

Washington State Joint Legislative and Executive Committee on Behavioral Health

November 19, 2024

9 a.m. – 12 noon

Reminders

- Public meeting
- Meeting is being recorded by TVW
- Comments in the Zoom meeting chat are public record
- Questions and comments - Committee members only
 - Others – kindly wait for public comment



Welcome & Introductions



Today's Agenda

1. Behavioral Health Workforce Panel Discussion
2. Updates for the Committee
3. Comments from the Public
4. Information about December and January meetings

Today's Panelists

Sarah Alkurdi, PhD Assistant Director, Washington Health Corps, Workforce Programs, Washington Student Achievement Council

Joseph Miller, Executive Director, Behavioral Health, Office of Health Professions, Health Systems and Quality Assurance, Washington State Department of Health

Laurie Lippold, Sr. Policy Advisor, Partners for Our Children, Co-lead of the Workforce/Rates Subcommittee of the CYBHWG

Teresa Claycamp, Deputy Division Director of Treatment and Recovery Programs, Washington State Health Care Authority

Panel Discussion

First, panelists will each speak on:

- Work Underway
- Gaps and barriers identified
- What's needed: Recommendations and next steps

Next, a facilitated discussion on a set of questions provided to panelists



**WASHINGTON STUDENT
ACHIEVEMENT COUNCIL**
EDUCATION › OPPORTUNITY › RESULTS

WASHINGTON HEALTH CORPS

Sarah Alkurdi, PhD

Assistant Director, Washington Health Corps





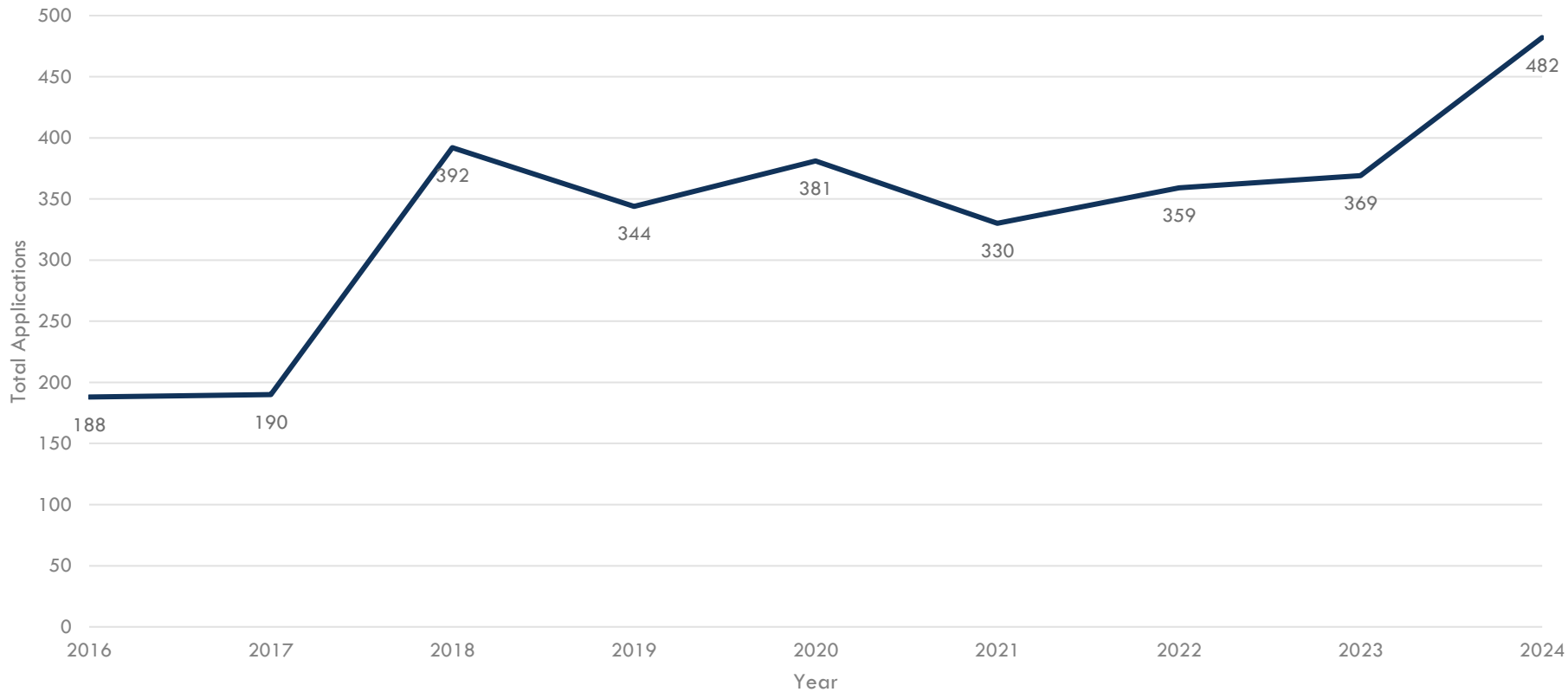
Budget

Program	Funding Source	2019-21 Biennium	2021-23 Biennium	2023-25 Biennium
FHP	Federal Grant Funds	\$2,000,000	\$2,000,000	\$2,000,000
FHP	State Matching Funds	\$1,050,000	\$1,050,000	\$1,100,000
SHP	State Funds	\$7,650,000	\$7,650,000	\$17,600,000
BHP	State Funds	\$2,000,000	\$12,250,000	\$12,000,000
Nurse Educator	State Funds	-	\$3,000,000	\$6,000,000



Provider Applications Submitted 2016 to 2024

Total Applications by Year



Note: Application numbers include all submitted applications. Applicants may apply for the Federal Health Program (FHP), the State Health Program (SHP) and the Behavioral Health Program (BHP) on the same application. Applications eligible for FHP funds are awarded first then SHP applicants and remaining eligible applicants are awarded with BHP funds.



Behavioral Health Loan Repayment Program

- 75K for 3-5 years of service.
- Currently serving 322 BH providers.
- Eligible Licenses:
 - Licensed Clinical Psychologist
 - Licensed Independent Clinical Social Worker
 - Licensed Marriage & Family Therapist
 - Substance Use Disorder Professional
 - Licensed Mental Health Counselor
 - NP, LPN, RN and PA (BH)
 - Associate licenses accepted



Behavioral Health Conditional Scholarship

- Created under the Washington Health Corps for credentialed health professionals
- In exchange for the Behavioral Health Conditional Scholarships, recipients will provide services to, preferably, underserved communities for up to five years.
- Preference on recipients will be based on financial need, where the applicant intends to provide services, and background information submitted in the application.



BHCS – Semester Program Maximum Award

- The Behavioral Health Conditional Scholarship provides up to \$51,000 to be distributed over the maximum of a two- or three-year program. The award is split over the enrolled terms proportionate to the student's enrollment and financial need.
- Each year of funding corresponds to 1.5 years of service obligation
- Recipients will have a six-month period after graduation to seek employment



BHCS - Eligibility

- First year graduate students in the following programs may apply:
 - Masters of Social Work
 - Licensed Marriage and Family Therapy
 - Licensed Mental Health Counselor
- Application deadline:
 - Application will open March 1st to 31st
 - Awarding priorities:
 - Applicants who indicate preference on serving in underserved communities.



Barriers

- Gap in funding
- Additional support services: Childcare, housing, Transportation.



Upcoming Health Corps Programs

- Behavioral Health Apprenticeship Stipend pilot
 - Application
 - Outreach
 - Funding ends in July 2025
 - \$3000 stipend to each apprentice
 - Data collection

- HCA SUD Scholarship
 - To increase enrollments and completions in substance use disorder training programs in CTCs
 - Funding available until June 2025
 - Tuition, Fees, books and support services



Washington Health Corps Contact

Washington Health Corps

888-535-0747, Opt. 5

health@wsac.wa.gov

www.wsac.wa.gov/health-professionals



OFFICE OF HEALTH PROFESSIONS JLEC PANEL PRESENTATION

Office of Health Professions

CURRENT WORK TO STRENGTHEN THE BEHAVIORAL HEALTH WORKFORCE

Recent Legislative Initiatives & Action

- At the Office of Health Professions (OHP), we are actively working to address workforce challenges in Behavioral Health, with support from recent legislative actions, including House Bills 1724 and 2247.
- Engrossed Second Substitute House Bill 2247 (2247), enacted in 2024, introduces several measures to enhance Washington State's behavioral health workforce by streamlining credentialing processes and expanding practice opportunities for qualified professionals. Key benefits include:
 - **Introduction of Licensed Psychological Associates**
 - **Removal of Renewal Limits for Associate Licenses**
 - **Expansion of Practice Settings for Agency Affiliated Counselors**
 - **Inclusion of Associates in Medicaid State Plan**
 - **Stipend Program for Supervisors**
- These provisions aim to reduce barriers to entry, support the training and retention of behavioral health professionals, and ultimately improve access to behavioral health services across Washington State.

Reimagining Profession Credentialing

- A significant enhancement to our efforts has been the merger of the Office of Health Professions with our professions Credentialing teams. This merger has allowed for:
 - **Increased Efficiency and Collaboration**
 - **Resource Optimization and Flexibility**
 - **Improved Interested Parties Engagement**

Ongoing Credentialing Initiatives

- **Add resources and tools to Credentialing Staff/utilize existing more effectively**
 - Health Enforcement and Licensing Management System (HELMS)
 - Updated, improved, and additional training materials
 - Proper staffing levels
 - New phone lines/team mailboxes
- **Add resources and tools to Program Staff/utilize existing more effectively**
 - Nonroutine trackers and handoff checklists
 - Adjusted ILRS access
 - Pro Tem Board Members
- **Improve information available to applicants**
 - Website/FAQs/Visuals
 - Improved applications and forms
 - Partner with Associations and interested parties

Ongoing OHP Initiatives

- **Support for International Candidates**
 - Resource Development
 - Cross Agency Partnerships
 - Collaboration with Educational Institutions & Advocacy Groups

- **Expanding Education & Development Opportunities**
 - Increased Training Access
 - Culturally Responsive Practices
 - Trauma-Informed Care

- **Continued Credentialing Process Improvement**
 - Reduce Time to Licensure
 - Simplifying Pathways
 - Implementation of “Rover Credentialing Specialist”

Gaps or Barriers Identified

- **Credentialing Delays**

- Current system will accept only one online application:
- Expired reissuance and resubmitted applications for errors need to be done on paper
- Updates to certain Personal Information also require a paper application

- **Rural and Underserved Community Access**

- Workforce Shortages

- **High Supervision Costs for Associates**

- Barrier that slows progression to full licensure

Recommendations and Next Steps

- **Developed a Unified Credentialing Platform (HELMS)**
 - R2: Credentialing – February 19, 2025
 - Expanded functions (not in current system)
 - ✓ Online renewals and expired reactivation
 - ✓ Facility applications
 - ✓ Extension requests
 - ✓ Change of personal information
 - ✓ Verification letters
 - ✓ Emails and notifications
- **Financial Support Initiative**
 - Supervision Stipends
- **Building Stronger Educational Partnerships**
 - Specialized Training Tracks for BH Professions

Contact

- Harold Wright, Jr., Interim Office Director, Office of Health Professions
 - Harold.Wright@doh.wa.gov
- Joseph Miller, Executive Director Behavioral Health
 - Joseph.Miller@doh.wa.gov

Behavioral Health Workforce

Workforce challenges



Workforce is a complex issue.



There is no single problem, and no single solution will “fix” it.



It will require investments, policy changes, and collaboration from all of us.

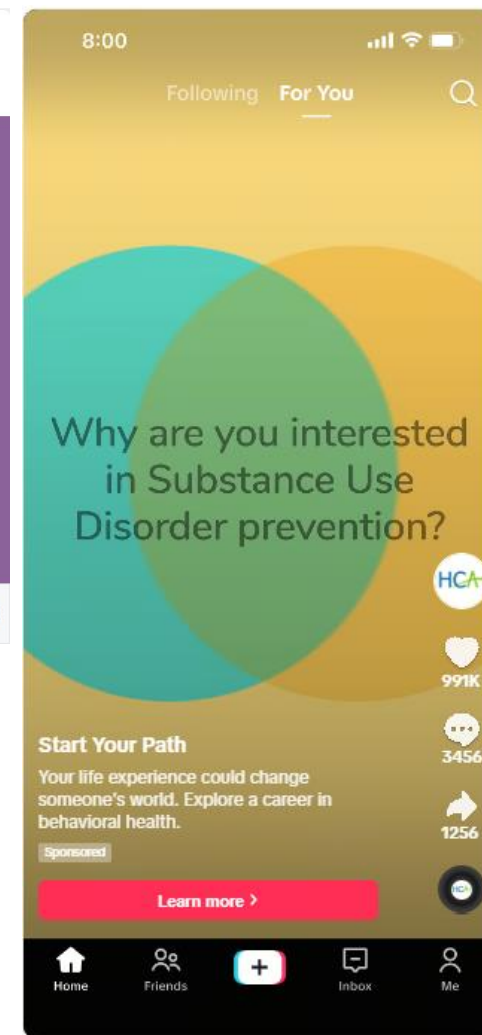
Start Your Path: Behavioral Health Careers

Join us at www.StartYourPath.org



Start Your Path Campaign Examples

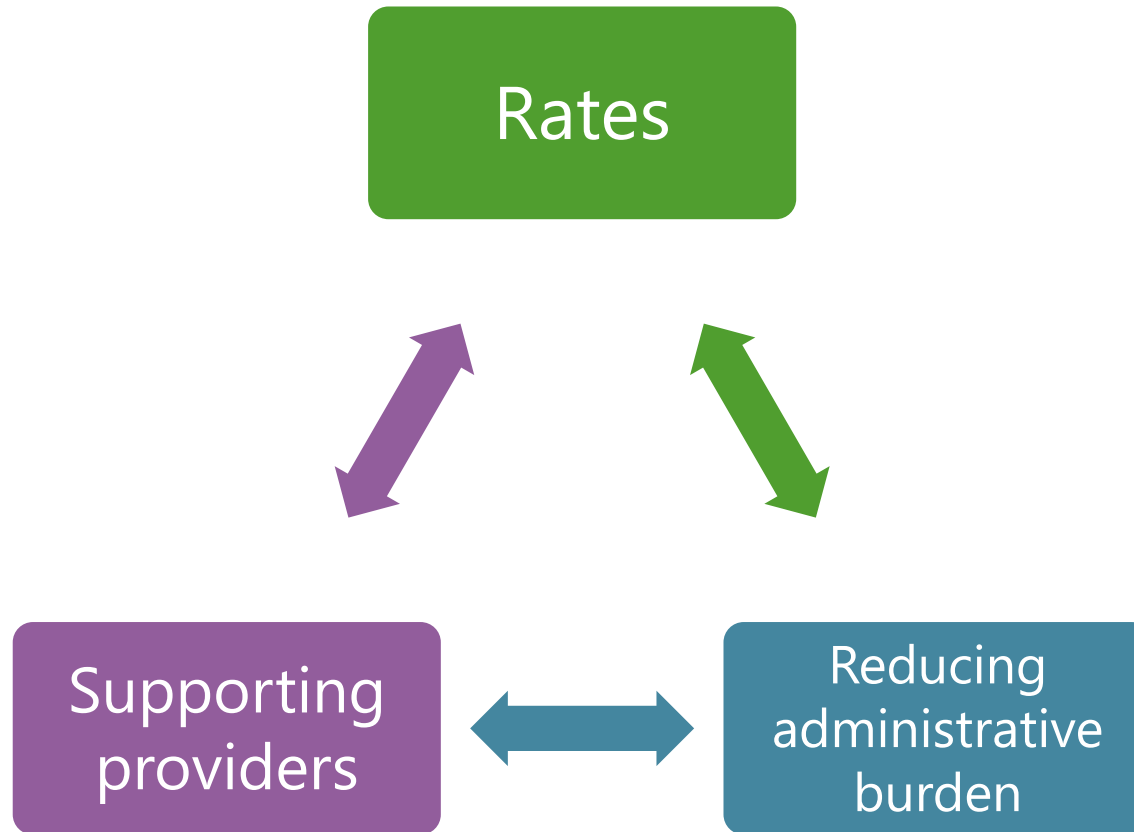
ONLINE AND IN-PERSON ADS



Known Gaps

- ▶ Infusing workforce particularly into rural and frontier areas of the state
- ▶ Need for a more diverse and culturally relevant workforce
- ▶ Barriers to entering the workforce
 - ▶ education costs
 - ▶ low earning potential of BH industry compared to others
 - ▶ lack of alternative training pathways
- ▶ Need to strengthen and stabilize our community BH providers
 - ▶ Sustainable funding models that allow providers to provide competitive wages.
 - ▶ Benefit/policy changes that allows for flexibility in how workforce is utilized
 - ▶ Reducing administrative burden

What's next...



Rates: Funding and rate enhancements

- ▶ Pandemic era provider relief payments (\$134 million)
- ▶ Medicaid rate enhancements
 - ▶ Increased [Medicaid rates](#) by 24% in the last 5 years.
 - ▶ Rate comparison study
- ▶ These have helped Behavioral Health Agencies to:
 - ▶ Recruit, sustain, and retain staff
 - ▶ Help staff feel valued
 - ▶ Improve services and lower wait times
 - ▶ Improve agency cultures and create more cohesive teams

Supporting Providers: Targeted Medicaid state plan amendments:

- ▶ Expanded SUD assessments, treatment, and brief interventions to licensed mental health counselors and licensed clinical social workers
- ▶ Added peers to crisis intervention and stabilization
- ▶ Added Substance Use Disorder Professionals and Substance Use Disorder Professional trainee to behavioral health care coordination
- ▶ Added SUDPs and licensed associates to work in federally qualified health centers, rural health clinics, and primary care settings
- ▶ Added assessment treatment services for problem gambling as part of the Medicaid benefit

Supporting Providers: Updates to provider types and billing

- ▶ New provider types
 - ▶ Behavioral Health Support Specialists SB 5189
- ▶ Expanding existing provider types
 - ▶ Occupational Therapists SB 5228
 - ▶ Peer Specialist SB 5555
- ▶ Billing guide changes
 - ▶ Added intensive outpatient and partial hospitalization guidance and updated codes for more comprehensive network adequacy in these levels of care

What next?

- ▶ Supporting providers with updates and technical assistance
 - ▶ ASAM 4 updates
 - ▶ Certified Community Behavioral Health Clinics (CCBHCs)
 - ▶ Engage in capacity building efforts
 - ▶ Partnering with BH-ASOs to strengthen the crisis service system
- ▶ Approach the work with administrative burden in mind
 - ▶ Partnership with the Office of Insurance Commissioner to address access standards.
 - ▶ Working towards insurance parity with commercial insurers and Medicaid.
 - ▶ 2022 E2SHB 1688: Behavioral health emergency services must be covered regardless of in or out of network.
 - ▶ Work with providers to identify barriers and duplicative processes

Contact Us

Teresa Claycamp

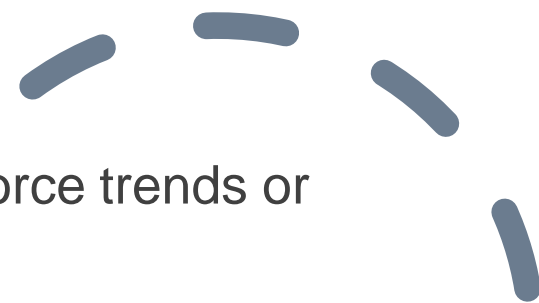
Deputy Director of treatment and recovery programs
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▶ Resources:

- ▶ [Resources for behavioral health providers | Washington State Health Care Authority](#)
- ▶ [FAQ on rate increase](#)
- ▶ [Managed Care Rate Increase](#)
- ▶ [Start Your Path Campaign](#)
- ▶ [Washington Peer Jobs](#)



Discussion
questions
for
panelists

- 
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?

Behavioral Health Bed Inventory Update

- 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 (AL TSA) 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).

Bed Inventory Discussion

JLECBH's charge: *Improve access to behavioral health care, with a focus on prevention, early intervention and community-based care, and reducing reliance on crisis and involuntary services.*

1. In what ways is the availability of behavioral health beds connected with the Committee's charge? For example,
 - Related to the provision of other less intensive behavioral health services?
 - Availability of community-based BH services statewide?
2. How might the information from the bed inventory support the work of the JLEC in developing a strategic action plan?

Update: Subcommittees

- Community Based Behavioral Health & Strengthening Workforce
 - November 14, 1 – 2:30 p.m.
- Disparities & Inequities
 - November 21, 9 – 10:30 a.m.
- Prevention & Early Intervention
 - November 18, 3 – 4:30 p.m.
- Structural & Administrative Issues
 - November 20, 3 – 4:30 p.m.



Comments by the Public