

## CYBHWG Workforce and Rates subgroup

July 19, 2023

Leads: Representative Mari Leavitt, Hugh Ewart, Laurie Lippold

### Consultant Announcement

*Rachel Burke, Health Care Authority (HCA)*

#### Highlights

- Behavioral Health Catalyst will be supporting parts of the work for the CYBHWG and the subgroups in collaboration with HCA staff.

### Wraparound with Intensive Services (WISe) discussion

*Mary Stone-Smith, Catholic Community Services of Western WA*

#### Highlights

- WISe has 4 important components – 1) intensive services, 2) care coordination, 3) 24-hour response to crisis, 4) peers and peer support. The framework is well defined with a manual, quality review tool, and many other resources.
- WISe process concerns:
  - The audit process for WISe is cumbersome; Catholic Community Services had 12 audits in one month just for WISe, with only 1 corrective action.
  - Prior to COVID auditors were coming to the facility and pulling charts to complete the audits, now they ask staff in the facility to pull the charts, do the research and then download the information into the portal, this process change is overwhelming with all the other documentation requested and has exasperated staffing shortages.
  - This process changes with the frequency and nature of audits, takes a lot of staff time and is a big burden.
  - Some of the data we are asked to pull is on intensive services, frequency of inpatient admissions, ER visits, CLIP education, etc.
  - The QAIRT quality improvement tool is cumbersome to collect all the documentation – very time consuming.
  - Audits are not outcome focused, if we consider outcomes, we could have more informative information.
  - No correlation between quality tool and WISe – been using for about 10 years. The problem is there is not a correlation between positive outcomes and a high score on the QRT -. Change WISe parameters to include outcomes.
  - Safety plan (part of QIRT) must be built with the entire child and family team.
  - Survey's report WISe being a critical service for families.
  - From the very beginning of WISe implementation, the same staff needing to do 24/7 crisis plus the intensive services was the cause of staff leaving programs.
  - Consistency is needed for WISe implementation throughout the state.
  - Continue to have a wait list for WISe so we need to continue to recruit workforce and determine what is needed to eliminate staff retention.

#### Managed Care Organizations (MCO's)

- MCO's have a different process depending on the contract.
- HCA/DBHR defines the requirements through the WISe manual.
- In HCA contracted MCO's are required to manage their contracts, which is a broader scope compared to those in the WISe program.
- The WISe program was built robust to include heavy auditing, but the lawsuit was fulfilled in 2021 so may be time to revisit requirements.

### Health Care Authority (HCA)

- HCA/DBHR defines the requirements in the WISE manual.
- WISE [WAC 182-501-0215](#) may need to be updated, this will take time and stakeholder outreach.
- Continue to have a wait list for WISE so we need to continue to recruit workforce and determine what is needed to eliminate staff retention.

### Discussion / Q & A

- From the Workforce Board perspective, we have always seen comments from employers about how administrative burden impacts retention of the BH workforce. The spring 2023 data collection round of the Health Workforce Sentinel Network had good participation of BH providers, and the UW director sent me these thoughts this week:

*"Administrative burden is a continuing theme and we saw more comments about that this round. I would say a theme that emerged this round was that community behavioral health centers feel that they have higher reporting burdens than many private organizations. The quote below is representative of that idea:*

*"Community behavioral health centers have significantly more reporting than private entities... that put a burden on staff; [we need to find] ways to simplify or reduce reporting requirements or pay agencies to support collection of this data."*

- Where do things stand with the settlement? Is it realistic to refine the WAC to relieve some administrative burdens staff are currently experiencing?  
*Need to do some refining and HCA to do their own quality improvements –there is opportunity to revise. Look at the quality plan and start moving forward.*

## Discussion of possible priorities

See page 4 for a full list of possible priorities

### Highlights

- Conditional Scholarships / Educational Debt Burden
  - Levels of distress come from service contracts and there is not an easy way to exit once signed and buyout to exit the signed contract is expensive.
  - The Workforce Training Board and the Workforce Council received significant resources to evaluate the work.
  - From private side, Ballmer invested 22 million to have 415 new entries in the BH field.
    - Believe recruitment is the key – 12 universities are recruiting students.
    - 1 in 20 are in the current state of default, with 47 students graduating this past spring.
  - Would like to request funding for loan repayment and career support, collaborating with the Student Achievement Council for a recommendation to move forward.
- Administrative Burdens
  - MCO's and HCA have different ideas for audits, would like to see them align.
- Partnership Access Line (PAL)
  - No update or request currently. Would like to see what the SBBHSP committee is recommending first.
- Certified Community Behavioral Health Clinic (CCBHC) / Teaching Clinic Enhancement Rates (Legacy item)
  - Teaching clinic – Do not want legislators to lose sight of this work. Not planning to have fiscal or legislative ask for 2024 but will be planning for a 2025 ask.
  - CCBHC – do not have a lot of information as to money allocation. Waiting to see what steps HCA will take in the interim session, then look at administrative burdens to see if there is something to address in an ask.
- WISE
  - Possible legislative ask is to revise the audit frequency.
  - Revise WISE WAC to decrease administrative burden requirements.

- Role for non-degreed individuals.
- [HB 1724](#) and the many workforce initiatives included in the bill.
- Workforce related to [HB 1580](#).
- Applied Behavior Analysis (ABA) therapy / Respite / Developmental Disabilities Administration (DDA) workforce.

## Other

- Program for Assertive Community Treatment (PACT)
  - PACT is underfunded and is unable to meet the needs.

## Next Meeting

- Next meeting will take place August 2<sup>nd</sup> from 10 to 11 a.m.

## Attendees

Vaughnetta Barton, University of Washington (UW)

Rachel Burke, Health Care Authority (HCA)

Tina Burrell, HCA

Wendy Brzezny, Thriving Together

Renee Fullerton, Workforce Training Board

Bob Hilt, Seattle Children's Hospital

Marissa Ingalls, Coordinated Care

Avreayl Jacobson, King County Behavioral Health and Recovery

Christine Mickelson, HCA

Julia O'Connor, The Washington Council for Behavioral Health

Steve Perry, HCA

Kari Samuel, HCA

Sheryl Schwartz, UW

Delika Steele, Office of the Insurance Commissioner (OIC)

Mary Stone-Smith, Catholic Community Services

Andy Toulon, Legislative staff

Katherine Switz, BH Catalyst

Sarah Walker, UW Co-Lab

Cindi Wiek, HCA

Kristin Wiggins, Consultant

Linda Wiley, Program of Assertive community Treatment (PACT)

Michele Wilsie, HCA

Larry Wissow, UW

## Possible items for 2024

Blue = Need to work with School Based Subcommittee

Green = Legacy items for the Subgroup

- 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?