



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

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*August 21, 2024*

### Glossary of Terms

ASD: Autism Spectrum Disorder

BHI: Behavioral Health Integration Subgroup

BHSS: Behavioral Health Support Specialists

CCBHC: Certified Community Behavioral Health Clinic

CHW: Community Health Worker

CMS: Centers for Medicare and Medicaid Services

DOH: WA Department of Health

HCA: WA Health Care Authority

IECMH: Infant and Early Childhood Mental Health

IOP: Intensive Outpatient Program

MH: Mental Health

P5RH: Prenatal through Age Five Relational Health Subgroup

PAL: Partnership Access Line

PHP: Partial Hospitalization Program

RUBI: Research Units In Behavioral Intervention

SBBHSP: School-Based Behavioral Health & Suicide Prevention Subgroup

SPA: State Plan Amendment

WDI: Workforce Development Initiative

WSAC: Washington Student Achievement Council

WSMA: Washington State Medical Association

YYACC: Youth and Young Adult Continuum of Care Subgroup

### Meeting Topics

Discussion of 24-25 W&R subgroup priorities

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. Please see previous meetings' notes for more extensive background details for each issue.

1. Certified Community Behavioral Health Clinics (CCBHCs):
  - a. No updates to this item, besides the following:
    - i. It is unclear if there will be a formal ask identified.



- ii. HCA will not know the outcome of the planning grant until the beginning of session, and the ask(s) will likely be identified based on if the grant comes through or not, in addition to the results of the technical provider work group.
  - iii. HCA has strongly indicated they are moving forward with participating in the federal demonstration.
    - 1. If the planning grant is received, it is a step towards participating in the demonstration.
    - 2. If the grant is not received, CCBHCs will likely move forward with a state plan amendment (SPA) and a future planning grant.
  - iv. The recommendation is to move forward with a placeholder for now.
- 2. Behavioral Health Teaching Clinic Enhancement & Rate:
  - a. No updates to this item, besides the following:
    - i. WA Council is developing a one-pager on this topic.
    - ii. This is the Council's primary legislative agenda.
- 3. Conditional Scholarships:
  - a. No updates to this item, besides the following:
    - i. The consortium is meeting with the Washington Student Achievement Council (WSAC) about their different models, with the hope to introduce and implement lessons learned from the last 4-5 years to build momentum for the continuation of the work.
    - ii. The work includes the Workforce Development Initiative (WDI) and the workforce for student wellbeing, led by Dr. Jennifer Stuber and Dr. Eric Bruns of the Smart Center.
    - iii. It is unknown how much public funding will be sought for the 2025-2027 biennium for the conditional scholarships.
      - 1. The W&R team will sync with Representative Eslick regarding this ask.
  - b. Discussion of this item including the following:
    - i. How much the scholarships of \$50k cover for each student depend on the school.
      - 1. Students receive \$50k for their schooling in exchange for three years of post-graduation employment.
    - ii. The concentration areas (crisis response, K-12 school mental health (MH), and community MH and behavioral health (BH) agencies) that candidates can select to participate in Community Practice cohorts for, are preliminary.
      - 1. For this particular ask, these areas were chosen because of the high need and existing efforts and momentum.
      - 2. Specialty areas, such as infant and early childhood mental health, are not off the table.
- 4. Stipend Program:
  - a. No updates to this item, besides the following:
    - i. The subgroup should submit this item with the caveat that it should be consistent with the decision package (DP) that is being submitted by the Department of Health (DOH).
- 5. 'Well-being specialist' designation and UW CoLab's [Culturally Affirming & Responsive Mental Health \(CARE\) project](#)
  - a. No updates to this item, besides the following:



- i. Sarah Walker will be drafting a proposal for this item.
6. Partnership Access Line (PAL) and Referral Service:
  - a. No updates to this item, besides the following:
    - i. This is being considered as an overarching recommendation for the full work group.
    - ii. If it does not go through as overarching, it would be submitted as a priority recommendation from the W&R subcommittee, if people vote on it.
7. Autism Spectrum Disorder (ASD) Workforce:
  - a. W&R heard a presentation about this topic and someone filled out the documents for a potential recommendation.
    - i. There is nobody from this group present at the meeting.
  - b. Supporting the ASD workforce is a recommendation under consideration by the Behavioral Health Integration (BHI) subgroup, related to the integration of the Research Units In Behavioral Intervention (RUBI) parent training model in primary care.
8. Behavioral Health Support Specialists (BHSS):
  - a. Waiting to see if there is a specific request for funding BHSS.
9. Intensive Outpatient (IOP)/Partial Hospitalization Program (PHP):
  - a. Nobody has advanced this thus far.
10. Washington State Medical Association (WSMA) covered lives assessment:
  - a. No updates to this item, besides the following clarifications:
    - i. This would impact professional fees for doctors, nurse practitioners, psychologists, and MH counselors.
    - ii. The rates for behavioral health services, such as individual and group counseling, would increase about 30%.
    - iii. Community MH centers have a different funding mechanism, and don't typically send a bill for a professional fee.
    - iv. This mechanism for Medicaid rates increases would have the biggest impact for MH professionals in primary care and private practice.
    - v. In response to concerns about workforce shifts due to this proposal, Sarah Rafton says the following:
      1. She does not anticipate that this will mean that primary care is going to be able to pay MH professionals more, rather just means more primary care clinics would have MH professionals.
      2. She doesn't think this proposal will encourage more people to go into private practice, rather those people are already heading that way.
  - b. Discussion of this item including the following:
    - i. There is not currently a way that the proposal ensures it will accomplish its intended benefit (increasing the places who take Medicaid patients).
      1. There was an impact survey that was done regarding potential impact of this proposal in different sectors that can be distributed to folks.

#### **Workforce-related priorities being led by other subgroups:**

1. School-Based Behavioral Health and Suicide Prevention (SBBHSP): Coordination with community partners
2. BHI: Community Health Workers (CHWs)



- a. The HCA is submitting an application to the federal government to have CHWs be a Medicaid benefit.
  1. They have said that the rate they will seek will not cover the salaries of CHWs.
- b. There were rates published by Centers for Medicare and Medicaid Services (CMS) in November 2023 for CHWs.
  1. There is now a code and rate for Medicare that would likely sustain salaries.
- c. The question is, how can we influence the agency to seek a high rate (viable rate)?
- d. Sarah Rafton recommends that this item come through W&R subcommittee.
3. BHI: Medicaid:Medicare parity – This draws from WSMA’s broader 2025 proposal, specifically asking to implement a health plan assessment to fund Medicaid mental health counseling “professional fees” at Medicare rates.
4. BHI: Research Units in Behavioral Intervention (RUBI) training for providers
  - a. This will be a relatively small ask to continue training providers in this methodology.
  - b. Looking to expand the model.
  - c. BHI is awaiting a dollar figure from the RUBI program.
5. Prenatal through Five Relational Health (P5RH): Alternative-payment model for Infant and Early Childhood Mental Health (IECMH)
  - a. This is a potential DP from HCA.
  - b. This would be a \$2.5 million ask (\$1.25 million general state funds + federal match) to implement a pilot creating a model of payment and moving from fee for service care.
6. P5RH: Family therapy rate enhancement
  - a. This is a potential DP from HCA, though might be covered naturally through the Medicaid:Medicare parity ask.
7. P5RH: early childhood navigator workforce landscape analysis + care coordination
  - a. P5 wants a better understanding of types of navigators, where they are operating, prevalence, service needs and gaps.
8. Youth and Young Adult Continuum of Care (YYACC): expanded capacity and supports for peer support professionals
  - a. This is particularly focused on those working in first episode psychosis, intensive servicing, and schools.

## Preliminary prioritization discussion & group activity

- a. The subgroup engaged in an interactive prioritization activity to gauge the top 5 considerations they are feeling particularly energized by.
2. Draft recommendations will be accepted until August 28<sup>th</sup>.
  - a. The recommendation form will be sent out to the group via email.

## 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.*



## Notes

- *\*Friday*, September 6 – 10-11am
- September 19 – 10-11am
- *\*Tuesday*, October 1 – 10-11am
- October 17 – 10-11am
- November 6 – 10-11am
- December 4 – 10-11am