Washington State Joint Legislative and Executive Committee on Behavioral Health

JLEC webpage here

Tues., Nov. 19, 2024, 9 am - noon

Attendees:		
☒ Rep. Tana Senn	☒ Teesha Kirshbaum	☒ Vickie Lowe
☒ Amber Senn	☒ Sen. Claire Wilson	☒ Jane Beyer
☒ Lacy Fehrenbach (DOH)	☒ Brian Waiblinger, MD	☒ Anna Nepomuceno
☒ Rep. Carolyn Eslick	☒ Sen. Keith Wagoner	☐

Absent: Laura Van Tosh, Kailey Fielder-Golhke, Allison Krutsinger

	Agenda Items	Summary of Discussion **Note:** See below for meeting chat
1.	**Behavioral Health Workforce Needs Panel Discussion**	**Sarah Alkurdi**, PhD Assistant Director, Washington Health Corps, Workforce Programs, Washington Student Achievement Council **[see slides]** **Joseph Miller**, Executive Director, Behavioral Health, Office of Health Professions, Health Systems and Quality Assurance, Washington State Department of Health [**see slides]** **Laurie Lippold**, Sr. Policy Advisor, Partners for Our Children, Co-lead of the Workforce/Rates Subcommittee of the CYBHWG **[see document provided by presenter]** **Teresa Claycamp,** Deputy Division Director of Treatment and Recovery Programs, Washington State Health Care Authority [**see slides]** **Discussion Questions:** 1. Are you aware of any workforce trends or emerging issues? 2. Where are you seeing progress and successes? 3. Are there any statewide or cross-agency efforts on which you are currently collaborating? Any upcoming plans? 4. What statewide priorities and strategies might be included in the JLEC's strategic plan to strengthen and grow the BH workforce? Can we get a group together with decision making authority that brings all of the workgroups together? CYBHWG, CRIS, SUD, JLEC, etc. so we can collectively make progress and align our efforts? Prevention! We need to expand prevention efforts and support for protective factors. We can't "workforce" our way out of the problem. We need to work

upstream to support health, people, and communities and reduce the downstream need for deeper end BH services.

We need a roadmap for a quality, accessible BH system.

One of the highest needs is social workers and counselors in schools. Also pediatric BH specialists in hospitals and medical facilities. Clinicians are needed across the board. Also, Peers are essential.

Can we support existing staff and resources before bringing in more new people?

Q: Do families know how to connect to the services we do have? Do we have enough Navigators?

Some programs exist: Parent Portal, Healthy Minds-Healthy Futures.

Workforce shortages underly and exacerbate access to BH services – staff burnout, high turnover, inequities in service offerings, underserved communities.
Known gaps:

- Rural and frontier
- Diversity in the workforce
- Barriers to entering workforce
- Training path is burdensome

We also need to strengthen and stabilize the current provider workforce through:

- Higher wages (progress has been made on Medicaid side)
- Sustainable funding
- Reducing administrative burdens

Recent progress:

- Medicaid rate increases
- New provider types created
- Peer Specialist legislation

Other issues being addressed:

- Parity in coverage for BH services between Medicaid and private side. HCA and OIC are working on this. Developing standard billing codes to reduce the administrative burden and help ensure appropriate coverage.
- Private insurers would not cover certain services in the same way if they were provided at BH crisis facilities. A new rule is coming this fall to address this.

5. Bed Inventory

Collected to-date:

- Facilities, Location, primary purpose, licensed bed capacity
- State-operated beds (BHA)
- Community beds overseen by HCA

In Progress and next steps

- Collaborating with Washington Thriving (P-25) to obtain youth bed data from DCYF
- Gathering data on the Aging and Long-Term Care Administration (ALTSA) beds.

Other Updates

	• Proviso 87 draft report (DSHS) has data on utilization of community BH beds and final will be available soon. Bed Registry • Will provide information on community bed utilization rates and needs. • Vendor selection begins January 2026. Implementation phase will range from 16-24 months after selection (2027). Discussion: Question: Will Proviso 87 report on utilization be Medicaid only? Answer is Yes. Information on utilization of beds, especially the short-term community beds will be helpful. If we don't have enough of these, we're just driving people into longer term crisis facilities and state hospitals. It's hard to track where we do and don't have enough capacity. We need a central way to access this information. The bed inventory is important. We also need to identify the underlying needs and why they are there. Who is stuck in hospitals? Why? Who is being declined from existing beds and why? The Bed Registry will not provide this information. We (HCA) need to work with our providers to understand why people are being declined.
6. Subcommittees	Community Based Behavioral Health & Strengthening Workforce • November 14, 1 – 2:30 p.m. • December - TBD Disparities & Inequities • November ~~21, 9 – 10:30 a.m.2~~5, 12:30 – 2 pm • December 11, 1 – 2:30 Prevention & Early Intervention • November 18, 3 – 4:30 p.m. • December - TBD Structural & Administrative Issues • November 20, 3 – 4:30 p.m. • December 17, 11:30 – 1 pm

Meeting chat (edited)

From **Rep Carolyn Eslick** to Everyone:
I am happy with the careers available with the conditional scholarship. Thank you!!

From **Sarah Rafton**, she/her, WCAAP to Everyone:
Public question for Sarah about presentation that just occurred, and Rep Senn's associated question: what would be fiscal note in the upcoming 2025 session to continue loan repayment program at present levels?

From **Sarah Alkurdi,** WSAC to Everyone:
Hello Sarah, thank you for the question. For BH, the funding we got in the past biennium is $12M, that does not include our other programs

From L**iz DuBois** (she/her) Athena Group to Everyone:
Hi all - we are only taking questions from JLEC Committee members at this point. We ask that non-committee members please save your questions for the end. 🆗

From **Amanda Lewis** (she/her), HCA to Everyone:
Thanks, Teresa, for mentioning ASAM. The ASAM Criteria 4th Edition (standards that help place individuals in the most appropriate level of care for substance use disorder treatment), will be releasing an adolescent and transition age youth (ATAY) volume (the first ever). It is scheduled to be released March 2026 and one area/level of care is to have the ability to offer increased home and community-based services. This could potentially support school-based services and support and improve access to care altogether. 💚
From Patrick Flores to Everyone:
Teresa this is good and correct information, however as you know this is falling on deaf ears of the MCO's

From **Karen Meyer** to Everyone:

- Are you aware of any workforce trends or emerging issues?
- Where are you seeing progress and successes?
- Are there any statewide or cross-agency efforts on which you are currently collaborating? Any upcoming plans?
- What statewide priorities and strategies might be included in the JLEC's strategic plan to strengthen and grow the BH workforce?

From **Brian Waiblinger,** MD DSHS CMO He/him/his to Everyone:
We struggle with attracting and retaining SUD counselors to our institutional settings. Any suggestions to improve recruitment given our current budgetary restraints?

https://www.hca.wa.gov/about-hca/programs-and-initiatives/behavioral-health-and-recovery/joint-legislative-and-executive-committee-behavioral-health

From **Patrick Flores** to Everyone:
Walla Walla County, a Rural community, is faced with losing access to five SUDP's. How is HCA able to address This with an uncommitted MCO?

From **Elizabeth Myer**s SUDP, BH Care Navigator to Everyone:

Why are they losing them?Agency is facing closure as MCO has terminated contract due to resistance to accepting less revenue.

From **Mary Stone-Smith** to Everyone:

Our organization has experienced significant workforce improvements following substantial wage increases due to Medicaid rate increases. Retention is higher, and our FTE numbers have increased by nearly 20%. We continue to struggle most with MA level Clinicians but it is improving.
From Elizabeth Myers SUDP, BH Care Navigator to Everyone:
From Patrick Flores to Everyone:
Mary Stone. Agree but when reimbursement is cut 75% all those incentives are cut and retention goes away.

From **Mary Stone-Smith** to Everyone:
Absolutely, Patrick. We cannot in any way continue to move forward with any type of cuts. Even with the improvement in salaries, we have at least 15% more positions to fill. If there are cuts we are back to ground zero.
From **Patrick Flores** to Everyone:
Right!! This is what you get with MCO sabotage and abuse of a provider.

From **Teresa Claycamp** (she/her), Health Care Authority to Everyone:
Patrick, I'm sorry you are struggling and HCA leadership would be happy to meet with you again. However, contract negotiations with payors cannot be done in a public setting. Thus I cannot comment on your negotiations with a specific payor in this venue.

From **Mary Stone-Smith** to Everyone:
One last comment- Teresa is absolutely spot on with challenges of administrative burdens. There are many efforts underway to reduce burdens but we have not yet felt significant impact.
Also -New rules/WACs following the 2023 and 2024 sessions are very concerning. Extensive external trainings are newly required - these add up to weeks of added trainings for hundreds of staff in our org., and substantial cost. Our clinicians and other staff feel external trainings are less helpful than internal, as they are not always integrated and aligned with our organizational protocols or practices. We often must debrief, or re-train staff following external trainings. These are typically procedural trainings which our agency already covers comprehensively. Allowing agencies with the ability to do so to train our own staff in these areas would save our state and CBHAs substantial cost. It would also allow for agencies to schedule internally to cover staff during absence for trainings.

From **Ron Lehto - CIHS** to Everyone:
Rural communities don't have the same access as do those in cities.

From **Patrick Flores** to Everyone:
Teresa I am not Struggling with HCA Leadership. I know and understand HCA's role and limitations. Just voicing the barriers to recruitment and retention. There is no negotiation going on here.

From **Pazolt, Melodie (COM)** to Everyone:
Would love to see the overlay of inpatient/outpatient utilization with the homeless population who may not be able to access services for a variety of reasons.

From **LaPalm, Megan** (COM) to Everyone:
It would be helpful to compare the bed registry to recommended/best practice service levels based on population. I believe an initial analysis of similar information is in proviso 87 report.

From **Amber Leaders** (GOV)(she/her) to Everyone:
amber.leaders@gov.wa.gov

Karen Meyer to Everyone:
https://www.hca.wa.gov/about-hca/programs-and-initiatives/behavioral-health-and-recovery/joint-legislative-and-executive-committee-behavioral-health