

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

August 16, 2023, 10:00 - 11:00 am

Glossary of Terms

- AAC: Agency Affiliated Counselor
- BH: Behavioral Health
- BHI: CHBHWG Behavioral Health Integration Subgroup
- CBHA: Community Behavioral Health Associations
- CCBHC: Certified Community Behavioral Health Clinic
- HCA: Health Care Authority
- JLARC: Joint Legislative Audit and Review Committee
- PAL: Washington Partnership Access Line
- PLSF: Public Loan Service Forgiveness
- ROI: Return on Investment
- WDI: Behavioral Health Workforce Development Initiative

Meeting Agenda

- Group review of the list of priorities
 - Elaborating on standing ideas presented by initiative leads, exploring next steps and new ideas to monitor.
- Introduction of this year’s prioritization process of recommendation by the Behavioral Health Catalyst.

List of priorities reviewed:

Ideas Surfaced	Description
Conditional Scholarships	The components for '24 likely include: (1) Support for supervisors and students and (2) a bill that would allow funds in the BH Corps to be used for conditional scholarships in addition to loan repayment.
Loan Repayment & Return on Investment	Evaluation of the effectiveness of loan repayment – is it achieving the desired results?
Administrative Complexities/Burdens	Looking at audit parity between physical and behavioral health, including WISe and PACT and moving from process audits to outcomes, in addition to other burdens providers are facing. Awaiting the results of the provider survey.

Certified Community Behavioral Health Clinics (CCBHC)	Looking at the need for bridge-funding, as well as evaluating how the HCA used the funds previously obtained.
Non-degreed individuals	Assessing the role that non-degreed individuals could play, as well as their counseling qualifications/experience for clinical considerations.
House Bill 1724 Increasing the Trained Behavioral Health Workforce	Placeholder for recommendations from the 1724 listening sessions.
Respite/Waiver	Need more information and collaboration with other subcommittees.
Applied Behavioral Analysis (ABA) rate	Consult with Office of Civil Rights on expanding coverage. Need for additional training is rule is expanded.

Items to Monitor

Ideas Surfaced	Description
Workforce Survey	Need for up-to-date data from licensed and non-licensed providers, employees, and potential talent.
Teaching Clinic Enhancement Rate	Need update on implementation of previously passed legislative initiatives.
House Bill 1580 Implementation & Continuum of Care	Creating a system to support children in crisis. Monitoring development of team with representatives and hiring agencies; multi-systems care coordination workforce.
Value-Based Payments	Breaking down levels of clinical care, developing frameworks for universal prevention in primary/secondary care, and training/treatments.
Washington State Family Leave Act	Evaluating impact of state & federal family leave systems on workforce.
Developmental Disabilities Administration (DDA) Workforce	Need more information.
Non-traditional Behavioral Health Strategies	Further discussion needed. Use of Medicaid; reimbursement billing codes; Applied Behavioral Analysis applications; systems design improvements. NOTE: ABA needs to be a separate item under possible issues to consider. We are

	waiting for information from the Office of the Insurance Commissioner.
Substance-Use Disorder (SUD) Workforce	August working group meeting focusing on young people. The Keeping Families Together coalition is strategizing a 2024 ask related to SUD Tx for parents.

Discussion Summary

UPDATES

1. Conditional Scholarships:
 - a. Rep. Eslick is interested in introducing a bill that would allow the BH Corps funding to be used for both loan repayment and conditional scholarships.
2. Loan repayment/return on investment (ROI):
 - a. Looking into how much a JLARC evaluation would cost, not a small ask – \$600k for PALs evaluation in the past.
 - i. Meeting 8/24 with Student Achievement Council to discuss specifics of the ask.
 - ii. Meeting with PLSF to discuss any updates and ensure behavioral health workers are aware of income-based repayment plans and other repayment avenues as the forgiveness period ends.
3. Administrative Burden:
 - a. Surveying CBHA to learn where pain points are – getting information back next week (8/23), and meeting scheduled for 8/25 to discuss preliminary info.
 - b. Expecting information on audits. Behavioral Health Catalyst to collate information.
4. CCBHC:
 - a. Waiting on an update from HCA on the planned use of a \$1 million general fund to expand implementation.
 - b. Working with members on bridge funding request. Agencies using CCBHC grants in the past will need bridge funding to continue service provision.
 - c. Looking into how previous (2022) \$5 million allocation was spent to inform the next ask, collecting information for concrete ask by 9/8. Sent out request for specific dollar amount insights from CCBHCs operating with bridge funding so it can inform a collective legislative ask.
5. Non-degreed individuals:
 - a. Evolving understanding of the counseling capacities of non-degreed individuals.
 - b. Looking to hone in on: campaign on existing opportunities; advance group-based psychoeducation, parent mindfulness, skills coaching; matching funds to existing parent initiatives to expand capacity and continue coordination with degree/career pathway. Considering separation or presenting as a package.
6. [House Bill 1724](#)

- a. There is a website for ongoing work, and it is planned to post comments from listening sessions the week of 8/21. DOH needs to get information to the legislature by Nov 1.
<https://doh.wa.gov/licenses-permits-and-certificates/professions-new-renew-or-update/behavioral-health-professions-facilities-and-agencies/behavioral-health-legislative-implementation>
- b. There is low to zero turnover in behavioral health positions where providers work in a team-based care environment (early intervention, integration, etc.). The turnover rate significantly increases the more you move away from team-based care settings and into outpatient and crisis footprints where there is high burnout, more isolation, and less support. It is worth looking into these rates to supplement concerns about equitable remuneration.
- c. Need to consider advancing recs from the listening session.

Ideas to Continue to Explore and/or Monitor

1. Workforce survey
 - a. Currently using available data from Sentinel Network on employers and talked with The Ballmer Group on combining administrative data sets on the behavioral health workforce.
 - b. Workforce Board & Workforce Health Council working on collecting basic info on providers, but they will not be available for a few years.
 - c. Interested in looking at:
 - i. Where people received their education - distance learning, in/out of state – what's the impact? How are employers valuing the qualifications/experience of those who participate in distance learning against qualifications of others?
 - ii. Recruitment, understanding retention – what gives satisfaction, what potential employees are looking at vis a vis remuneration and professional opportunities.
 - iii. Safety net versus private practice work and what motivates people to move from one to the next.
 - iv. Interested in data from licensed + non-licensed providers. The Center for Health Workforce Study with HCA proposal didn't get funding – would be helpful to have new primary data, but there needs to be champions for this.
 - v. Ongoing research nationally issue – Could benefit from an issue analysis and synthesis; Oregon did an analysis of their BH workforce recently. Explore whether it is adequate evidence to drive policy to use other states' info, or if we need a representative sample including a Washington specific set for a legislative ask.
 - vi. Member offered to share from a survey of about 250 Masters-level community mental health clinicians about what they see their supervisors and organizations could do to help with their burnout and retention.
 - vii. Masters-level BH programs that don't require an internship was raised during DOH's HB 1724 listening sessions. When they have their report out in the coming weeks, we can see if that's one of the suggestions that's gone forward.
 - viii. Explore the WDI strategy 5 data collection invention.
 - ix. Issue analysis of standing resources – might not have to reinvent the wheel.

- x. ASK: interested members to meet before the next subgroup meeting to determine priorities. Renee will convene the group.
2. Continuum of care:
 - a. We need to be looking at the places BH services are (or could be) provided, the age groups they serve, and the workforce needs that exist.
 - i. Stabilize systems through forums. Ex. Complex behavioral health serves as a safety net in WA. What are the right services/people to do this work for particular schemas of behavioral health? The proposal from W&R to present to folks leading HCA strategic planning effort.
 3. Value-Based Payment work output initiative
 - a. The next phase is to clinically break down care levels in much more detail around activities and clinical roles, develop synergy/frameworks for universal prevention in primary care to secondary levels (pre/post, critical, etc.), and training/treatments to support those functions.
 - b. ASK: Collaboration amongst W&R members and HCA
 4. Washington State Family Leave Act
 - a. Federal FMLA leave gives 30 days' notice to employers. There is very little communication with state applications, sometimes a 2–3-week lag in communicating to employers regarding employee leave requests, leaving agencies struggling.
 - b. Subgroup members to follow up with connections on this topic.
 - c. The system is often used as a pressure relief valve for a stressed workforce and is disproportionately used by the healthcare sector with no disaggregation. Would like to collect job titles.
 - d. Paid Family Leave Dashboards
 - i. Customers: <https://esd.wa.gov/labormarketinfo/paidleave/customer-data>
 - ii. Claims: <https://esd.wa.gov/labormarketinfo/paidleave/claims-data>

Behavioral Health Catalyst update on the prioritization process

- BHC has engaged a systems expert who will map all of the recommendations onto a larger behavioral health systems map in mid-September. Subgroups will have the opportunity to review and provide feedback into how their particular recommendations fit.

Next Meeting: September 6, 10 - 11:00 am

- Elaborate on some of the standing ideas, with expert presentations.
- Begin the preliminary prioritization process, both during session and offline.