

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

September 06, 2023, 10:00 - 11:00 am

Glossary of Terms

- AAC: Agency Affiliated Counselor
- ABA: Applied Behavioral Analysis
- BHI: CHBHWG Behavioral Health Integration Subgroup
- CBHA: Community Behavioral Health Associations
- CCBHC: Certified Community Behavioral Health Clinic
- DOH: Department of Health
- HCA: Health Care Authority
- HEDIS: Healthcare Data and Information Set
- IDD: Intellectual and Development Disabilities
- WISe: Wraparound with Intensive Services

Meeting Agenda

- Group review of the list of priorities
 - Elaborating on standing ideas presented by initiative leads, exploring statuses and next steps.
- Achieve consensus on ideas to put forward in preliminary recommendation submissions.

List of priorities reviewed:

Ideas Surfaced	Description
Evaluation of Loan Repayment	Require 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.
Conditional Scholarships	Amend 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.
Career Supports	Fund career supports for behavioral health professionals in Washington state.

Public Access to Behavioral Health Data	Create a free, publicly accessible, auto-updated centralized data repository for behavioral health workforce administrative data.
Certified Community Behavioral Health Clinics (CCBHC)	Collaboration with HCA. Exploring budget ask for bridge funding to support CCBHCs.
Administrative Complexities (WISe)	Audit parity between physical and behavioral health, relating to WISe moving from process audits to outcomes.
Cultural Wellness Experts previously titled 'Non-degreed Individuals')	Expanding support for community health workers, various levels of behavioral health support specialists and cultural wellness experts (non-degreed individuals). Exploring the rate of utilization of the registered AAC (Agency Affiliated Counselor). Requesting funding for a feasibility study.
HB 1724 - stipends	W&R (Workforce & Rates) to play a support role to DOH (Department of Health) recommendations. W&R focuses on stipend issue for the legislative session.
Applied Behavioral Analysis (ABA)	Information gathering is still being conducted. Looking into ABA rates and expanding codes to include IDD outside of the autism spectrum into qualifications (private insurance).

Discussion Summary

UPDATES

1. Conditional Scholarships, Loan Repayment, and Career Supports:
 - a. Conditional scholarships (policy). Amend the current RCW so that the Behavioral Health Corps funding language mirrors the language used for the Health Corps so that both can be used for loan repayment and conditional scholarships.
 - b. Evaluation of loan repayment programs (budget). As part of supporting the investments made in loan repayment programs in Washington, the Legislature should require an evaluation of the Washington Health Corps' portfolio of 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.
 - c. Career supports (budget). To significantly increase the number and diversity of well-prepared graduates who work in the behavioral health field, career supports are needed. We recommend funding to support behavioral health professionals in Washington state.

2. 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. By linking and organizing the available data we can better understand aspects of the behavioral health workforce like:
 - a. The size, location and qualifications of the various disciplines and employee types represented.
 - b. Demographic characteristics, time to licensure, rates of attrition and career pathways
 - c. Services provided by location, time spent with clients, areas of practice.
 - d. Where employees are trained, where they are needed and how they are distributed statewide.
 - e. How workforce characteristics change over time
 - f. How changes in licensing processes, compensation, supervision, educational practices, and new initiatives alter the stability of the BH workforce.
3. Administrative Complexities:
 - a. Results from survey data administered to community behavioral health agencies indicated high administrative burden particular to WISE providers and struggles related to keeping a strong workforce and procedural barriers with heavy documentation, reviews, and auditing processes.
 - i. Ex. There are 92 process measures that must be documented in a chart in just one tool with WISE, with WISE charts totally about 700-1000 pages each. The group would like to get to the point where it's a data review rather than an audit on each chart individually.
 - ii. Recommendation: 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.
4. CCBHC:
 - a. Recommendation: 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.
 - b. Working with members on bridge funding requests. 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. This allocation was for all 10 existing CCBHCs at the time – In 2023, there are 17. 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. Cultural Wellness Experts (Non-degreed individuals):
 - a. Recommendation is emerging from collaboration with the [CARE project](#) and its partners.
 - b. Evolving understanding of the career pathway and counseling capacities of non-degreed individuals.

- c. Recommending that the state conduct a feasibility study (budget ask) of introducing cultural wellness experts as a worker type into the clinical service array of community mental health agencies with the intent of informing two parallel policy efforts:
 - i. The Behavioral Health Council’s anticipated recommendation for the 2025 session, creating a teaching clinic.
 - ii. HCA’s Medicaid state plan amendment part two, 2024.
- d. Looking to focus 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](#) – stipends

See page 5 for slide deck

- a. [DOH House Bill 1724 Updates](#)
- b. The subgroup will be playing a supporting role for some of the recommendations that come out of DOH.
- c. The subgroup will be focusing on the stipend program in relation to HB 1724. (Budget Ask – amount TBD)
 - i. Requires the DOH to stand up a stipend program and database for people to be able to find a supervisor.
 - ii. The stipend program would make funds available to cover the cost of supervision, so the burden doesn’t lie on the worker.

Ideas to Continue to Explore and/or Monitor

- 1. Applied Behavioral Analysis (ABA)
 - a. Issues finding ABA providers for youth in WISe, due to low retention and completion of certification programs, creating high wait times for families.
 - b. Looking into expanding code rates for ABA providers providing intensive support.
 - c. Waiting for further information from the Office of the Insurance Commissioner on expanding ABA IDD diagnosis capacities beyond Autism Spectrum Disorder.
- 2. Note made to continue discussions on family leave.
- 3. Note made to continue conversations with the school-based subgroup on workforce issues.

Next Meeting: September 20, 10 - 11:30 am

- o Reviewing recommendation materials to be presented to the larger working group on September 22nd and who will take ownership of presentations.
- o Introduction of evaluation criteria for recommendations



1724 FEEDBACK SESSIONS

Increasing the Behavioral Health Workforce

Background

WHY IS DOH HOLDING THESE FEEDBACK
SESSIONS?

Why is DOH holding feedback sessions?

- Washington State is experiencing a critical shortage of behavioral health providers which is limiting access to needed services, causing staffing and other issues for facilities and employers, and negatively impacting overall public health.
- Behavioral health is a central priority for the department
 - [Transformational Plan: A Vision for Health in Washington State \(2022-24\)](#)
 - Health and Wellness: All Washingtonians have the opportunity to attain their full potential of physical, mental, and social health and well-being.
 - Health Systems and Workforce Transformation: All Washingtonians are well served by a health ecosystem that is robust and responsive, while promoting transparency, equity, and trust.

Why is DOH holding feedback sessions?

2SHB 1724 passed during the 2023 session. Section 5 of the bill directs the department to review licensing requirements and make recommendations that would:

- Remove barriers to entering or remaining in the workforce
- Streamline and shorten the credentialing process, and
- Improve equity in behavioral health licensing.

In June, the department held listening sessions to hear from licensees, employers, communities, associations, and any other interested parties about the hurdles or barriers they face related to licensing.

Department staff analyzed the comments, performed research, and developed draft recommendations we believe will help address the barriers.

Listening Session Themes



What will today's input be used for?

Your feedback will help us:

- determine which draft recommendations have the greatest potential to reduce barriers and increase the behavioral health work force
- Determine which draft recommendations the department should move forward with or recommend to the legislature for action, and
- identify areas where solutions are still needed.

We will use the feedback you share with us to:

- prioritize which solutions most urgently need action
- inform recommendations we make to the legislature in November, and
- Direct our work and research moving into the 2024 final round of recommendations

Credentialing Process Improvement

Multiple activities underway, beyond 1724, to improve credentialing timelines:

- Psychology credentialing pilot project
- Independent, 3rd party review of credentialing practices across all professions
- Results Washington consultation and oversight
- Licensing system changes: Healthcare Enforcement and Licensing Management System (HELMS) project

Internal Process Improvement - All behavioral health professions

1. Developing explanatory graphics for licensing processes.
2. Scheduling regular virtual meetings for applicants to get technical assistance from their program manager and credentialing staff.
3. Establish a uniform continuity of care policy
(Note: for psychology, this may require a legislative change.)
4. Establish a process for automatic re-reviews on pending applications and follow up with the applicant.
(Note: Psychology has already implemented this as part of Project Pathway)

Internal Process Improvement – Specified Professions

Master's level counselors

(includes social workers, marriage and family therapists, and mental health counselors)

1. Establishing a review process for indirect supervisor approval
2. Requesting more relevant resources be added to HEAL-WA

Substance Use Disorder Professionals

1. Improve documentation clarifying which professions have the ability to provide SUD services within their current scope.

Substance Use Disorder Professionals and Agency Affiliated Counselors

1. Establishing a pilot program to trial process changes for application review.

Draft Recommendations for RCW change

Master's Level Counselors

(includes social workers, marriage and family therapists, mental health counselors, and associates for these professions)

1. Create a pathway for students completing their practicum to continue providing services to established patients.
2. Adopt the social work compact as an alternate pathway to legal practice in Washington.
3. Remove restrictive language that requires a portion of supervision to be under a marriage and family therapist that has 5 years' experience, allowing more licensees to supervise.
4. Remove continuing education requirements in statute

Draft Recommendations for RCW change

Master's level Counselors and Substance Use Disorder Professionals

1. Remove limitations on the number of renewals for associate and trainee credentials.

Substance Use Disorder Professionals (SUDP)

1. Remove restrictions on SUDP trainees limiting them to working only in a behavioral health agency licensed to provide SUD services.

Psychology

1. Establish an associate level credential for psychology.

Agency Affiliated Counselors (AAC)

1. Allow AACs to practice in Federally Qualified Health Centers.

Draft Recommendations for WAC change

All behavioral health professions

1. Remove continuing education requirements, except those required by statute. (For master's level counselors, a statute change is needed first.)

Master's level counselors

1. Allow professional experience to substitute for practicum requirements. (Except social workers)
2. Lower years of licensure requirement for licensure by endorsement from 5 years to 1 year.
3. After the statute is changed, amend rules for marriage and family therapists to align the definition of "equally qualified licensed mental health practitioner" more closely with other master's level counselor professions.

Draft Recommendations for WAC change

Substance Use Disorder Professionals

1. Remove requirements that supervisors be on-site, allowing for remote supervision
2. Lower years of licensure requirement for licensure by endorsement from 5 years to 1 year.
3. Modify coursework review requirement so that a review is only required if the applicant did not complete a SUD counseling program with a degree.
4. Eliminate the 7-year cap on supervised experience earned.
5. Reduce the years of practice requirement to become an approved supervisor to 1 year.

Draft Recommendations for WAC change

Psychology

1. Establish an easier pathway to access licensure through non-American Psychology Association accredited educational programs.
2. Reduce the number of residency hours required.
3. Allow “online-only” schools that meet qualifications established by the board to qualify for licensure
4. Increase the number of courses that can be completed outside the doctoral program.
5. Modify licensure by reciprocity and endorsement to establish different standards for different lengths of practice.

Ongoing Work

- Workgroup still discussing/considering:
 - Options to incentivize retention of supervisors
 - Creating service level agreements for licensure process
 - Creating a calculator to help determine required supervision hours and ratios
 - Options to emphasize that supervision hours can be earned for free at most BHAs
 - Options for utilizing community behavioral health to build out more training sites
 - Allowing training directors to sign off on supervision hours
 - Assign application to a single reviewer throughout the process
 - Continued research and discussions of requirements in other states
 - Changes that reduce barriers for international applicants
 - Additional recommendations that emerge from our 2024 work

Ongoing Work – Knowledge/Skills Exams

- Significant and critical issue
 - Racial, age, ELP, disability, and other disparities
 - Lack of language availability through testing entities
 - Unfair or unequal application of accommodations through testing entities
- Laws governing the department and most authorities require “an exam”. Other RCW defines “exam” in a way that requires it be a skills or knowledge-based exam.
- Significant concerns with eliminating exam requirements without a sufficient alternative to ensure patient safety
- Unknown impacts that need to be considered

Outside DOH Authority

1. Increase provider pay or insurance reimbursement
2. Requiring internships be paid
3. Posting fingerprinting cards online
4. Allowing for licensing fees to be refunded

Next Steps



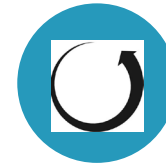
Review feedback

- Review today's feedback and results of survey
- Adjust recommendations as needed



Presentation

- Drafting through September
- Review and approval through October
- Deliver presentation November 1, 2023.



2024 cycle

- Early 2024: listening sessions
- Summer 2024: recommendations and feedback sessions
- November 1, 2024: final presentation to legislature

Behavioral Health Legislative Implementation Website

- Provides information on all behavioral health legislative implementation, including 2SHB 1724.
- June listening session recordings and slides
- Recordings of these sessions will be posted here



[Behavioral Health Legislative Implementation | Washington State Department of Health](#)

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