



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

November 6, 2024

Glossary of Terms

ABA: Applied Behavior Analysis

ASD: Autism Spectrum Disorder

CYBHWG: Children and Youth Behavioral Health Work Group

DOH: WA Department of Health

DP: Decision Package

FQHC: Federally Qualified Health Center

HCA: WA Health Care Authority

OT: Occupational Therapy

UW: University of Washington

Meeting Topics

Review and discuss 2025 Potential Statements of Support – presentations & Q&A

1. Department of Health (DOH) credentialing Decision Package (DP)
2. Community Health Center of Snohomish County
3. Medical necessity proposal
4. Applied Behavior Analysis (ABA) Rate Increase
5. Psychologists Prescribing Authority
6. Occupational Therapists
7. Health Workforce Planning DP

Move to approve support items

Discussion Summary

Review and discuss 2025 Potential Statements of Support – presentations & Q&A

DOH credentialing DP

1. DOH has requested \$6.4 million in general funds state (GF-S) to continue credentialing work for their current staff, to help support the severe workforce shortages that are being experienced, especially in Behavioral Health and Long-Term Care.
2. The hope is that this will continue to reduce backlogs and allow continued investment in the workforce, as well as improve credentialing times.
3. Discussion surrounding this item included the following:
 - a. DOH is currently working on the following:
 - i. Credentialing teams for each specific profession.
 - ii. Developing robust performance metrics and timelines for each profession.
 - iii. Making sure the quality and availability of information on how to apply for a profession and the application process is available online and is clearer.



- iv. Making sure resources are aligned and that DOH has the appropriate number of staff to help with these improvements.
 - b. Many of these recommendations are related to [HB 1724 \(2023\)](#).
 - c. There was a proviso in the last budget for creation of the credentialing team.
 - d. Results from the existing efforts to address credentialing timelines will be shared in follow-up emails.

Community Health Center of Snohomish County

1. The Community Health Center of Snohomish County runs 11 different sites, including some school-based health centers, and are partners with Housing Hope in building a clinic inside an affordable housing project at the Lynwood transit center.
2. The health center has transit-oriented development plans for the space, including the following:
 - a. Community Health of Snohomish County is going to be building a full-service medical and dental clinic.
 - b. They are planning to create a dedicated space for pediatric neurobehavioral diagnosis and treatment.
 - i. Many patients are waiting over a year to get a full diagnosis for autism spectrum disorder (ASD) at the University of Washington (UW) Autism Center.
 - ii. Parents, especially those using Medicaid to pay for their kids' services, are having a hard time accessing services, even when they eventually do get a diagnosis.
 - iii. The center plans to put in place occupational therapy and play therapy, art therapy, and other types of therapies that can help kids stay on track with their development, optimize their public education, and help families get support much earlier.
 - iv. The center has a unique potential to make the diagnostic for neurodiversity services sustainable, given the Federally Qualified Health Center (FQHC) payment model.
3. This is a long-term planning process – this year, the health center is looking for \$2 million to purchase the space in a condominium-style arrangement with Housing Hope, and to do the architecture, construction, and design permitting process.
4. The actual groundbreaking is likely to be in 2027, and there will be more construction funding for the entire project coming for that that biennial budget.
5. Discussion surrounding this item included the following:
 - a. The clinic is planning to provide services and support after diagnosis on an ongoing basis to families.
 - b. There is a behavioral health agency partner proposed for the transit-oriented development as a whole, but their specific role is still being defined.
 - c. In addition, there is a [Sound Transit project](#) that includes a childcare facility operated by Housing Hope, called the Tomorrow's Hope Child Development Center.

Medical necessity proposal

1. Inseparable, a national mental health organization, is now doing work in Washington looking at how health plans make coverage determinations related to covered services recommended by providers.
2. Inseparable's Plan:



- a. Amend the Washington Mental Health Parity Act, which has some provisions relating to coverage of medically necessary mental health and substance use disorder treatment, by putting in place a medical necessity definition that has been endorsed by the American Medical Association and the Psychiatric Association.
 - i. This also requires that age-appropriate decisions be consistent with generally accepted standards of care and nonprofit clinical criteria, such as those from the American Academy of Child and Adolescent Psychiatry.
 - b. The goal is to increase access to care by making sure that services that are consistent with the standards of care that health plans have to pay for those services when they're being recommended by clinicians.
3. Discussion surrounding this topic included the following:
- a. Currently, the proposal applies to the commercial side and Inseparable is investigating whether or not they can apply the proposal to Medicaid.
 - b. Inseparable has passed this legislation in a number of other states, including Illinois, where the proposal does apply to Medicaid.

ABA Rate Increase

1. Washington Association for Behavior Analysis is hoping for support on decreasing administrative burdens that the Health Care Authority (HCA) is pursuing for applied behavior analysis, as well as Medicaid rate increases for ABA Services in Washington State.
2. Discussion surrounding this topic included the following:
 - a. Washington Association for Behavior Analysis is still determining the dollar amount for this ask.
 - i. They are working with national organizations and nonprofits to come up with the percentage number.
 - ii. Rates in Washington are about 60% less than other states across the country.
 - iii. They are waiting to hold conversations with the budget chairs to see what may be acceptable, especially given the state budget deficit.
 - b. There are administrative barriers for people progressing through ABA, along with the Medicaid rates issue.
 - i. If the Medicaid rates increases aren't achieved, companies will not be able to continue providing these services, as is.
 - ii. Along with that, the administrative burdens create additional timelines for families to get access to those services – wait times for services will continue to worsen.
 - iii. The credentialing issues at the HCA are ongoing – those coming into the workforce and those already working need to get credentialed and re-credentialed, causing huge backups.

Psychologists Prescribing Authority

1. This is a proposal to create a new credential in the state for prescribing psychologists.
2. The process for this includes the following:
 - a. The professional is an already licensed Washington State psychologist (PhD)
 - b. This person would go back for a Master's in psychopharmacology, which essentially is all the learning someone would need to safely prescribe.



- c. There would be a period of supervised practice.
 - d. After that, some could be a fully independent, licensed psychiatric prescriber.
3. There is a limited formulary to what drugs this credential could prescribe – it would just be those drugs that are used to treat mental health or substance use conditions, and would not include medications such as heart medication or birth control.
4. This process has been going on in other states for 30 years – with Louisiana and New Mexico being the strongest case for evidence that this works
 - a. Research came out last year that demonstrated that they had a 5-7% decrease in suicide attributable to this profession.
 - b. It is not duplicative of other professions, allowing the ability to blend talk therapy and medication management in a way that can be very effective.
 - c. Children saw a 5% increase in access to services in those states.
 - d. The safety records are on par with other psychiatric prescribers.
5. Discussion surrounding this item included the following:
 - a. There are seven Master's programs across the country, the biggest of which just started at the University of Colorado.
 - b. Antioch University in Seattle started this program a couple of years ago, with a current class of about 10 students.
 - c. Idaho created this credential a couple of years ago, and has a training program that is not too far away.

Occupational Therapists

1. The Washington Occupational Therapy Association received \$750,000 in workforce grants in the last budget to help for behavioral health agencies hire occupational therapy (OT) professional to stand up OT services in the context of community behavioral health.
2. This is now a billable service because of [SB 5228 \(2023\)](#), and many behavioral health agencies have been very excited about the potential of adding this complimentary service to their workforce, but don't know where to start.
3. The association is helping offset the cost of designing that program, figuring out how to make it billable, and how to integrate it in with clinical workflow.
 - a. Part of the goal is to also provide field work opportunities for occupational therapy and occupational therapy assistant students so that they can graduate prepared to work in behavioral health community settings.
4. There are four partners who are underway, with contracts from HCA and hiring in process, such as Sound, and a consortium of OT and OT assistant educational institutions and behavioral health agencies working on this.
5. It was meant to be a two-year cycle, and because of the budget being renewed this year, the association is looking for a second year of funding to sustain the program to help get the field work in place.

Health Workforce Planning DP

1. The Health Workforce Council, staffed by the Workforce Board and Washington's Health Workforce Sentinel Network, are key pieces of WA state's behavioral health workforce planning infrastructure.



2. Current funding for the Council's and Sentinel Network's respective behavioral health projects is insufficient to sustain the required data collection, analysis, and policy activities outlined by statute to support increased work.
3. The Workforce Board is requesting ongoing funding for staff to add 1.65 FTEs, bringing the total to 2.5 FTEs, and to maintain the Sentinel Network.
 - a. These additional resources will strengthen workforce, research and policy development capacity, specifically to support the Children and Youth Behavioral Health Work Group (CYBHWG) W&R subcommittee, in addition to general health workforce projects.
 - b. The request is \$345,000 in fiscal year 26 and \$327,000 ongoing beginning in 2027.
 - c. This is in addition to the current \$240,000 that they receive.

Move to approve support items

1. Support items are going to be included in the legislative report submitted to the governor.
2. On November 1st, the Work Group submitted the first draft report which includes all recommendations considered at the October 14th Work Group meeting.
3. The final report will be submitted to the Governor's Office the first week of December, and will be inclusive of all support items approved by both the subgroups and Work Group.
4. On November 12th, the Work Group will consider the support items put forward by all five of the subgroups and choose whether to approve the slate of support items for inclusion in the report.
5. Voting Period:
 - a. Initial Vote – items moving forward:
 - i. DOH credentialing DP
 - ii. Health Workforce planning DP
 - b. Discussion surrounding the vote results included the following:
 - i. There is surprise that the Occupational Therapy item didn't move forward, especially given this subgroup included this support item as a two-year proposal last year.
 - ii. The 90% threshold required for items to move forward feels very stringent.
 - iii. The difference between the threshold for support items versus the subgroup recommendations is that the subgroup has about five months to develop the recommendations and fully consider and better them through the regular processes, while support items have a much more truncated timeline.
 1. Because of the truncated timeline, the Work Group wants close to 100% support for support items to feel confident placing them in the legislative report.
 - iv. Subgroup members would like more clear communication about high threshold and voting process for support items.
 - c. Discussion led to a second vote.
 - d. Support staff and subgroup leads will discuss the results of the two votes and send out communication to the group about final support item inclusion.

Next/Final 24/25 Meeting



- December 4 – 10-11am