



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

September 6, 2024

Glossary of Terms

BHSS: Behavioral Health Support Specialists

CCBHC: Certified Community Behavioral Health Clinic

CHW: Community Health Worker

DOH: Washington Department of Health

Meeting Topics

Feedback from 9/5 CYBHWG meeting

Understanding new, legacy, support item definitions

Discussion about W&R recommendations

Understanding prioritization of recommendations

Agenda items for next two meetings

Discussion Summary

Feedback and Observations from 9/5 CYBHWG meeting

1. It felt like there was a significant gap between what the legislators believed a bill had intended to do and how it was actually implemented through the Department of Health (DOH) in the rulemaking (e.g., the Behavior Health Support Specialists (BHSS) or peer training).
2. Training requirements are getting lengthy – when new trainings continue to be added, it gets to the point where clinics or providers can't meet the requirements.
3. It is important to consider the current financial climate and the cost-benefit.
4. Members of the W&R subgroup felt like they were fairly well-informed about other subgroups' priorities, but didn't feel like the other subgroups were informed about the W&R priorities.

Understanding new, legacy, support item definitions

1. The conversation surrounding legacy items has spanned multiple years – this year the Work Group decided to free up the slate to focus voting and discussion on new items.
2. Legacy items will still be prioritized and included in the report in their own section – with the caveat that there is sustained interest, proven impact, and buy-in for these items across stakeholders.
3. Legacy items definition: legacy items are those that have been approved in the past by the larger work group, have a history of success in the legislature, and require further action to ensure sustainability.
 - a. Legacy items will be voted on as a 100% consensus – matching the process for overarching recommendations.



4. New items definition: New items are those that have not been considered previously, or those which have but were either not moved to the legislature by the Work Group, or unsuccessful in the legislature.
5. Discussion surrounding this topic included the following:
 - a. Prioritizing the subgroup's legacy items since they may not all get funded.
 - b. It would be helpful to have this context and guidance before drafting recommendations next year, to inform which and how draft recommendations are submitted.
 - c. Items are categorized by the subgroup prior to final submission to the Work Group October 1st; however the Work Group Co-Chairs have final discretion.
 - d. All of this will be discussed in the meeting on October 14th.

Discussion about W&R recommendations

1. Stipend Program: Laurie Lippold and Ted Dale
 - a. The amount of money the program has and would likely serve is still being determined.
 - i. Brandon Williams would be a good contact for the program numbers.
 - b. It is unclear if DOH is going to ask for additional funds in 2025.
 - i. It is important to have this information to move this item forward, especially given the current fiscal climate.
2. Given the current climate, it is better to avoid starting brand new things.
 - a. The Certified Community Behavioral Health Clinic (CCBHC) and teaching clinic items already have strong starts.
 - b. Can we focus on strengthening things that are already in process?
 - c. Legislation in Washington gives very specific instructions for implementation –
 - i. In some areas, this is due to a lack of confidence in the implementing entity.
3. BHSS is in progress; the funding ask is to develop the youth adolescent curriculum.
4. Going into a difficult budget year, the focus should be protecting existing things and completing "homework assignments" and core activities.
 - a. For example, we want to protect things such as the community health workers (CHWs), and Stipend program.

Understanding prioritization of recommendations

5. Prioritization of legacy items (CCBHC, teaching clinic, stipend program and conditional scholarships) could be helpful, because these questions will come up in budget negotiations.
6. As new information arises or changes occur in the system of care, priorities may change.
7. The subgroup can also utilize the systems mapping office hours to think about legacy prioritization and value changes in the broader system.
8. There are some recommendations that are currently vague, which may impact prioritization.
 - a. The more complete the fine details of the recommendation, the stronger the case.
 - b. We need to factor in considerations regarding protecting existing funding versus expanding.
9. Support staff will seek clarity from the co-chairs surrounding legacy items for the subgroup, as well as the subgroup leads to consider the systems mapping office hours.



Agenda items for next two meetings

1. The packet of recommendations will be sent out next week for further review.
2. When the subgroup meets on September 19th, prioritization can be further discussed.
3. On October 1st, the subgroup will have the final conversation about how to present the group's priorities to the workgroup.

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.

- September 19 – 10-11am
- *Tuesday, October 1 – 10-11am
- October 17 – 10-11am
- November 6 – 10-11am
- December 5 – 10-11am