors must hold a bachelor's or advanced degree.
- **Hypnotherapist:** registered counselor who provides hypnosis as a therapy to help with issues, including smoking cessation, stress reduction, healthy relationships, weight loss and management, confidence building, and motivation.
- **Marriage & Family Therapist:** licensed therapist who diagnosis and treats mental and emotional disorders within the context of relationships, including marriage and family systems. Services provided to individuals, couples, and families.
- **Licensed Mental Health Counselor:** licensed counselor who assesses, diagnoses, and treats mental and emotional disorders, as well applies a wellness model of mental health for individuals, couples, families, groups, and organizations.
  - **Associate** – prelicensure candidate with a graduate degree in a mental health field who is gaining the supervision and experience to become a licensed mental health counselor)



# Health Professions

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- **Occupational Therapist:** provider credentialed to provide therapy to maximize a person's independence, prevent disability, and maintain health and involves evaluation, treatment, and consultation. Therapy is provided individually, in groups, or through social systems. (assistant – provides occupational therapy under supervision or regular consultation with occupational therapist)



- **Peer Specialist:** certified to practice peer support services, which is the provision of interventions by either a person in recovery from a mental health condition or SUD, or both, or the parent or legal guardian of a youth who is receiving or has received behavioral health services. Interventions are provided through using shared experiences to assist a client in acquiring and exercising skills to support recovery.
- **Psychologist:** a person licensed to practice psychology, which means the observation, evaluation, interpretation, and modification of human behavior by applying psychological principles, methods, and procedures for the purpose of preventing or eliminating certain behaviors and promoting mental and behavioral health. Services are provided to individuals, families, groups, organizations, and the public.
  - **Psychology associate** – either currently enrolled in relevant doctoral program, or participating in a relevant postdoctoral experience, deemed competent to practice, and practicing under supervision)

# Health Professions

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- **Social Worker**

- **Advanced Social Worker:** licensed provider who applies social work theory and methods, including assessment, supervised psychotherapy, case management, consultation, advocacy, counseling or community organization.
- **Advanced Social Worker Associate:** prelicensure candidate who has a graduate degree in a mental health field and is gaining supervision and experience necessary to become an advanced social worker
- **Independent Clinical Social Worker:** licensed provider who diagnoses and treats emotional and mental disorders based on knowledge of human development, psychopathology, therapeutic treatment practices, and social work practice. Services are provided to individuals, couples, families, groups, or organizations.
- **Independent Clinical Social Worker Associate:** prelicensure candidate who has a graduate degree in a mental health field and is gaining supervision and experience necessary to become an independent clinical social worker

- **Substance Use Disorder Professional:** person certified in substance use disorder counseling, which means assessing and diagnosing SUD and providing SUD treatment planning and referrals, patient and family education on SUDs, individual and group counseling, relapse prevention counseling, and case management. (trainee – working on gaining education and experience requirements for certification)



# Minimum Educational Requirements

Below Bachelor's Degree	Bachelor's Degree	Master's Degree	Doctoral Degree
<ul style="list-style-type: none"> <li>• Certified Behavior Tech.</li> <li>• Registered AAC</li> <li>• Certified Adviser</li> <li>• Hypnotherapist</li> <li>• Peer Specialist</li> <li>• Occupational Therapist Assistant</li> <li>• Substance Use Disorder Professional (and Trainee)</li> </ul>	<ul style="list-style-type: none"> <li>• Licensed Asst. Behavior Analyst</li> <li>• Certified AAC</li> <li>• Behavioral Health Support Specialist</li> <li>• Certified Counselor</li> </ul>	<ul style="list-style-type: none"> <li>• ARNP</li> <li>• Licensed Behavior Analyst</li> <li>• Licensed AAC</li> <li>• Marriage &amp; Family Therapist</li> <li>• Licensed Mental Health Counselor (and Assoc.)</li> <li>• Occupational therapists</li> <li>• Licensed Advanced Social Worker (and Assoc.)</li> <li>• Licensed Independent Clinical Social Worker (and Assoc.)</li> </ul>	<ul style="list-style-type: none"> <li>• Psychologist</li> <li>• Psychologist Associate (must at least be currently enrolled in a relevant doctoral program)</li> </ul>





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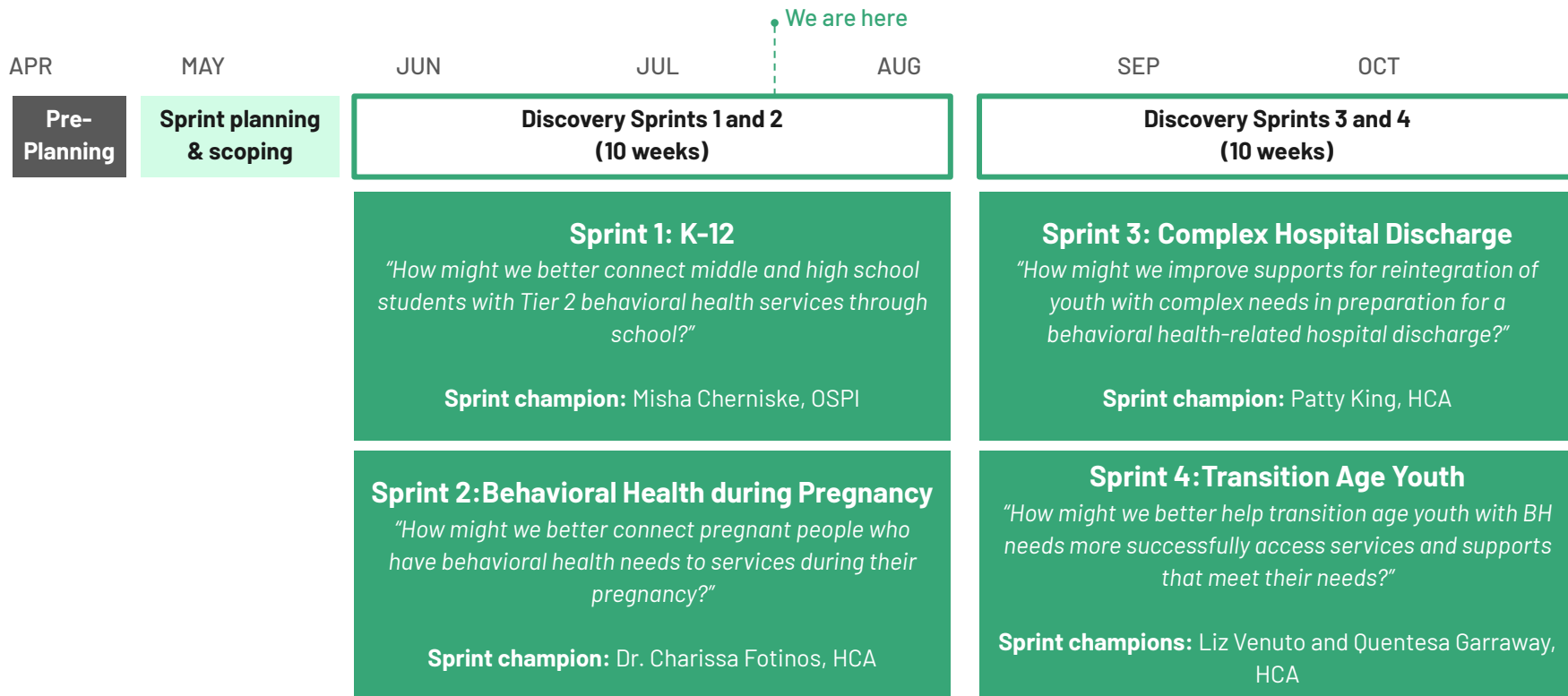
The background image shows a city street scene with a large, ornate building on the left and a fountain in the foreground. Several children are running and playing in the water of the fountain. The scene is bright and festive, with colorful balloons visible. The text is overlaid on the left side of the image.

 **BLOOM WORKS**

# **Behavioral Health Discovery Sprints**

**CYBHWG Workforce and Rates subgroup  
July 17, 2024**

# Timeline of Discovery Sprints



# Key Objectives of our Discovery Sprints

**Understand the current state of systems and services**, which could include:

- Challenges that exist
- Areas of opportunity
- Connectedness of systems and impact across stages

**Provide actionable recommendations for a path forward**, which could include:

- Short- and long-term goals
- Proposed policy changes and opportunities for legislative consideration
- A plan for incremental service improvements
- Suggested feedback loops needed to measure the effectiveness of proposed changes

# K-12 School-Based Behavioral Healthcare

Broad starter question: **How might we help schools more successfully connect students with behavioral health services through school?**

Conducted desk research and interviews a total of 20 stakeholders and experts to scope the discovery sprint.

Challenges identified in scoping:

- Tier 2 in Multi-Tiered System of Supports
- Funding
- Variation in delivery of services
- Need for common language and training
- Logistics
- Stigma

**How students get identified and connected to services**

**Identify a potential a BH need** in a student

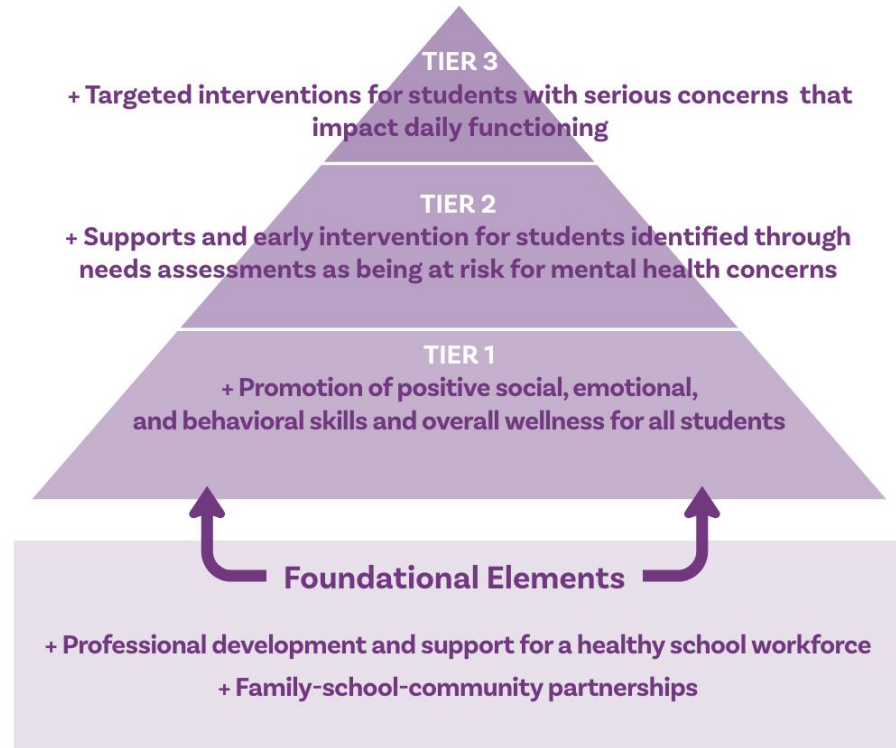
Connect student with adult to **determine what BH support might be needed**

Adult **connects student with BH support** (by school at school, external at school, external)

**Discovery problem statement:**

**How might we better connect middle and high school students with Tier 2 behavioral health services through school?**

## Exhibit 1 – The Multi-Tiered System of Supports



Source: *Advancing Comprehensive School Mental Health: Guidance From the Field*. National Center for School Mental Health. University of Maryland School of Medicine.

## K-12 Early Research Workforce-Related Trends

- Known challenges around sustainable funding for staffing in-school behavioral health-related positions (ex. nurses, school counselors)
- Management of behavioral health-related roles is key to successful integration (ex. administrative functions like billing, many asks of school counselors)
- If early intervention is going well, Tier 3 support need is low
- Need for private insurance providers, especially in rural areas
- Student Assistance Professional program seeing success in Tier 2 space, but lacking workforce to fill positions
- Representation in the workforce improves outcomes
- Some desire to have more substance use professionals engaged with schools

# Behavioral Health during Pregnancy

Broad starter question: **How might we provide more successful behavioral health supports for pregnant and parenting people to keep families together?**

Spoke with 15 stakeholders and experts and conducted desk research to scope the discovery sprint.

Challenges identified in scoping, across life stages and experiences:

- Shortage of available services
- Lack of family-centered care
- Access barriers
- Stigma, fear, mistrust
- Unmet holistic support needs
- Preconception wellness

## Pregnant and parenting life stages



Opportunity to promote wellness and avoid adverse outcomes post-birth

## Discovery problem statement:

**How might we better connect pregnant people who have behavioral health needs to services during their pregnancy?**



# Behavioral Health During Pregnancy: Perspectives and Questions Guiding the Research

## What types of perspectives/people we are talking to

- People with lived experience
- Peer navigators
- Direct service providers
- Clinical providers

## Questions guiding the research

- What's working?
- What's missing?
- What keeps getting in the way?
- What do organizational partnerships look like?

# Behavioral Health During Pregnancy: Themes We are Hearing So Far

## Overall themes

- Challenges in awareness and navigating BH/SUD services for pregnant people
- Limited services for SUD during pregnancy
- Lack of normalization and lack of awareness of services
- Factors that help services work well:
  - Provider flexibility to deviate from the script
  - Whole person care
  - Whole family care
  - Integrated/coordinated care
  - Informal, non-clinical navigation support (e.g., peer)

## Workforce-related themes

- Needs for provider training/education
- Referrals, connections, and integrated care
- Time pressures for more personalized care
- Staffing with people with lived experience (e.g., peer navigators)

## Insights and Recommendations Might Include

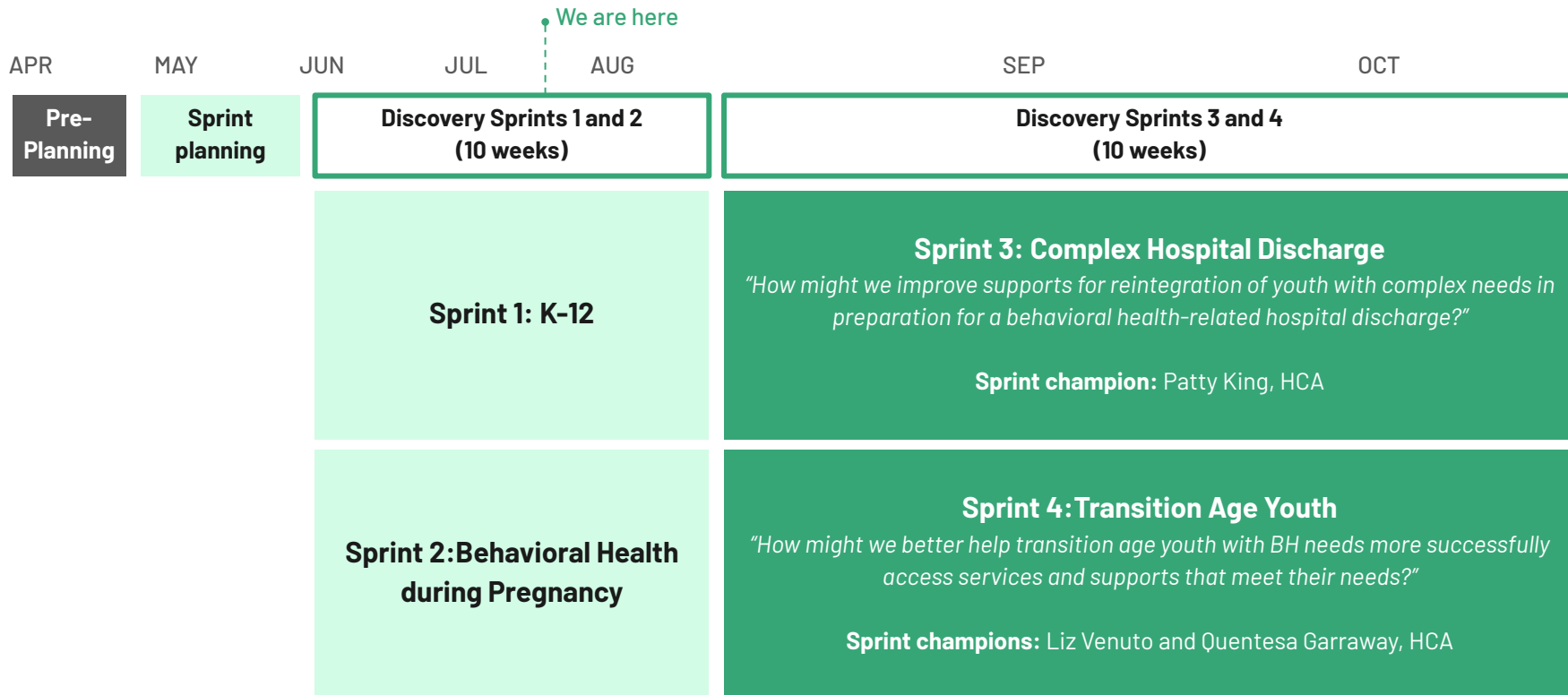
Insights about challenges and successes accessing BH services

- Stories and first-hand perspectives from people with lived experience
- Challenges and opportunities from providers/advocates/front-line

Potential types of recommendations

- Tactical opportunities to streamline processes, improve communication or technology
- Piloting or expanding key services/supports
- Larger scale insights and opportunities for the system (ex: resource needs, experiments, policy)

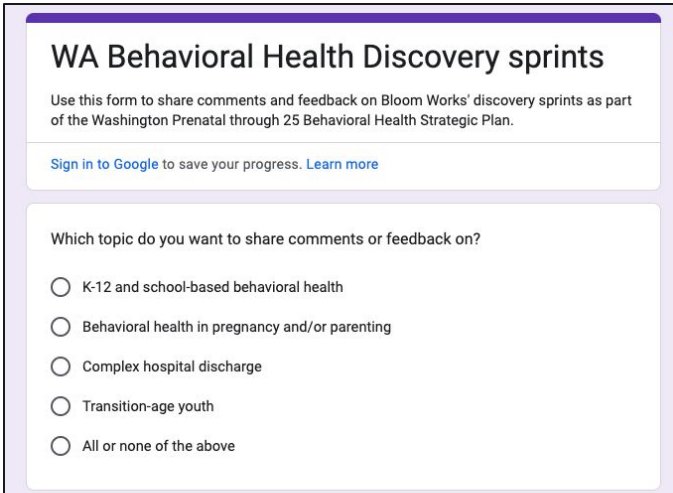
# The Second Phase of Discovery Sprints



# Thank you!

## Form for comments, feedback

<https://tinyurl.com/WABH-discovery>



**WA Behavioral Health Discovery sprints**

Use this form to share comments and feedback on Bloom Works' discovery sprints as part of the Washington Prenatal through 25 Behavioral Health Strategic Plan.

[Sign in to Google](#) to save your progress. [Learn more](#)

Which topic do you want to share comments or feedback on?

- K-12 and school-based behavioral health
- Behavioral health in pregnancy and/or parenting
- Complex hospital discharge
- Transition-age youth
- All or none of the above

## Contact our sprint teams

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