

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

October 18, 2023

### Glossary of Terms

CCBHC: Certified Community Behavioral Health Clinic

CMS: Centers for Medicare and Medicaid Services

CYBHWG: Children and Youth Behavioral Health Work Group

DOH: Washington State Department of Health

HCA: Health Care Authority

RCW: Revised Code of Washington

WAC: Washington Code

WISe: Wraparound with Intensive Services

YYACC: Youth and Young Adult Continuum of Care Subgroup

### Meeting Agenda

- Discuss recommendation updates and revisions
- Prepare for October 20 CYBHWG presentations
- Review timeline and discuss next steps

### List of priorities reviewed:

Prioritized Ideas	Description
Reduce administrative complexities in the Wraparound with Intensive Services (WISe) program	Direct the HCA to create parity in clinical auditing practices between physical health and behavioral health providers. Process auditing is particularly burdensome for the WISe program. This burden is leading to a shortage of individuals willing to provide WISe services and to instability for youth engaged in this service. Achieving parity requires HCA to transition from audits focused on process to tracking three industry-standard, age-appropriate, outcome-based measures and conducting an annual youth/family satisfaction survey designed to demonstrate the effectiveness of this program for youth and families in Washington State.
Public access to behavioral health data	Access to data for workforce planning is a major challenge in the field of behavioral health. Washington is one of the few states in the nation where administrative data from multiple sources is systematically collected, yet we lack a comprehensive view of the many factors

affecting the stability and effectiveness of the behavioral health workforce.

It is recommended that a centralized data repository is created using linked administrative data to create visualizations for a wide variety of non-technical end-users. This request includes allocating funds and implementing a potential legislative requirement for sharing administrative data with the public, within the confines of confidentiality rules.

Certified Community Behavioral Health Clinic (CCBHC) bridge funding

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.

Allow funding for the Washington Health Corps Behavioral Health Program to be used for conditional scholarships

Amend the current Revised Code of Washington (RCW) [28B.115](#) so that the Behavioral Health program funding language mirrors the language used for the general Washington Health Corps. This would enable Behavioral Health program funding to be used for conditional scholarships. The language is currently limited to loan repayment.

Evaluation of loan repayment programs

As part of supporting the investments made in loan repayment programs in Washington, it is recommended the Legislature require an evaluation of the Washington Health Corps' portfolio of loan repayment programs to understand outcomes. Assessment of the Washington Health Corps can determine if the Corps is meeting its statutory goal of encouraging more healthcare professionals to work in underserved areas. The evaluation can also help the state meet equity goals by determining if there are structural issues causing inequitable program access or outcomes for different communities or areas of the state.

Fund House Bill 1724 stipend program for recent graduates in the behavioral health field

Allocate funds to the Washington State Department of Health (DOH) for the stipend program they were directed to establish per [HB 1724](#) and amend statute as necessary to activate other models if recommended.

Other emerging models to enable individuals to complete the necessary hours to obtain their credential include expanding the school [social worker proviso](#) that was included in the 2023-25 budget and contracting directly with behavioral health professionals to provide supervision so individuals seeking supervision don't have to pay out of

## “Well-being specialist” designation

pocket for this service. These alternative models may be lower cost and lower in administrative burden or could combine with the stipend program to broaden access to a wider pool of recent graduates.

Conduct a feasibility study (either through a legislative allocation or through HCA) of introducing “well-being specialists” 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 Centers for Medicare & Medicaid Services (CMS) state plan amendment part two in 2024.

## Discussion Summary

1. The purpose of this subgroup meeting was to review and discuss any changes to the recommendations that were made between the last meeting and this meeting, and to prepare for presentations to the full CYBHWG on October 20. The following key updates to the recommendations were shared:
  - a. It was decided that the recommendation, Career Supports for Students, which was previously a part of the education debt package (incl. Conditional scholarships and loan repayment) will no longer be moving forward as a recommendation to the CYBHWG.
  - b. WISE administrative complexities:
    - i. 14 out of 15 WISE providers reported process-based audits impacting their ability to efficiently deliver services and attracting and retaining a quality workforce. Reducing staff turnover will increase access and consistency in care for youth and families served.
    - ii. In creating the WISE quality plan, this proposal would require revision of [WAC 182-501-0215](#) to create parity with physical health and industry standard auditing practices toward an outcomes-oriented system.
    - iii. The issue leads have been in conversation with the YYACC subgroup about ways that this recommendation could work with, supplement, and enhance the YYACC recommendation regarding intensive services for youth with complex needs. This conversation is ongoing.
  - c. House Bill 1724 Stipend Program:
    - i. Addition to this proposal has been made to include a statutory change that would allow flexibility for the Department of Health to explore model’s alternative to the singular model identified (reimbursing costs/partial-costs of supervision) once funds are allocated to roll out the program in 2024.
      1. One of the main benefits of creating flexibility in models is to be able to serve more people without a lot of additional cost, as differing models can be more or equally as effective in helping people offset the cost of supervision.
    - ii. Members emphasized the importance of honing the equity impact the program has by reducing financial barriers, and including data on how many people this program could

support. It was mentioned that the [fiscal note](#), estimated that the program would impact approximately 7,000 people a year. estimated that the program would impact approximately 7.000 people a year.

- iii. Members emphasized that it is important to ensure there are no unintended downstream impacts on equity, particularly with behavioral health graduates not entering and/or leaving Community Behavioral Health Agencies, who already offer free supervision, but already struggle with attracting and retaining talent to serve the most vulnerable populations.
- d. “well-being specialist” designation: This workforce designation was changed from the previously proposed “wellness expert” designation.
  - i. It is aimed to have the services provided by well-being specialists to be billable by January 2025.
  - ii. The dual recommendation seeks to directly address three interrelated emergencies in community mental health: the lack of sufficient workforce, a lack of culturally congruent services; and the lack of engagement in and with mental health services among underserved communities.
  - iii. The approach is expected to expand the capacity of the public mental health system to offer psychosocial support that can directly improve mental health functioning and recovery while providing a career ladder for more culturally diverse mental health workforce.
  - iv. The recommendation comes from the legislatively funded CARE project and is guided by a multi-sector, community engaged design team.
  - v. Will be looking into if there are any examples of this role/ a comparable role in other states.

## 2. Timeline and next steps

- a. October 20: Subgroups present package of recommendations to the CYBHWG for consideration.
- b. October 23: CYBHWG members vote on recommendations to move forward.
  - i. Members raised concern over the limited number of votes which voting members of the CYBHWG are allocated, and that recommendations are not categorized by cost or legacy. It was confirmed by BHC that at this stage, the voting procedure for the 2024 session is finalized, but conversations of the process will be ongoing and informed by the subgroups looking ahead to future sessions.
- c. November 1: W&R subgroup meets to go over the results of the CYBHWG vote and discuss/come to consensus on support items to submit.
  - i. BHC clarified that there will be no limit to the number of support items that subgroups can submit.
- 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.

**Next Meeting: November 1, 10 - 11:00 am**