



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

August 15, 2024

Glossary of Terms

ARNP: Advanced Registered Nurse Practitioner

BH: Behavioral Health

BHA: Behavioral Health Agency

CCBHC: Certified Community Behavioral Health Clinic

CMS: Centers for Medicare and Medicaid Services

DOH: Washington Department of Health

HCA: Washington Health Care Authority

MH: Mental Health

PAL: Partnership Access Line

SAMHSA: Substance Abuse and Mental Health Services Administration

SAP: Student Assistant Professional

WISe: Wraparound with Intensive Services

WSAC: Washington Student Achievement Council

WSMA: Washington State Medical Association

Meeting Topics

Discussion of 24-25 W&R subgroup priorities

Discussion of all CYBHWG subgroups' 24-25 workforce & rates priorities

Preliminary prioritization discussion & group activity

Discussion Summary

Discussion of 24-25 W&R subgroup priorities

Topics and supporting discussion, listed below in the order in which they were discussed:

1. Certified Community Behavioral Health Clinics (CCBHCs): Julia O'Connor
 - a. The Health Care Authority (HCA) is leading a CCBHC Technical Provider Work Group.
 - i. HCA has until December to publish a report from this work group, which they are working on now.
 - b. HCA is also applying for a federal planning grant, administered by Substance Abuse and Mental Health Services Administration (SAMHSA), which is the first step for a state to become a member of the federal demonstration for the CCBHC model.
 - i. The deadline for this grant is September 12, 2024.
 - ii. The HCA has instructions from the legislature to implement the CCBHC model by fiscal year 2027 – either by receiving a planning grant and being admitted into the federal demonstration or by applying to amend the state plan.



1. No agency will be required to become a CCBHC under this model – it is an “opt-in” model.
- c. The CCBHC ask is still to be determined, as it depends on the final outcome of the Technical Provider Workgroup and the planning grant.
2. Behavioral Health Teaching Clinic Enhancement & Rate: Julia O’Connor
 - a. There has been a multi-year teaching clinic demonstration, funded by the Ballmer Group, and there are three main asks:
 - i. The Legislature should enact legislation codifying the Behavioral Health Teaching Clinic Enhancement and Rate into law.
 - ii. The Legislature should appropriate funds necessary to enact the rate component of the Behavioral Health Teaching Clinic.
 - iii. The Legislature should direct the HCA to take the necessary steps submit the Behavioral Health Teaching Clinic Enhancement and Rate for approval by the Centers for Medicare and Medicaid Services (CMS) in order to secure federal investment and matching necessary for long-term sustainability.
 - b. Discussion of this topic consisted of the following items:
 - i. There will be a public-facing report that will be released per the lobbyist’s instructions.
 - ii. This ask applies strictly to community Behavioral Health Agencies (BHAs).
 - iii. Washington state would be a pioneer for implementing this model – and CMS approval would be achieved through either a state plan amendment or approval of a federal reimbursement match.
3. Conditional Scholarships: Vaughnetta Barton & Laurie Lippold
 - a. The Ballmer Group invested \$21.4 million in conditional scholarships, and the ask would be for additional funding for continuing this work.
 - i. The specific ask is for more funding (\$50k per student; 180 students) for conditional scholarships that Washington Student Achievement Council (WSAC) will implement.
 - b. An additional component of the ask is for funding for three concentration areas to provide skills training to candidates in alignment with employers’ needs (\$10k per student). The three areas are:
 - i. Crisis response
 - ii. K-12 school mental health (MH) services
 - iii. Community MH and behavioral health (BH) agencies
 - c. The last piece of the ask is for funding for continuing program evaluation to ensure goals to increase the number, skills, and diversity of the workforce are met (\$150k).
 - d. Discussion of this topic consisted of the following items:
 - i. Strategies for recouping if there is a default on a conditional scholarship.
 1. The Ballmer Group asked for a collections plan.
 2. The consortium’s goal is to reduce and eliminate student debt through the Ballmer-funded program, coming up with plans for a student if they need to repay.
 3. The consortium is working with WSAC’s process in continuing their mandate.



4. As part of [HB 1763 \(2023\)](#), the legislature changed the definition of "defaulting," to remove some circumstances that previously led people to default.
4. Stipend Program: Laurie Lippold
 - a. [HB 2247 \(2024\)](#) directed the Department of Health (DOH) to establish a stipend program to offset the costs incurred when providing supervision for associates completing supervised experience requirements for licensure/certification.
 - i. The DOH is submitting a decision package (DP) related to this.
 - ii. Representative Bateman is planning on advancing a request for funding to implement the stipend program, after identifying what the numbers are.
5. Administrative Burden: Mary Stone-Smith
 - a. There have been many unfunded mandates around training – with added requirements that are extensive and inflexible – across Wraparound with Intensive Services (WiSe) and crisis planning.
 - i. These trainings are causing inefficiencies – the clinics often have to retrain providers and find staff to cover those in training.
 - b. The WiSe administrative burdens are moving along well – this is no longer the largest concern.
 - c. Mary Stone-Smith will plan to talk with others about this concern and come up with a proposal by next week's meeting.
6. Behavioral Health Data
 - a. Other than the request for additional funding for conditional scholarships evaluation, there is no ask in this category.
7. Well-being specialist Designation and CARE project
 - a. Laurie Lippold to follow-up with Sarah Walker about if there is an ask for this topic.
8. [HB 1724 \(2023\)](#)
 - a. There have been meetings related to the implementation of this bill, but there is nothing specific.
9. [HB 1504 \(2021\)](#)
 - a. This bill was related to pilots that went out to the Accountable Communities of Health (ACH).
 - i. The association of ACHs does not yet have their priorities, but this may be a support item for this group.
10. WSMA Covered lives assessment: Sean Graham
 - a. There has not been a broad rate increase in years, and Washington State Medical Association (WSMA) would like to see rate increases extrapolated across services that would be delivered in physician clinics.
 - b. Last session, WSMA proposed the establishment of a covered lives assessment to create an assessment on insurance carriers based on their enrollment, applying primarily to Medicaid plans as a mechanism to bring down federal funds that would support the rate increases.
 - c. The goal is to increase access to care for Medicaid enrollees and also help promote workforce, which has been struggling with recruitment and retention due to the lack of Medicaid coverage for care being delivered.
 - d. Discussion of this topic included the following:



- i. The goal is to apply rate increases for professional services commonly delivered in physician clinics.
 - 1. It applies to the codes that can be billed by physicians and Advanced Registered Nurse Practitioners (ARNPs), and they are hoping to identify the services that would commonly be delivered in these clinics across care.
 - ii. This rate increase will not impact community behavioral health agencies, but likely would impact BH services happening in private practice and primary care settings.
 - iii. How will WSMA address unintended consequences due to these rate increases, such as workforce shifts due to differential pay?
 - 1. WSMA does not intend the proposal to exclude other groups, such as community behavioral health agencies; rather they are focusing on areas where their members are delivering care and are responding to the needs of their members and patients.
 - 2. There is an opportunity to revisit what is included in the proposal for the 2025 session.
11. \$100 Million Provider Relief Fund
- a. Nobody is aware of a specific ask or proposal – this can be taken off the list.
12. Partnership Access Line (PAL) and Referral Service: Robert Hilt
- a. Ask: Fiscal ask for budget adjustment to make sure programs don't go into further deficits (to avoid staff and provider cuts).
 - b. The staffing of the statewide referral service is stable, but they need to be able to pay staff and avoid further deficits.
 - c. Total ask for PAL + Referral line: \$900k (\$418k for PAL + \$490k for Referral line) annually.
 - i. 1/3 of this will be state general funds because of Medicaid and commercial insurance matches.
 - d. For now, this should come through the W&R subgroup recommendations, but will be considered by the full group as an overarching recommendation as well.
13. Intensive Outpatient and Partial Hospitalization
- a. There have not been any asks thus far.

Discussion of all CYBHWG subgroups' 24-25 workforce & rates priorities

- 1. School-based subgroup priorities: Christian Stark
 - a. The school-based group is still working to narrow their recommendations.
 - b. One of the main focuses is care coordination.
 - i. More specifically, this issue covers: How do we make it easier for districts and schools to connect students in need with community providers?
 - ii. There have been different approaches discussed for this topic, such as the following:
 - 1. Providing schools with more funding to use for staffing (or otherwise) to create MOUs with providers and embed providers into tiered support structures in the schools.



2. Funding a position at the community level to provide care coordination at the community level.
3. Creating hubs between districts and providers to facilitate referrals.
- c. Another issue the school-based subgroup has discussed is staffing for non-clinical supports in the school setting, which could include the following avenues:
 - i. Expanding the Student Assistant Professional (SAP) program – which is a model to provide prevention and intervention services embedded in schools.
 - ii. Getting more peers into the school setting, by implementing programs such as the Youth Mental Health Corps, which some states are piloting.
- d. The school-based subgroup will share back more detailed information next week, after their next meeting.

Preliminary prioritization discussion & group activity

1. Survey will be sent out regarding priorities.

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 21 – 10-11am
- *Friday, September 6 – 10-11am
- September 19 – 10-11am
- *Tuesday, October 1 – 10-11am
- October 24 – 10-11am
- November 6 – 10-11am
- December 4 – 10-11:30 am
- December 19 – 10-11am