Notes

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

September 19, 2024

Glossary of Terms

BHSS: Behavioral Health Support Specialist
CCBHC: Certified Community Behavioral Health Clinic
CMS: Centers for Medicare & Medicaid Services
CYBHWG: Children and Youth Behavioral Health Work Group
DOH: WA Department of Health
HCA: WA Health Care Authority
MCO: Managed Care Organization
PAL: Partnership Access Line
P5RH: Prenatal through Age Five Relational Health
SAMHSA: Substance Abuse and Mental Health Services Administration
WAC: Washington Administrative Code

Meeting Topics

CYBHWG voting process & timeline
Categorization of recommendations: Overarching, Legacy, 'New'
Discussion about recommendation evaluation criteria
Discussion about recommendations:
- Partnership Access Line (PAL) + Referral Service – *Bob Hilt*
- Certified Community Behavioral Health Clinics (CCBHCs) – *Julia O'Connor*
- Behavioral Health Teaching Clinic – *Julia O'Connor*
- Supervisor stipend program – *Laurie Lippold*
- Conditional Scholarships – *Vaughnetta Barton*
- Well-being Specialist designation – *Sarah Walker*
- Behavioral Health Support Specialists (BHSS) – *Bill O'Connell*

Prioritization polls: Legacy + New recommendations

Discussion Summary

CYBHWG voting process & timeline

1. This is the second to last meeting before the subgroup votes on final recommendations.
2. The Children and Youth Behavioral Health Work Group (CYBHWG) vote will occur on October 14th.
3. Between October 14th and November 7th, the subgroup will have the opportunity to consider support items, which are items that external entities independent of this subgroup are pursuing in the legislature that the subgroup wants to support.
4. The Oct 17th and November 7th meetings can be used to discuss support items.

Categorization of recommendations: Overarching, Legacy, 'New'

1. Legacy items will be voted on by a consensus vote.
2. New items will be voted on by the work group through the regular process.
3. Overarching items will be voted on by a consensus vote.
    a. These items include:
        i. PAL + referral service
        ii. CCBHCs
        iii. Extension of HB 1580 (2023) (Youth stuck in hospitals)
        iv. TBD on if/any other additions
    b. The subgroup should still come to consensus on the components of the recommendations to be presented to the work group, even if they are overarching.

Discussion about recommendation evaluation criteria

1. The Prenatal through Age Five Relational Health (P5RH) subgroup developed criteria for recommendations to keep in mind:
    a. COMMUNITY-INFORMED - Prioritizes approaches and ideas that strengthen child and family well-being, as shared by members of impacted communities and those that serve them.
    b. CENTERS & ADVANCES EQUITY – Holds the promise to measurably close the gaps in health access and outcomes utilizing anti-racist and anti-oppressive practices.
    c. REALISTIC & ACHIEVABLE – Size and scope are appropriate for Washington's budget context policy landscape.
    d. CAPACITY – Implementation could be described and executed well and quickly.
    e. STRENGTHENS/TRANSFORMS – Helps to build, sustain, or transform foundational systems.
    f. FIT – Fits within the [W&R] and CYBHWG scope and avoids duplicating the work of other groups.

Discussion about recommendations

Topics and supporting discussion listed below. Please see previous meetings' notes for more extensive background details for each issue.

1. **PAL + Referral Service** – *Bob Hilt*
    a. The fiscal ask is to allow the services to function not in deficit (this is not an expansion of the PAL or referral services themselves).
        i. The total ask is for $2.21 million over biennium.
            1. The total portion of state general funds is about $370k.
            2. The final figure will come from HCA when it goes through the fiscal note process.
        ii. This ask has two elements – the PAL service and the Referral service.
            1. Most of ask goes towards referral service, with some towards PAL.
2. **CCBHCs** – *Julia O'Connor*

a. There are no major updates to this recommendation.
b. Background:
    i. There is work to advance the federal CCBHC model in Washington state, which has been implemented in almost every state.
    ii. Washington has existing CCBHC expansion grantees, which are individual behavioral health agencies that have applied for and received expansion grants, and the goal is to expand the model to a statewide implementation.
    iii. The legislature has taken several steps towards this, including, last year requiring the Health Care Authority (HCA) to implement this model statewide by fiscal year 2027.
    iv. There are a few pathways to statewide implementation:
        1. Washington applies for a CCBHC planning grant from Substance Abuse and Mental Health Services Administration (SAMHSA).
            a. This application was just completed and the recipients will be notified in the Spring.
            b. If received, the state can prepare components necessary for implementation and are then eligible to join the federal demonstration.
        2. If the state does not receive the planning grant, there will be subsequent opportunities for HCA to apply, but the state would then implement the CCBHC model through a state plan amendment, to meet the legislature's timeline.
            a. This is underway – the state did not receive the planning grant a few years ago, and the legislature appropriated $1 million to allow HCA to complete initial planning work.
            b. HCA has a decision package in for just over $2 million to continue this planning work.
c. The recommendation is essentially: do whatever is necessary to keep moving this forward, whether that is 1) appropriating the HCA decision package request, or 2) taking alternate steps if the planning grant is not received to move towards a state plan amendment.
d. Discussion surrounding this item included the following:
    i. The Washington Council team has not been able to touch base with HCA about their intention for their decision package and if HCA is operating under the assumption that they will be receiving the planning grant or not.
    ii. How does this fit with the 2027 CCBHC implementation timeline?
        1. Once a state receives the planning grant and get into the federal demonstration, that is the process for statewide implementation of CCBHCs.
        2. The 2027 timeline allows Washington to have time to learn whether we received the planning grant and, if not, there are other Medicaid options that allow the state to do that.
    iii. Ensuring that CCBHCs provide services across the lifespan, including robust child coverage.
    iv. When you become a demonstration state, there is a community needs assessment that occurs.

1. A state receives the federal planning grant before becoming eligible to become a demonstration state, to allow the states, providers, and communities to do the community needs assessment prior to being a demonstration state.
2. Workforce is part of the challenge, but this should be addressed ahead of time via the community needs assessment process.

v. More information on CCBHCs here: https://www.thenationalcouncil.org/program/ccbhc-success-center/ccbhc-overview/
vi. Resources relevant to context in Washington state:
1. https://www.psychiatryonline.org/doi/10.1176/appi.ps.20230617
2. https://www.thenationalcouncil.org/resources/crosswalk-workforce-recommendations/

3. **Behavioral Health Teaching Clinic** – *Julia O'Connor*
a. Background:
i. This is a model that the Washington Council for Behavioral Health has developed over the last several years.
1. This came about when the legislature funded the behavioral health teaching hospital at the University of Washington, which will receive a compensation for training new graduates and folks who were in school.
2. Behavioral health agencies (BHAs) have been doing that at an uncompensated rate for decades.
ii. The WA Council deployed a two-pronged strategy:
1. WA Council received a grant from the Ballmer group to launch a demonstration project, which was conducted over the last two years, ending in July 2024.
a. There were six voluntary clinics throughout the state representing a large scope of size of providers.
b. They brought in experts from the National Council for Mental Wellbeing to lead the WA Council through programmatic development, as well partners at CohnReznick to develop rates.
c. The clinics spent time evaluating recruitment, supervision, costs and revenues, training programs, and standards – detailed in a report and one-pager.
d. The report found that there is an uncompensated degree of loss – folks who are coming in as students (or "trainees") are leaving when they get their independent license, because they can make more money, have a lower caseload, and work with lower acuity patients elsewhere.
iii. WA Council developed 13 standards to upload a high standard of teaching that would identify who is eligible to serve as a teaching clinic and what they must do to be eligible to bill for a teaching clinic enhancement rate.
iv. The Council is still identifying what the specific fiscal ask is.
v. The ask: There are three crucial asks that we have the legislature in the coming session.
1. Pass legislation that would enact this and codify the teaching clinic designation and enhancement rate into our state law.

2. Fund the necessary amounts to pay that enhancement rate, and also to fund the agencies like the Department of Health (DOH) and the HCA for their involvement in implementation and maintenance of this going forward.
3. Direct the HCA to take the necessary steps to submit this designation and the enhancement rate for approval by Centers for Medicare & Medicaid Services (CMS) for direct payments that would then allow them to amend Managed Care Organization (MCO) contracts so that MCOs would be passing the enhanced rate through to approve teaching clinics.

b. Discussion surrounding this item included the following:
   i. WA Council developed four key classifications that allow for the organization of the teaching clinics to identify which employees are eligible to qualify for the agency for this rate, which includes two trainee categories and two intern categories.
   ii. The increased amount of money goes to the agency rather than the individual doing the supervision.

4. **Supervisor stipend program** – *Laurie Lippold*
   a. The legislature initially gave direction to this program in 2023, and then amended it in 2024 to create the model that is being advanced – a person supervising someone working on their license would be able to get $2,000 per year from the stipend fund and the supervisee would never have to pay more than an additional $1,600 per year for the supervision requirements.
   b. There is a decision package from DOH regarding this, with the following language:
      i. "The cost of meeting supervised experience requirements can be a significant obstacle to becoming licensed as a behavioral health provider. The Behavioral Health supervisor stipend program, which was not fully funded in the 2024 budget is seeking $3.566 million in ongoing biennial funding to address this issue."
      ii. 803 people would benefit from this in fiscal year 2026, 953 in fiscal year 2027, and increasing from there.
      iii. The dollars are for the stipends themselves and for the FTE to administer the program.
   c. We don't yet know if the governor will include this in his budget, so the outstanding question is, is there money to begin implementing this even if they don't get additional funds in 2025?
   d. At this time, this is being advanced as a recommended priority legacy item.
5. **Conditional Scholarships** – *Vaughnetta Barton (Ben DeHaan spoke on behalf of this recommendation in this meeting)*
   a. The proposal replaces federal and private dollars with public dollars (general fund state dollars) to continue the work that has been happening with conditional scholarships.
   b. <u>The ask:</u> 180 scholarships, with each scholarship around $50k = $9 million total
      i. The ask includes $10k per student for additional training and $150k to conduct a second year of their longitudinal study (which was funded by the legislature last session).
   c. This publicly-funded version of the conditional scholarships program is much broader – they encourage students through conditional scholarships to show up in schools, the community behavioral health system, and also crisis response.
   d. Discussion surrounding this item included the following:

i. Given the current climate $9 million is a lot – if the program needs to be reduced, they would reduce the number of scholarships.
    1. They want to keep the training and evaluation pieces, and would rather serve fewer students with the full array of the program to ensure they are successful.
ii. New workforce members from the program are exclusively graduate students whose degrees are contingent upon fulfilling academic requirements, and their training requirements (20-30 required hours) fulfill practicum credit towards their degrees.
iii. There is a lot of work being done with the community BHAs to get a sense of skills they want students to have, and discussion and alignment between the training and what is needed in the field.
iv. This program covers mental health counselors, marriage/family therapists, clinical social workers, and they are in discussion around community and psychology.

6. **Well-being Specialist designation** – *Sarah Walker*
    a. Aiming to expand access without diluting the quality of supportive mental health services and by supporting whole person health via the creation of a new professional designation and training pathway for diverse workers.
    b. The effort is also aimed at building a pipeline for the licensed mental health workforce, and is simultaneously focused on increasing cultural responsivity and whole person health approaches.
    c. This has already been legislatively supported but is looking at a funding cliff in June.
    d. Additional funding would help pilot and scale the program faster if all of those asks came through.
    e. The goal is for the funding to help prepare 5-10 agencies to begin on-the-job training programs by next fall.
        i. They are working with the Training Fund, Pierce County Workforce Board, and other partners to develop a blueprint for harmonizing on-the-job training and apprenticeship programming across multiple licensure types to focus on core relational competencies, and then move towards specific specialty skills for different licensures.
    f. This is not a new licensure type, but introduces the option of completing a wellness certificate as part of one of the other existing pathways to licensure.
    g. There would be additional support for experiential training in wellness service.
    h. The funding would pay agencies to backfill time trainee spent in training and pay the trainers, as well as cover the cost of developing an implementation guide for the codes to bill services and evaluating the effectiveness of the program and wellness services.
    i. Discussion surrounding this item included the following:
        i. The program is trying to work with the policy priorities of all the various partners doing work in this general space.
            1. Right now, the behavior integrated care committee that's advocating for community health workers is eager to see community health workers supporting primary care as employees of primary care directly.
            2. The program is looking at the workforce types, and thinks it will be most attractive to focus on the registered agency affiliated counselor and

certified peers, as the workforce type who are interested in taking on the wellness certificate and delivering wellness services.

7. **BHSS** – *Bill O'Connell (covered by Laurie Lippold in this meeting)*
    a. There is not currently a dollar amount assigned to this ask.
    b. The legislature established BHSS and have been working on the curriculum, which will begin in 2025.
    c. This workforce was initially geared towards serving adults, and the proposal is for money to develop a curriculum to serve adolescents.
    d. This is a one-time request.
    e. Discussion surrounding this item included the following:
        i. BHSS folks will serve in the following settings: including, but not limited to school-based mental health crisis services, youth shelters, youth-based community services, integrated primary care, specialty mental health, and hospital-based services.
            1. BHSS employment in these settings will be sustained through revenue generated from billing for services to Medicaid and third-party insurance.
        ii. There is some concern about this specific curriculum as proposed in the Washington Administrative Code (WAC), which states that to qualify for BHSS you must meet 1.5 pages worth of criteria.
            1. This may make it hard for staff to qualify to be BHSSs.
    f. Additional resources about BHSS:
        i. BHSS and Youth Curriculum 9.19.24
        ii. Memo to Child and Youth Work Group 7.11.24

Prioritization polls: Legacy + New recommendations

1. Overall prioritization poll results:
2. In priority order:
    a. Teaching clinic
    b. Conditional scholarships
    c. Supervisor stipend program
    d. BHSS
    e. Well-being specialist
3. At the next meeting, the subgroup will do a final vote on what should advance to the Work Group.
4. The subgroup will also begin considering support items.

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.

- **Tuesday,* October 1 – 10-11am
- October 24 – 10-11am

Notes

- November 6 – 10-11am
- December 5 – 10-11am