

## CYBHWG Workforce and Rates subgroup

July 5, 2023

Leads: Representative Mari Leavitt, Hugh Ewart, Laurie Lippold

### Role of non-degreed individuals

*Sarah Walker, University of Washington (UW) Co-Lab*

*See page 3 for slides*

#### Highlights

- The Culturally Affirming & Responsive Mental Health (CARE) project is learning of core mental health competencies to stabilize and expand supports and resources for children youth and families in Washington state.
- The CARE team has legislative efforts to expand culturally responsive child and youth mental health care.
- The Care project is looking at community workforce pathways and options to address the workforce shortages with an immediate need to do more for the mental health workforce, including to raise wages and expand access and culturally diverse services.
- Core competencies or core therapeutic skills are critical to practices with direct impact to treatment recovery and account for a large amount of therapeutic or treatment recovery processes.
- The core competencies common factors are being delivered and shared in a wide variety of ways by licensed providers.

#### Q / A - comments

- How do you determine a non-degreed person's ability to execute core competencies or common factors?  
*Informal assessment from interviewing to try and read the skills sets during the interview. Also, looking at a way to identify core counseling skills that are identified to provide the common factor of support*
- How do we connect with the behavioral health system to bill for service of core competencies or core therapeutic skills?  
*It's possible to use the Community Health Worker (CHW) as a model, or a registered degreed counselor may be a good avenue to connect.  
Navigation to services and family support is more of what the CHW's do. This is expanding the BH team to offer more lower-level support.*

\*\*A graph was requested to show different levels of credentialing to determine if there is an ask for 2024. Sarah W. will complete what she can and then share.

Chat:

- [CARE for Kids & Families — CoLab for Community and Behavioral Health Policy \(uwcolab.org\)](https://uwcolab.org)

### Review and discuss the remaining possible 2024 items from the list

#### Highlights

- No current updates on rates.
- No current asks for workforce issues related to SUD treatment on demand.
- Respite – What are the parameters around it? The rates are extremely low, which leads to losing capacity. Would like more information about what services the 1115 waiver can offer around Respite.

- Educational debt burden – Nova Gattman – no funding for BH workforce assessment so may want to ask for funding.
- Vaughnetta – investment with 2023 loan repayment and conditional scholarships can be on the list for 2024
- Admin complexities – sub-subgroup is meeting weekly to discuss complexities around auditing practices and parity in auditing, access, administrative burdens. possibly create a survey to better understand the differences and where there may be opportunities to decrease the admin burden
- School-based Partner Access Line (PAL) is still difficult – Nothing to ask for now; need to do more research to determine staffing challenges and needs.

**\*\* See page 15 for a full list of possible 2024 items.**

## Next Meeting

- Next meeting will take place July 19<sup>th</sup> from 10 to 11:30 a.m.

## Attendees

Vaughnetta Barton, University of Washington (UW)  
Rachel Burke, Health Care Authority (HCA)  
Paul Davis, HCA  
Jess Emsley, Community Health Network of  
Washington (CHNW)  
Kiki Fabian, HCA  
Bob Hilt, Seattle Children’s Hospital  
Libby Hein, Molina Healthcare  
Marissa Ingalls, Coordinated Care  
Avreayl Jacobson, King County Behavioral Health  
And Recovery  
Joan Miller, Washington Council for Behavioral Health

Julia O’Connor, The Washington Council for Behavioral  
Health  
Sheryl Schwartz, UW  
Mary Stone-Smith, Catholic Community Services  
Katherine Switz, BH Catalyst  
Andy Toulon, Legislative Staff  
Sarah Walker, UW Co-Lab  
Cindi Wiek, HCA  
Kristin Wiggins, Consultant  
Michele Wilsie, HCA  
Larry Wissow, UW

# Core mental health competencies: What CARE is learning...

July 10<sup>th</sup>, 2023

## Problem: Washington state needs to stabilize and rapidly expand child and youth mental health support to families

37	Nebraska
38	Montana
39	Washington
40	Tennessee
41	Texas
42	North Carolina
43	Wyoming
44	West Virginia



2023 Youth Mental Health Ranking (1 is best)

# Access and engagement is even worse for BIPOC families seeking support

**W** CENTER FOR HEALTH INNOVATION & POLICY SCIENCE  
UNIVERSITY of WASHINGTON

CHIPS Policy Brief

October 2021

## Improving Access to Behavioral Health Services for Racial and Ethnic Minority Youth

Victoria Bowers

### Behavioral health defined

The term “behavioral health” is inclusive of mental health and substance use disorders, with behavioral health services encompassing prevention efforts, inpatient and outpatient care, substance use disorder treatment, crisis response, and a variety of support services for individuals, families, and communities. Annually

# The CARE project is legislatively tasked with proposing solutions for expanding culturally responsive child and youth mental health care



## Culturally Responsive Training:

- Principles and outline complete.
- Request for information in process
- Request for proposals summer 2023.
- Piloting fall/winter 2024



## Organizational Support:

- Feedback on initial CARE plan from subject matter experts.
- Securing contract for final design, in process.
- Piloting winter/spring 2024

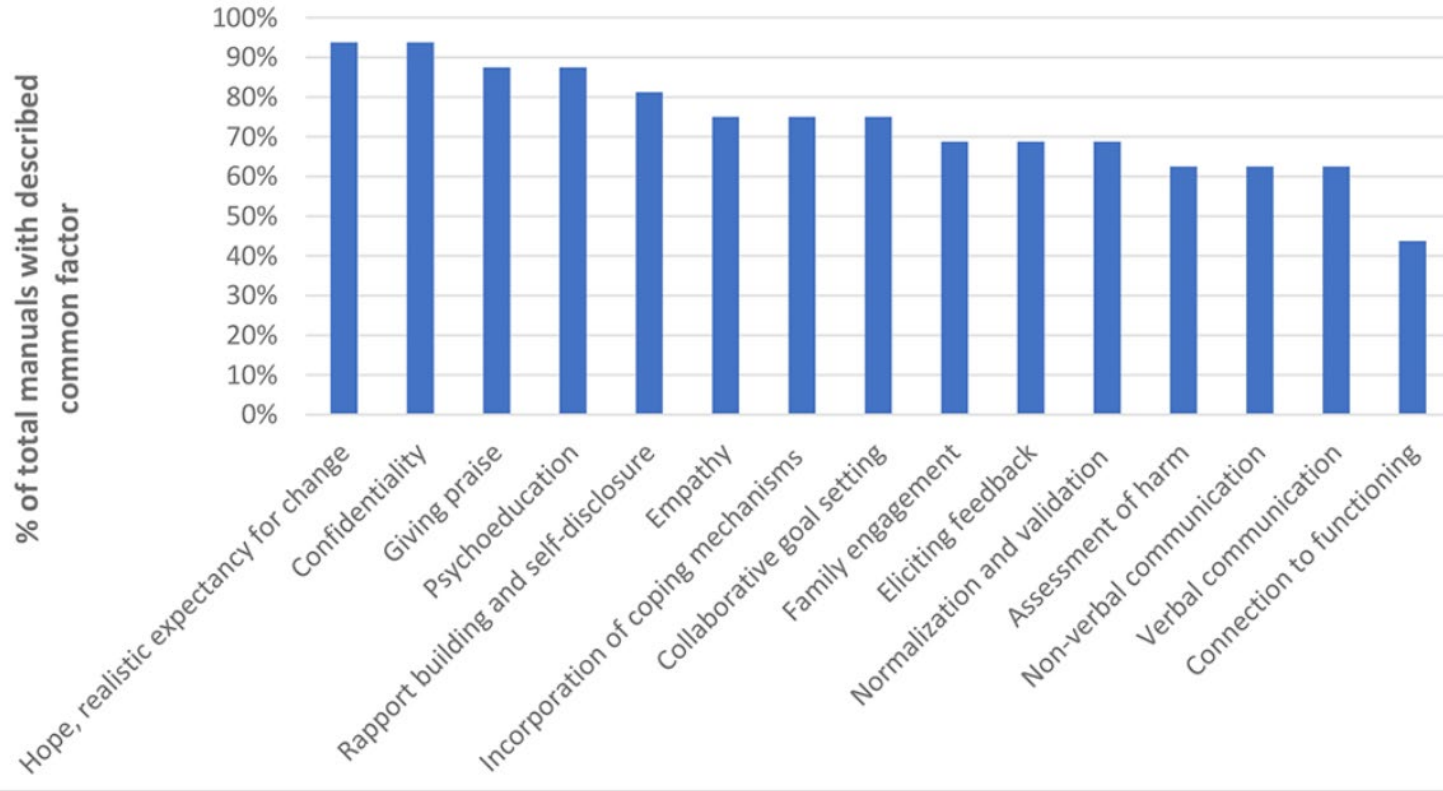


## Community workforce pathway:

- Systematic review of scholarly literature complete.
- Storyboard responses from community complete.
- Listening sessions from implementation partners in process.
- Listening sessions with non-English speaking communities in process.
- Collaborating with state administrators and policymakers on policy avenues, in process.
- Curriculum design fall/winter 2024

**We need MULTIPLE approaches to expand the mental health workforce: How can science help us do this...**

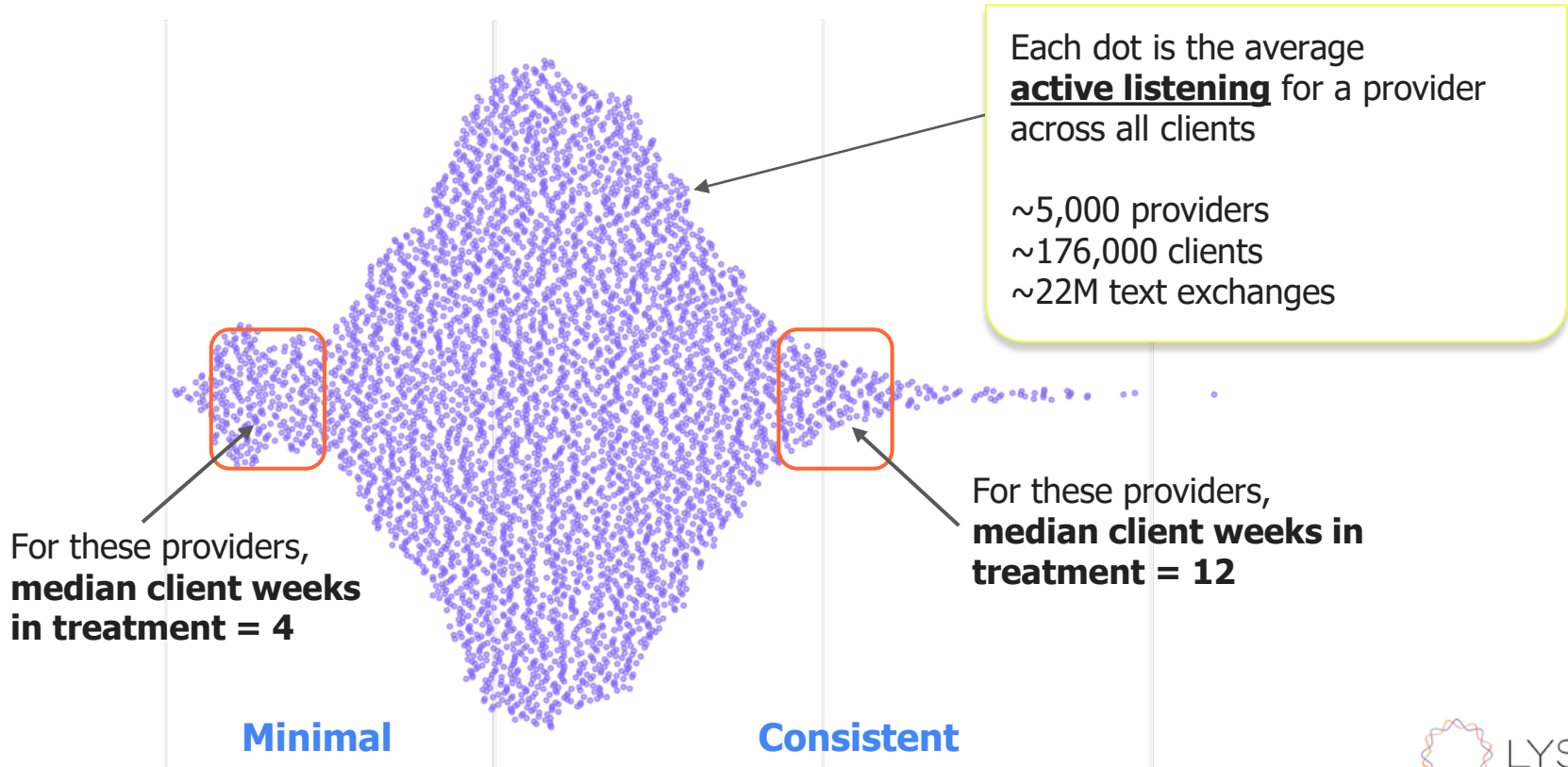
# Science fact #1: Difference treatment specific approaches also assume/rely on therapeutic “common factors.” These can be considered core competencies



Pedersen GA, Lakshmin P, Schafer A, Watts S, Carswell K, Willhoite A, Ottman K, van 't Hof E, Kohrt BA. Common factors in psychological treatments delivered by non-specialists in low- and middle-income countries: Manual review of competencies. *J Behav Cogn Ther.* 2020 Sep;30(3):165-186. doi:



## Science fact #2: A license does not guarantee good delivery of these common factors...



## Science fact #3: Variables that predict higher engagement in social services include

- Organizational relationships with diverse culture and service nonprofits
- Cultural matching (client-staff)
- 1:1 follow up and visits, follow up after missed appointments
- More use of common factors (listening, empathy...) in sessions

(Nino et al., 2014; Pederson et al., 2020; Imel et al., in review)

**Question: Can we recruit and hire directly for cultural matching and common factors?**

# The global south, and increasingly US-based research, says we can...

**Family-based youth mental health interventions delivered by nonspecialist providers in low- and middle-income countries: A systematic review** (Healy et al., 2018) Aim: Conducted systematic review of ten studies using task-sharing (delivery of interventions by non-specialists) as a strategy to disseminate mental health interventions in low resource contexts.

"All of the programs that reported providing structured trainings and ongoing supervision reported high treatment fidelity."

"Usage of NSPs is quite consistently proving feasible, acceptable, and efficacious and is almost certainly a valuable component within approaches to scaling up mental health programs"

# Research happening right here in Washington state...

**Using a Task-Shifting Model to Increase Access to Evidence-Based Anxiety Treatments for Latino Preschool Children, PI Cindy Trevino Ola, funder Center for Diversity and Health Equity at Seattle Children's Research Institute**

Promotoras participated in a 1-week long training focused on basic counseling skills (motivational interviewing) and on core anxiety intervention skills (creating a fear hierarchy, exposures, troubleshooting exposures). The study included parents of children ages 3 to 5 with a positive screen for anxiety on the Preschool Anxiety Scale. 20 parents participated in a 6-week clinician-led preschool anxiety group intervention and participated in weekly 30-minute telephone coaching session with a promotora throughout the duration of the group intervention.

Preliminary qualitative themes indicate parent acceptability to the promotora role and treatment model. Promotoras also demonstrated a solid understanding of core anxiety intervention skills and were quite knowledgeable with helping families identify age-appropriate anxiety exposures. Analysis of promotora treatment fidelity coding is still pending.

Thank You!

## Possible items for 2024

Blue = Need to work with School Based Subcommittee

Green = Legacy items for the Subcommittee

- Conditional scholarships – Vaughnetta – Keep on the list.
- Administrative complexities – Libby/Mary – There will likely be an ask; HB1515 addressed this to some extent.
- School based PAL – Bob – It would be good to have a separate presentation in conjunction with the School Based subcommittee.
- ~~Psychiatric consultation in primary care settings – Sarah? Kristin H? Remove.~~
- CCBHC – Joan/Julia – Keep on. There will likely be a policy related request.
- Teaching clinic rate – Joan/Julia – Keep on for now.
- WISe workforce – Mary – This may be tackled in the administrative burdens group.
- Workforce related to 1580 Rapid Care Team – Hugh/others? – Unsure what this might entail.
- Continuum of services for students – inside and outside of schools/MTSS workforce – Lee/Christian – Work with the School Based subcommittee on this.
- Role for non-degreed individuals – Sarah W. – Will have a presentation about this at the July 5<sup>th</sup> meeting.
- Workforce related to the kinds of services children/youth need (non-clinical therapy) – LL – We need to think about documentation issues, payment issues, flexibility to do what's needed and to encourage creative, individualized strategies.
- DDA Workforce – Hugh? – Does this relate to the need to expand the crisis response workforce?
- ~~BH professional licensing/credentialing process – ?? – Dealt with via 1724. Remove.~~
- Monitor impact of HB1724 and SB5555 – All – Focus on implementation as well.
- Increase the number of para educators – LL? – Are there wage issues? Need to include in discussion about school based issues.
- ABA rate – Came up at BH Conference – In spite of rate bump this past session the Medicaid rate is well below the commercial or private pay rate. Should we ask for another rate increase? Also need to look at: how long it takes to become ABA qualified, what state has control over, ongoing TX. Check with Rep. Senn about 1776.
- Other rates – Joan/Julia – Need to discuss at July mtg.
- SUD on demand – Came up at full WG meeting – Need to discuss at July mtg.
- Respite – Came up at full WG meeting – Need to discuss at July mtg.
- What else?