

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

October 4, 2023

Glossary of Terms

CCBHC: Certified Community Behavioral Health Clinic

CYBHWG: Children and Youth Behavioral Health Work Group

HCA: Health Care Authority

RCW: Revised Code of Washington

WISe: Wraparound with Intensive Services

YYACC: Youth and Young Adult Continuum of Care Subgroup

Meeting Agenda

- Review subgroup feedback survey results and discuss recommendation updates and revisions
- Discuss next steps

List of priorities reviewed:

Prioritized Ideas	Description
Reduce administrative complexities in the Wraparound with Intensive Services (WISe) program	To create parity in clinical auditing practices between physical health and behavioral health providers, direct HCA to create three claims-based, quality-focused, age-appropriate outcome measures for WISe providers. This would require transition from the Quality Improvement Review Tool (QIRT), any contractually mandated Managed Care Organization (MCO) individual chart review evaluation, and other process-based auditing practices which don't drive outcomes.
Public access to behavioral health data	Create a free, publicly accessible, auto-updated centralized data repository using linked administrative data to create visualizations for a wide variety of non-technical end-users, such as policy-makers, program administrators, private philanthropists, public agency staff, service providers, and advocates.

<p>Certified Community Behavioral Health Clinic (CCBHC) bridge funding</p>	<p>To ensure successful completion of implementation of a statewide CCBHC model, the state should support and sustain the current CCBHC expansion grant programs by providing bridge funding to current CCBHCs in Washington during the statewide planning process.</p>
<p>Reducing the Education Debt Burden (Conditional Scholarships, Loan Repayment and Career Supports)</p>	<p>Increase the number and diversity of people in the behavioral health workforce by: 1) Amending the Revised Code of Washington (RCW) so that Washington Health Corps' Behavioral Health Program can be used for conditional scholarships as well as loan repayment; 2) Requiring an evaluation of the Washington Health Corps' portfolio of programs to better understand outcomes and determine if the Corps is meeting its statutory goal of encouraging more healthcare professionals to work in underserved areas; 3) Funding career supports for behavioral health professionals in Washington state.</p>
<p>HB 1724 Stipend Program for recent graduates in behavioral health fields</p>	<p>Allocate funds to the Department of Health for the stipend program that was established per HB 1724 in the 2023 Legislative session. Among other strategies to make it easier for people with the appropriate education and experience to attain licensure, this bill stipends for supports to reduce additional financial burdens on recent graduates related to getting licensed and employed in community behavioral health. Funding will ensure the program goes into effect and allow the state to retain individuals in the field to better meet demand and address the workforce shortage.</p>
<p>Cultural Wellness Expert designation</p>	<p>Conduct a feasibility study (either through a legislative allocation or through HCA) of introducing "cultural wellness experts" into the clinical service array of community mental health agencies. This will inform two parallel policy efforts: 1) The Washington Council for Behavioral Health's anticipated recommendation for a teaching clinic rate for the 2025 legislative session; and 2) The HCA CMS state plan amendment part two in 2024.</p>

Discussion Summary

1. The purpose of this subgroup meeting was to review results of the feedback survey administered to the subgroup members and make any necessary adjustments. Issue leads gave updates on any changes and/or refinement to the recommendations based on subgroup feedback and outreach efforts.

2. Relevant updates:
 - a. Behavioral Health Catalyst (BHC) clarified that legislative champions need not be identified at this stage, but that it is important to start thinking about advocacy strategies.
 - b. It was decided that the (3) Education Burden recommendations will not be lumped together, but rather presented separately.
3. Timeline review and next steps:
 - a. Final revised recommendations are due October 11.
 - b. BHC clarified that legacy items will not be voted on separately at the October 23 CYBHWG meeting, and recommendations will be rank ordered based on the vote.
 - c. BHC clarified that there is no cap for the number of recommendations to be moved forward by CYBHWG, however noting that the WG has historically had the capacity to advocate for around 10.
 - d. November 7: Subgroups submit statements of support to be considered by CYBHWG.
 - e. November 17: CYBHWG meets to decide on statements of support.
 - f. December 1: CYBHWG submits the full package of recommendations and statements of support to the legislature.
4. Recommendation updates
 - a. Subgroup members advocated for the emphasis on workforce diversity in the recommendations, as well as the overall P25 strategic planning process, particularly on including explicit measurement and understanding of the problem in order to create accountability.
 - b. The WISe administrative complexities issue leads are meeting with the YYACC subgroup leads to discuss synergies between recommendations. More outreach is being conducted to gain historical context.
 - c. There is an increase in urgency for CCBHC bridge funding. Several of the agencies were expecting to receive a continuation in grant funding. The agencies were given nine days' notice that they would not be receiving it. Multiple agencies are suddenly faced with \$1 million + shortfalls, and thus faced with cutting service provision and workforce. This is detrimental to the State's overall efforts – if CCBHCs already in operation must close shop, the State loses established expertise, services, and data collection.
 - i. The issue lead is in active conversation with HCA and affected CCBHC members. Part of past provisos has been to get providers ready for a statewide initiative. This will be emphasized in the 2024 recommendation.
 - d. The Career Supports recommendation will focus on expanding the pool of existing behavioral health (BH) capacity and facilitating entry for BH professionals, meeting the needs of the workforce, addressing attrition, expanding diversity through mentorship, and productivity/effectiveness of clinicians and seasoned BH professionals, tying in with conditional scholarships.
 - e. HB 1724 stipend: A meeting was slated to occur on October 5 for those involved in different types of stipend provision. The current statute around stipends for supervision is limited to a singular model; if options for models are wanted, the RCW would have to be changed. Working on defining whether the ask is for investment into a singular model, or more flexible.

Next Meeting: October 18, 10 - 11:00 am

- Review final recommendations and prepare for presentations on October 20.
- Review legislative timeline, subgroup deadlines and determine next steps.