CYBHWG Workforce & Rates Subgroup

Wednesday, July 7
10:00 am – Noon

#	Agenda Items	Notes
1.	Update: ARPA Proposal – Block grant funds	**Michael Langer**, HCA-DBHR *See page 4 for detailed proposals.* • Annual funds + 2 enhancements from federal funding • $ are starting to go out now from Dec. enhancements. • Substance Abuse Block Grant funds – 23% to prevention; 25% to BH-ASOs to expand treatment and outreach; 20% to recovery support; 5% to tribes. • Mental Health Block Grant funds – typically doesn't allow for any prevention activities, this time: 5% to suicide prevention; 12% to First Episode Psychosis; 30% to BH-ASOs; 19% to recovery supports; 5% to tribes; 9% to tech (including bed locator); 10% for crisis services. • December federal relief funds extend through March 2023. • ARPA funds (see attachments for mental health and substance use block grants) are being used to extend the programs funded by initial federal relief that are working well through September 2025 rather than funding new programs. • Legislature - $31M for provider relief. HCA to send plan out this month; providers will have 40 days to apply. • ARPA Block grant funds plan submitted to SAMHSA. Once approved, HCA will send it to the Legislature for approval.
2.	Rates	**Ann Christian**, Washington Council • Clinics are experiencing 30% vacancy rate; between 10 and 25% behind in competitive salaries. • Rates increase: 7 % ask; Legislature approved 2% for BH clinics. • People are making the decision that it is unethical to admit new people to care because we don't have the staff to serve them. • $31M in provider relief – asking for early dispersement of these funds to invite people from private practice or people who have left the workforce even part-time with a hiring and/or retention bonus. • The Council will be issuing a new survey soon related to vacancies, etc. **Discussion:** Certified Community Behavioral Health Clinics (CCBHCs) – started 10 years ago; definition and payment structure parallel to the FQHCs. • Cross-sector payment system based on the actual cost of care, with reconciliation process. • More flexible payment model – subcapitation or case rate that is unique to each clinic. • WA would need to submit an 1115 waiver or an SPA to participate and draw down the federal match for that enhanced wrap-around payment.

- What is cost to state? Work with National Council and modelers.
- HopeSparks – would not fit under that umbrella – but could partner to meet needs across the continuum.
- Need to look at the entire continuum of care. Some linkages from the CCBH model could be extended.
- The concern that the model does not include prevention was raised.

Sarah Rafton and Tatiana Sarkosh, Washington Chapter of the American Academy of Pediatrics
See page 12 for slides.

- Increasing rates is absolutely critical. VBP needs sufficient reimbursement for BH.
- Goal should be appropriate capitation to have a licensed provider and navigator on the team.
- 6 clinicians were interviewed and identified the following barriers:
    - Start up costs;
    - Credentialing costs;
    - Billing and coding – can't bill for certain services;and
    - Demonstrating value – having to manage data collection.
- The goal at this point is to get to the Medicare rate.
- Appropriate capitation is what's needed to have the right services on the team; need flexible capitated $ to meet the needs of families.
- Need to have the abiity to be reimbursed for more services.
- It is recommended that the HCA include all the codes and get them into the state plan – e.g. care coordination, support groups.

Discussion

- Need funding that covers all services and costs – capitation or cost reimbursement – MCOs paying BHCs by service codes alone not working.
- HopeSparks: 83% of individuals are accepting MH services when offered; 80% enrolled; 2.23 days to get enrolled. Kids are getting better faster than kids are generally even able to get an appt.
- Utilize new relapse prevention code in November – other care coordination and collaboration codes.
- Capitation can be used with a prospective method – need State Medicaid office to be as aggressive as possible in including as many codes as possible and support them in getting CMS to include them in our state plan.
- Bob Hilt: Private practices are also having problems with access to care (80% commercial). Referral service – access across the board getting poorer. 17 days on average to find an available provider when working the case, was 9 days a year ago.
- 15% increase – our intent was for it to apply to all settings – because of our state budget structure it ended up on the medical side and not the BH side. It's not bad intent; it's the complexity of the systems. Why is the rate for BH providers in PC higher than in BH settings, regardless of these rate increases? A deeper dive is needed, including people who understand all those aspects of financing.
- **Consensus:** Rate increase is a priority recommendation for 2022. Details will be forthcoming.

3.	Workforce *Updates*	• Apprenticeship effort is underway, hired the curriculum designer for one of the pathways, looking for the other two. Looking at college credit alignment as well. • UW BH support specialties project is developing a credential based on data for Bachelors level professional for low level interventions using evidence based practices. Funding from Balmers for UW to implement UK system of using Bachelors level clincians for acute interventions. • The Workforce Board has begun their process and will have their kick-off meeting on Aug. 6th from 10:00 – noon. • The Equity in Education Coalition is conducting a survey to get a sense of the number of BIPOC BH providers, need, etc. The survey will close on Sept. 2nd and Noahloni will share the results.
	Survey results review	**Laurie Lippold** *See page 20 for survey results.* • **Decision:** Removed – *Provide training and extend use of bachelors level clinicians* – as 2022 priority because it does not require legislation. • **Decision:** Keep on list – ability to pay Master's level interns and post-grads – Look into HB 1504 work. • We need to continue to review the survey results and make decisions about must haves from the list of items and what needs to be added.
	ProviderOne/MCO certification process	• Volunteer to lead: Joe LeRoy or someone else from HopeSparks • Rachel to meet with Suzanne to discuss process.

See page 21 for Chat log.

Attendees

Rachel Burke, Health Care Authority (HCA)
Representative Lisa Callan, Washington State House of Representatives
Ann Christian, Washington Council of Behavioral Health
Mary Clogston, Legislative staff
Diana Cockrell, HCA
Paul Davis, HCA
Hugh Ewart, Seattle Children's
Fernando Anusha, Molina Healthcare
Noahloni Garcia, Equity in Education Coalition
Nova Gattman, Workforce Board
Kimberly Harris, HCA
Elias Hawa, Community Health Plan of Washington (CHPW)
Bob Hilt, Seattle Children's
Kristin Houser, Parent
Marissa Ingalls, Coordinated Care
Sarah Kwiatkowski
Michael Langer, HCA
Joe LeRoy, HopeSparks
Representative Mari Leavitt, Washington State House of Representatives
Terry Lee, CHPW
Laurie Lippold, Partners for Our Children
Melody McKee, UW Behavioral Health Institute
Julia O'Connor, Workforce Board
Steve Perry, HCA
Sarah Rafton, Washington Chapter of the American Academy of Pediatrics (WCAAP)
Kari Samuel, HCA
Tatiana Sarkhosh, WCAAP
Sharon Shadwell, Department of Children, Youth and Families
Samantha Slaughter, Washington State Psychological Association
Lucas Springstead, HCA
Mary Stone-Smith, Catholc Community Services of Western Washington
Suzanne Swadener, HCA
Jim Theofelis, NorthStar Advocates
Andy Toulon, Legislative staff
Amber Ulvenes, WCAAP
Many Weeks-Green, Office of the Insurance Commissioner
Larry Wissow, Seattle Children's

Mental Health Block Grant
ARPA Budget Proposal Overview

Project #	Project Title	Project Description	Proposed Budget
Prevention			
MHAR-Px1	Suicide Prevention	Develop and expand programming for new and continuing community-based organizations with a specific focus on suicide prevention in high-need communities.	$1,660,114
		Total Prevention Set-Aside	**$1,660,114**
FEP Set-Aside			
MHAR-CYF1	Rural and AI/AN Evidence Based Coordinated Specialty Care for FEP	Develop and adapt evidence based coordinated specialty care programs for FEP to meet the needs of rural, frontier and AI/AN communities.	$3,984,273
		Total FEP Set-Aside	**$3,984,273**
Treatment			
Children, Youth and Family Treatment Funding			
MHAR-CYF2	Developing Wraparound and Intensive Services (WISe) Workforce Support	Developing Wraparound and Intensive Service (WISe) workforce to support youth with Intellectual Disabilities/Developmental Disabilities (including Autism Spectrum Disorder (ASD).	$600,000
MHAR-CYF5	Trauma Focused Cognitive Behavioral Therapy Training	Trauma Focused Cognitive Behavioral Therapy (CBT) Training for clinicians serving children and youth returning to school as part of the triage process post screening.	$376,671
Adult Treatment Funding			
MHAR-MHA1	Cognitive Behavioral Therapy for Psychosis	Expansion of current contract to deliver Cognitive Behavioral Therapy for Psychosis to a cohort of clinicians who are serving people on 90/180 involuntary civil commitment orders.	$130,000
MHAR-MHA3	Mental Health Specialist Training	Provide training via a 100-hour course for Mental Health (MH) professionals to secure credentials to become an Older Adult Mental Health Specialist, Intellectual Disabilities /Developmental Disabilities (ID/DD) Mental Health Specialist, and Ethnic Minority Mental Health Specialist.	$396,671

Note: Proposed budget only, pending approval from SAMHSA
Submitted to SAMHSA for review/approval 7/1/21

Mental Health Block Grant
ARPA Budget Proposal Overview

BH-ASO Treatment Funding			
MHAR-ASO2	Behavioral Health Administrative Service Organization (BH-ASO) Treatment Funding	The community mental health services provided include but are not limited to outpatient services, including specialized outpatient services for children, the elderly, individuals with a serious mental illness, residents of the service areas who have been discharged from inpatient treatment at a mental health facility, day treatment or other partial hospitalization services, psychosocial rehabilitation services, outreach to and services for individuals who are homeless, at risk of homelessness, or ready for discharge from inpatient psychiatric care, and individuals residing in rural areas.	$10,066,183
		Total Treatment	**$11,569,525**
Recovery Support Services			
Project #	**Project Title**	**Project Description**	**Proposed Budget**
MHAR-RSS1	Participant Support Funds- Housing and Recovery through Peer Services (HARPS) teams	Mental Health Block Grant (MHBG) funds could be used to support case managers, outreach workers, Assertive Community Treatment Services for people experiencing homelessness, medications, coordination with primary care, case management etc.	$50,000
MHAR-RSS2	Participant Support Funds- Projects for Assistance in Transition from Homelessness (PATH) teams	Mental Health Block Grant (MHBG) funds could be used to support case managers, outreach workers, Assertive Community Treatment Services for people experiencing homelessness, medications, coordination with primary care, case management etc.	$140,000
MHAR-RSS3	Participant support Funds - Peer Bridger	Mental Health Block Grant (MHBG) funds could be used to support case managers, outreach workers, Assertive Community Treatment Services for people experiencing homelessness, medications, coordination with primary care, case management etc.	$100,000
MHAR-RSS12	Adding a Peer to Projects for Assistance in Transition from Homelessness (PATH) Outreach Teams	Targeted peer outreach on Project for Assistance in Transition from Homelessness (PATH) teams focusing on a by-name list of individuals who have had multiple contacts with crisis system.	$1,759,433

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Mental Health Block Grant
ARPA Budget Proposal Overview

MHAR-RSS14	Operating costs for a housing inventory/estimator/calculator	Provide timely information for individuals with behavioral health conditions to access housing services and resources.	$10,000
MHAR-RSS16	Supportive Housing Institute	Corporation for Supportive Housing (CSH) curriculum to increase the number of affordable housing development for individuals with mental health and substance use disorders.	$150,000
MHAR-RSS19	Cover Foundational Community Support Services in Institution for Mental Disease (IMD) when Medicaid is Suspended	Utilize block grant funds that would cover Foundational Community Support services for people transitioning out of Institution for Mental Disease (IMD) settings if Medicaid does not get retroactively reconnected.	$500,000
MHAR-RSS24	Peer Pathfinders Transition from Incarceration Pilot	Enhance jail transition programs with SUD peers services to individuals who upon release will be homeless. SUD Peer Services begin prior to release to establish relationship and upon release to support the transition to needed services.	$790,000
MHAR-RSS25	Add Co-Occurring Peer to Forensic-Housing Housing and Recovery through Peer (F-HARPS) Services	Add 1 peer to each of the four Forensic-Housing Housing and Recovery through Peer Services (F-HARPS) in Phase I regions.	$400,000
MHAR-RSS36	Funding for SSI/SSDI Outreach, Access, and Recovery (SOAR) Leads	Helping individuals with the creation of a Supplemental Security Income/Social Security Disability Insurance (SSI/SSDI) outreach access and recovery community coordinators.	$500,000
MHAR-RSS41	Enhance Mobile Crisis Teams with CPCs	Pilot enhancements to mobile crisis teams by adding CPCs to existing teams.	$1,909,000
		Total Recovery Support Services	**$6,308,433**

Tribal

Project #	Project Title	Project Description	Proposed Budget
MHAR-TRB1	TARGET (database) Replacement Pilot	TARGET replacement pilot program.	$200,000
MHAR-TRB3	Funding to Tribes and Urban Indian Health Organizations	Provide funding to 29 federally recognized Tribes and two Urban Indian Health Organizations to deliver treatment for individuals diagnosed with SMI/SED, prevention, treatment, and recovery support services within their Tribal communities.	$1,460,114

Note: Proposed budget only, pending approval from SAMHSA
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Mental Health Block Grant
ARPA Budget Proposal Overview

		Total Tribal	**$1,660,114**
Crisis Set-Aside			
Project #	**Project Title**	**Project Description**	**Proposed Budget**
MHAR-ASO2	Behavioral Health Administrative Service Organization (BH-ASO) Treatment Funding - Crisis Services	Services include 24-hour-a-day emergency care services, mobile crisis, crisis line, and Designated Crisis Responders (DCR) services.	$3,320,228
		Total Crisis Set-Aside	**$3,320,228**
Technology Infrastructure			
Project #	**Project Title**	**Project Description**	**Proposed Budget**
SAAR-TEC1	Clinical Data Repository	Support technological enhancements to the CDR that will allow retention of historical clinical data, including MH/SUD data, as well as implementation of an analytic enclave environment.	$325,000
SAAR-TEC2	Consent Management Solution	Enable meaningful, seamless exchange of protected and sensitive BH and PH information amongst those who are authorized to receive it in order to deliver services to Washingtonians.	$1,300,000
SAAR-TEC3	Statewide Bed Registry	Develop and implement a statewide bed registry to track capacity and real-time bed availability for psychiatric hospital beds, freestanding evaluation and treatment center beds, Secure Withdrawal Management and Stabilization Beds, crisis triage/stabilization beds, and substance use disorder residential treatment beds.	$1,414,478
Total Technology Infrastructure			**$3,039,478**
TOTAL MHBG Covid Supplement Budget			
		Suicide Prevention	**$1,660,114**
		FEP Set-Aside	**$3,984,273**
		Treatment	**$11,569,525**
		Recovery Supports Services	**$6,308,433**
		Tribal	**$1,660,114**
		Crisis Set-Aside	**$3,320,228**
		Technology Infrastructure	**$3,039,478**
		Administrative	**$1,660,114**
		Total Budget	**$33,202,279**

Note: Proposed budget only, pending approval from SAMHSA
Submitted to SAMHSA for review/approval 7/1/21

Substance Abuse Block Grant
ARPA Budget Proposal Overview

Project #	Project Title	Project Description	Proposed Budget
Prevention			
SAAR-Px1	COVID-19 Check-In with Yourself Program for Young Adults	Provide free and easily accessible information related to mental health and substance use with the goal of increasing motivation to seek help, if needed, and provide access to resources for young adults.	$100,000
SAAR-Px2	First Years Away from Home: Letting Go and Staying Connected	Intervention handbook aimed at parents/caregivers of incoming first-year college students with the goal of decreasing substance use risk behaviors and increasing family protective factors.	$100,000
SAAR-Px4	Community Prevention and Wellness Initiative Coalition Expansion	Funding for approximately 20 new community coalitions to implement evidence-based prevention programming.	$6,587,812
SAAR-Px8	CPWI Capacity Building/Workforce Support	Funding will support two CPWI Capacity Building and Workforce Support projects: the Prevention Fellowship Program and prevention science trainings.	$400,000
Total Prevention			**$7,187,812**
Treatment			
Outreach and Treatment Funding			
SAAR-ASO1	Behavioral Health Administrative Service Organization (BH-ASO) Treatment Funding	This project supports and enhances a regionally based system of care that includes behavior health services to priority populations, including pregnant and parenting women, those who addiction includes intravenous use, HIV/AIDS intervention, and treatment and recovery services for individuals diagnosed with substance use and co-occurring disorders.	$7,693,371
SAAR-TR4	LEAD	Through parternship with communiy behavioral health agencies, contractors are to provide intensive, wrap around case management services to individuals with a SUD that come in contact with law enforcement, prior to arrest.	$5,000,000
Total Treatment			**$12,693,371**

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Substance Abuse Block Grant
ARPA Budget Proposal Overview

Recovery Support Services			
Project #	**Project Title**	**Project Description**	**Proposed Budget**
SAAR-RSS1	Housing and Recovery through Peer Services (HARPS) Teams -Participant Support Funds	Funding to support case managers, outreach workers, Assertive Community Treatment (ACT) services for people experiencing homelessness, need medications, coordination with primary care, case management etc.	$50,000
SAAR-RSS4	Peer Pathfinders Participant Support Funds	Funding to support case managers, outreach workers, Assertive Community Treatment (ACT) services for people experiencing homelessness, need medication and coordination with primary care, case management etc.	$140,000
SAAR-RSS5	Peer Bridger Pilot for SUD Treatment	Adding 2 Peer Bridgers to 17 SUD treatment programs to pilot a Peer Bridger program.	$800,000
SAAR-RSS11	Recovery Grant Enhancements	Peer support/recovery coaching for recovery in community contractors.	$500,000
SAAR-RSS14	Housing Inventory Estimator/Calculator	Provide timely information for individuals with behavioral health conditions to access housing services and resources.	$10,000
SAAR-RSS16	Supportive Housing Institute	Corporation for Supportive Housing (CSH) curriculum to increase the number of affordable housing development for individuals with substance use disorders	$150,000
SAAR-RSS19	Cover FCS Services in Institutes of Mental Disease (IMD)/Inpatient setting when Medicaid is Suspended	Cover FCS services for people transitioning out of IMD/Inpatient settings if Medicaid lapses, or is suspended.	$500,000
SAAR-RSS21	Oxford House	Client support funds to for new Oxford Houses opening.	$50,000
SAAR-RSS24	Peer Pathfinders Transition from Incarceration Pilot	Enhance jail transition programs with SUD peers services to individuals who upon release will be homeless. SUD Peer Services begin prior to release to establish relationship and upon release to support the transition to needed services.	$790,000
SAAR-RSS25	Add Co-Occurring Peer to Forensic-Housing Housing and Recovery through Peer (F-HARPS) Services	Add 1 peer to each of the four Forensic-Housing Housing and Recovery through Peer Services (F-HARPS) in Phase I regions.	$400,000
SAAR-RSS26	Add Co-Occurring Peer to HARPS Teams	Add 1 SUD Peer to each of these specialty HARPS teams.	$800,000

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Substance Abuse Block Grant
ARPA Budget Proposal Overview

SAAR-RSS28	Expand Peer-Run/Peer-Operated Organization Olympia site	Expanding Peer run organization to create a site in Olympia.	$900,000
SAAR-RSS29	Expand Community Recovery Support Services, Access to Recovery (ATR) Sites	Expand the number of Recovery Support Services, Access to Recovery (ATR) Sites.	$50,000
SAAR-RSS38	Rent Assistance	Housing subsidy funds, first/last deposits.	$977,287
Total Recovery Support Services			**$6,117,287**

Tribal

Project #	Project Title	Project Description	Proposed Budget
SAAR-TRB1	TARGET (database) Replacement Pilot	TARGET replacement pilot program.	$200,000
SAAR-TRB3	Grants to Tribes and Urban Indian Health Organizations	Provide grants to 29 federally recognized Tribes and two Urban Indian Health Organizations to deliver SUD prevention, treatment, Opiate Use Disorder intervention and recovery support services within their Tribal communities.	$1,229,322
SAAR-TRB5	Healthy Youth Survey	HCA will work closely with the state agency partners that support the Healthy Youth Survey implementation to improve access and utility of the survey and the survey data results for Tribal and urban Indian communities.	$100,000
Total Tribal			**$1,529,322**

Technology Infrastructure

Project #	Project Title	Project Description	Proposed Budget
SAAR-TEC1	Clinical Data Repository	Support technological enhancements to the CDR that will allow retention of historical clinical data, including MH/SUD data, as well as implementation of an analytic enclave environment.	$325,000
SAAR-TEC2	Consent Management Solution	Enable meaningful, seamless exchange of protected and sensitive BH and PH information amongst those who are authorized to receive it in order to deliver services to Washingtonians.	$700,000

Note: Proposed budget only, pending approval from SAMHSA
Submitted to SAMHSA for review/approval 7/1/21

Substance Abuse Block Grant
ARPA Budget Proposal Overview

SAAR-TEC3	Statewide Bed Registry	Develop and implement a statewide bed registry to track capacity and real-time bed availability for psychiatric hospital beds, freestanding evaluation and treatment center beds, Secure Withdrawal Management and Stabilization Beds, crisis triage/stabilizaiton beds, and substance use disorder residential treatment beds.	$504,322
Total Technology Infrastructure			**$1,529,322**
TOTAL SABG Covid Supplement Budget			
Prevention			**$7,187,812**
Treatment			**$12,693,371**
Recovery Supports Services			**$6,117,287**
Tribal			**$1,529,322**
Technology Infrastructure			**$1,529,322**
Administrative			**$1,529,321**
Total Budget			**$30,586,435**

Note: Proposed budget only, pending approval from SAMHSA
Submitted to SAMHSA for review/approval 7/1/21

Behavioral Health Integration Financing Barriers

June 2021

WASHINGTON CHAPTER
AMERICAN ACADEMY OF PEDIATRICS

BHI Interviews

- May – June 2021
- 6 interviewees with primary care providers/administrators and BH center providers/administrators
- Discuss key categories of financing barriers to BHI in primary care settings for kids
  - Startup
  - Training
  - Billing/codes
  - Physical space
  - Care coordination
  - Data management
  - Cost-saving

Barrier #1: Start up costs

- Difficult for independent clinics to finance without grant funding
  - Most practices won't know the true cost of the program
- Training all staff on the model
- Learning best practices
- Therapist credentialling/certification process is very lengthy
- For practices that partner with BHOs, building or allocating space for their staff
- Recruitment, hiring, training
- Investing in technology
  - Cross-communication with other EHR
  - Registry or tracking system
  - Integrating codes

Barrier #2: Billing/Codes

- Fee for service billing is not sustainable for BHI programs
  - Losing money or breaking even
- Want to maintain flexibility and creativity of BHI, not just co-located care. Ensuring this means uncompensated time for essential components of BHI for kids:
  - Block time during the day to respond to emergent needs
  - Warm handoffs
  - Brief counseling
  - Expand services to include group therapy, postpartum care, substance abuse, support groups, etc.
- Limitations on the insurance types that can participate

Barrier #3: Non-billable “soft costs”

- Spending time together
  - Often integrating two different organizational cultures
  - MD and BH staff meetings
- Care coordination
  - Separating patients into care “buckets”
  - Reminders
- Preparing for a patient during warm handoff
- Meeting with psychiatric consultants
  - All MD staff, therapist(s)

Barrier #4: Demonstrating Value

- Collecting, monitoring, and managing data
- Demonstrating cost-savings
  - Diverting from emergency department
  - Maximizing clinicians working at the top of their license
  - Promoting a healthy workforce
- Demonstrating value is a specific skill set
  - Can lead to additional funding
  - Not reimbursed

Final thoughts

- Value Based Payment
  - Start up costs
  - Include non-billable BHI work and ongoing administrative costs in capitation
- Competitive recruitment
  - Specific skill set and desire to work in clinical setting
  - Challenge for rural clinics
  - Support during credentialling/certification process
  - Bilingual staff
- Investing in BHI-support staff will lead to cost savings
  - Increased productivity
  - Minimize burnout
  - Reduce turnover

Questions?

- Contact Tatiana Sarkhosh at tsarkhosh@wcaap.org to contribute to the BHI program financing barriers report.

2021 workforce priorities survey

Total voting population: 36
20 at June 16 meeting; 16 in subsequent survey (sent only to those who were not at the meeting)

Respondents could choose as many items as they wanted; their choices were not ranked.

The priorities that received the most votes were:	**Number of Votes**
Provide training and extend use of bachelor level clinicians and others until a clinician is available *Removed from list; no legislative action needed.*	22
Statewide rapid recruitment, training, and placement of care coordinators	19
Use graduate student/post docs to provide services	19
Ability to bill for and pay master's level interns and post grads *Keep on list - check HB 1504.*	19

These were followed by:

Fully fund school-based health providers	17
Remove barriers to employment related to background checks	17

Other recommendations that were selected by 1/3rd or more of the respondents were:

Fully fund staffing in schools to support students' social-emotional well-being	16
Insurance blind BH coverage	16
Address barriers related to the effective use of school social workers	15
Expand PALs in Schools program	14
Certification process and removing barriers	13

Recommendations that less than 1/3rd of the respondents selected as priorities:

Expand peer workforce	12
Hiring of 50 recently retired BH professionals at a regional level	9
Internships for online graduate programs	8
Fund regional BH navigators	8
Incentivize providers for group therapy	7

7-7-21 Workforce & Rates Chat Log (edited)

Rates

Ann Christian, Washington Council

- Doubling is in order.
  I agree.
- How does Washington compare to other states in terms of salaries (relative to private sector) and vacancy rates?
- Ann - will you help me understand what the survey to your members is covering? Trying to track surveys so we can understand what information is being collected..
- Yes, please send the report to cybhwg@hca.wa.gov , Ann. We will include the report in the notes from this meeting and post on our website.
- This is a related but tangential question - is there a way while thinking about these rate/salary things how we get away from having the lowest-paid and most early career clinicians in what are often the hardest jobs, or at least to provide them with more support perhaps by allowing/requiring/funding higher levels of supervision in community settings?
  Yes, it should be inverted from current state.
- Re Anne's suggestion of hiring and retention bonuses – Yes! Other industries do those types of things! That is a RIGHT NOW solution.
  One point someone on the radio was making was the signing and retention bonuses don't necessarily make a low pay or high stress job more tenable in the long run.
  I don't know that it is a long term - sustainable strategy, but could help with the critical nature of the shortage while other solutions are implemented.
- Ann: Our members report success with these interventions throughout the pandemic, but there is no single magic silver bullet to solve the workforce needs over time.
- Ann, I wonder if we need to advocate for immediate infusion for retention or hiring for shoring up workforce in immediate - though not the long term solution.

Sarah Rafton and Tatiana Sarkosh, WCAAP

- Tatiana will send the group slides that summarize her findings.
- Overview, from Tatiana:
  - 1.) Start up costs.
  - 2.) Inability to offer competitive salary.
  - 3.) duration of credentialing process is financial burden.
  - 4.) Reimbursement is highly insufficient. Improved reimbursement would contribute to sustainability and the innovation and types of services children and families would most benefit from in primary care settings. Essential components of BHI in primary care are not reimbursed.
  - 5.) Demonstrating value: teams are not built to collect, monitor and report on outcomes.

Discussion

- I can't speak for the full private practitioner population, but I did have a conversation with someone in a rural community who shared that her group practice serves high acuity clients

because the nearest community behavioral health agency is 30 miles away. But they can't bill for the many services they provide that are more care coordination oriented, or BHI adjacent as someone said earlier (e.g., working with law enforcement when they have a homicidal client). The rural perspective seemed important to mention.

- The rate of cash only practices is very high. Seems that most private practitioners are avoiding insurance all together.
  I'm hearing that as well. The amount of time it takes to get insurance companies to reimburse for their services is prohibitive.
  Yes, that is so true. I currently pay out of pocket for (3) ongoing services for my child because I could NOT find an appointment with a practitioner that billed insurance, and we are privileged with great insurance.
- Nothing to add other than to consider that we / BHA's contract with up to 12-15 different payors who all do things differently, pay differently, credential differently, etc..

Workforce

- Q: Retention vs recruitment?
  - BOTH!
  - Both
  - Both
  - Both. I think there are immediate "crisis intervention solutions" needed right now, while also continuing to build alternatives and pipeline volume over time.
  - Yes. I think the crisis is too great to have to choose.
  - I vote for RETENTION, as the loss of staff impacts those we serve most. If we can increase retention, our recruitment and hiring might begin to catch up.
  - Rehiring over and over is very expensive!
  - I support retention focus. We need our existing workforce to stay working.
  - Recruitment
  - I think we should focus on the requirement of Indigenous, Black, and People Of Color folks so their voices are more present and we are also including the folks most affected by these choices.
- To Mary's point, the number one complaint in our WISe participant survey is consistently the loss/turnover of staff.
- It is so hard on families - particularly in WISe where we're providing intensity and serving in the home - relationships are essential.
- Please send "must-keeps" to cybhwg@hca.wa.gov. Perhaps people could include their rationale of why it's essential for 2022 session.

Credentialing

- Group credentialing for MCO's has to be a part of your contract, it's not a given.
- Joe LeRoy: can help or can volunteer someone from our org.

Updates

- **From Noahloni Garcia (**noahloni@eec-wa.com**):** BIPOC mental health provider survey: https://docs.google.com/forms/d/1t6-R0vWNQnWIxiG7KEkGJ2h545PvYVsQhqrqgS4c9Yk/edit?usp=drivesdk

Mental Health Block Grant
ARPA Budget Proposal Overview

Project #	Project Title	Project Description	Proposed Budget
Prevention			
MHAR-Px1	Suicide Prevention	Develop and expand programming for new and continuing community-based organizations with a specific focus on suicide prevention in high-need communities.	$1,660,114
		Total Prevention Set-Aside	**$1,660,114**
FEP Set-Aside			
MHAR-CYF1	Rural and AI/AN Evidence Based Coordinated Specialty Care for FEP	Develop and adapt evidence based coordinated specialty care programs for FEP to meet the needs of rural, frontier and AI/AN communities.	$3,984,273
		Total FEP Set-Aside	**$3,984,273**
Treatment			
Children, Youth and Family Treatment Funding			
MHAR-CYF2	Developing Wraparound and Intensive Services (WISe) Workforce Support	Developing Wraparound and Intensive Service (WISe) workforce to support youth with Intellectual Disabilities/Developmental Disabilities (including Autism Spectrum Disorder (ASD).	$600,000
MHAR-CYF5	Trauma Focused Cognitive Behavioral Therapy Training	Trauma Focused Cognitive Behavioral Therapy (CBT) Training for clinicians serving children and youth returning to school as part of the triage process post screening.	$376,671
Adult Treatment Funding			
MHAR-MHA1	Cognitive Behavioral Therapy for Psychosis	Expansion of current contract to deliver Cognitive Behavioral Therapy for Psychosis to a cohort of clinicians who are serving people on 90/180 involuntary civil commitment orders.	$130,000
MHAR-MHA3	Mental Health Specialist Training	Provide training via a 100-hour course for Mental Health (MH) professionals to secure credentials to become an Older Adult Mental Health Specialist, Intellectual Disabilities /Developmental Disabilities (ID/DD) Mental Health Specialist, and Ethnic Minority Mental Health Specialist.	$396,671

Note: Proposed budget only, pending approval from SAMHSA
Submitted to SAMHSA for review/approval 7/1/21

Mental Health Block Grant
ARPA Budget Proposal Overview

BH-ASO Treatment Funding			
MHAR-ASO2	Behavioral Health Administrative Service Organization (BH-ASO) Treatment Funding	The community mental health services provided include but are not limited to outpatient services, including specialized outpatient services for children, the elderly, individuals with a serious mental illness, residents of the service areas who have been discharged from inpatient treatment at a mental health facility, day treatment or other partial hospitalization services, psychosocial rehabilitation services, outreach to and services for individuals who are homeless, at risk of homelessness, or ready for discharge from inpatient psychiatric care, and individuals residing in rural areas.	$10,066,183
		Total Treatment	**$11,569,525**
Recovery Support Services			
Project #	**Project Title**	**Project Description**	**Proposed Budget**
MHAR-RSS1	Participant Support Funds- Housing and Recovery through Peer Services (HARPS) teams	Mental Health Block Grant (MHBG) funds could be used to support case managers, outreach workers, Assertive Community Treatment Services for people experiencing homelessness, medications, coordination with primary care, case management etc.	$50,000
MHAR-RSS2	Participant Support Funds- Projects for Assistance in Transition from Homelessness (PATH) teams	Mental Health Block Grant (MHBG) funds could be used to support case managers, outreach workers, Assertive Community Treatment Services for people experiencing homelessness, medications, coordination with primary care, case management etc.	$140,000
MHAR-RSS3	Participant support Funds - Peer Bridger	Mental Health Block Grant (MHBG) funds could be used to support case managers, outreach workers, Assertive Community Treatment Services for people experiencing homelessness, medications, coordination with primary care, case management etc.	$100,000
MHAR-RSS12	Adding a Peer to Projects for Assistance in Transition from Homelessness (PATH) Outreach Teams	Targeted peer outreach on Project for Assistance in Transition from Homelessness (PATH) teams focusing on a by-name list of individuals who have had multiple contacts with crisis system.	$1,759,433

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Mental Health Block Grant
ARPA Budget Proposal Overview

MHAR-RSS14	Operating costs for a housing inventory/estimator/calculator	Provide timely information for individuals with behavioral health conditions to access housing services and resources.	$10,000
MHAR-RSS16	Supportive Housing Institute	Corporation for Supportive Housing (CSH) curriculum to increase the number of affordable housing development for individuals with mental health and substance use disorders.	$150,000
MHAR-RSS19	Cover Foundational Community Support Services in Institution for Mental Disease (IMD) when Medicaid is Suspended	Utilize block grant funds that would cover Foundational Community Support services for people transitioning out of Institution for Mental Disease (IMD) settings if Medicaid does not get retroactively reconnected.	$500,000
MHAR-RSS24	Peer Pathfinders Transition from Incarceration Pilot	Enhance jail transition programs with SUD peers services to individuals who upon release will be homeless. SUD Peer Services begin prior to release to establish relationship and upon release to support the transition to needed services.	$790,000
MHAR-RSS25	Add Co-Occurring Peer to Forensic-Housing Housing and Recovery through Peer (F-HARPS) Services	Add 1 peer to each of the four Forensic-Housing Housing and Recovery through Peer Services (F-HARPS) in Phase I regions.	$400,000
MHAR-RSS36	Funding for SSI/SSDI Outreach, Access, and Recovery (SOAR) Leads	Helping individuals with the creation of a Supplemental Security Income/Social Security Disability Insurance (SSI/SSDI) outreach access and recovery community coordinators.	$500,000
MHAR-RSS41	Enhance Mobile Crisis Teams with CPCs	Pilot enhancements to mobile crisis teams by adding CPCs to existing teams.	$1,909,000
		Total Recovery Support Services	**$6,308,433**

Tribal

Project #	Project Title	Project Description	Proposed Budget
MHAR-TRB1	TARGET (database) Replacement Pilot	TARGET replacement pilot program.	$200,000
MHAR-TRB3	Funding to Tribes and Urban Indian Health Organizations	Provide funding to 29 federally recognized Tribes and two Urban Indian Health Organizations to deliver treatment for individuals diagnosed with SMI/SED, prevention, treatment, and recovery support services within their Tribal communities.	$1,460,114

Note: Proposed budget only, pending approval from SAMHSA
Submitted to SAMHSA for review/approval 7/1/21

Mental Health Block Grant
ARPA Budget Proposal Overview

		Total Tribal	**$1,660,114**
Crisis Set-Aside			
Project #	**Project Title**	**Project Description**	**Proposed Budget**
MHAR-ASO2	Behavioral Health Administrative Service Organization (BH-ASO) Treatment Funding - Crisis Services	Services include 24-hour-a-day emergency care services, mobile crisis, crisis line, and Designated Crisis Responders (DCR) services.	$3,320,228
		Total Crisis Set-Aside	**$3,320,228**
Technology Infrastructure			
Project #	**Project Title**	**Project Description**	**Proposed Budget**
SAAR-TEC1	Clinical Data Repository	Support technological enhancements to the CDR that will allow retention of historical clinical data, including MH/SUD data, as well as implementation of an analytic enclave environment.	$325,000
SAAR-TEC2	Consent Management Solution	Enable meaningful, seamless exchange of protected and sensitive BH and PH information amongst those who are authorized to receive it in order to deliver services to Washingtonians.	$1,300,000
SAAR-TEC3	Statewide Bed Registry	Develop and implement a statewide bed registry to track capacity and real-time bed availability for psychiatric hospital beds, freestanding evaluation and treatment center beds, Secure Withdrawal Management and Stabilization Beds, crisis triage/stabilization beds, and substance use disorder residential treatment beds.	$1,414,478
Total Technology Infrastructure			**$3,039,478**
TOTAL MHBG Covid Supplement Budget			
		Suicide Prevention	**$1,660,114**
		FEP Set-Aside	**$3,984,273**
		Treatment	**$11,569,525**
		Recovery Supports Services	**$6,308,433**
		Tribal	**$1,660,114**
		Crisis Set-Aside	**$3,320,228**
		Technology Infrastructure	**$3,039,478**
		Administrative	**$1,660,114**
		Total Budget	**$33,202,279**

Note: Proposed budget only, pending approval from SAMHSA
Submitted to SAMHSA for review/approval 7/1/21

Substance Abuse Block Grant
ARPA Budget Proposal Overview

Project #	Project Title	Project Description	Proposed Budget
Prevention			
SAAR-Px1	COVID-19 Check-In with Yourself Program for Young Adults	Provide free and easily accessible information related to mental health and substance use with the goal of increasing motivation to seek help, if needed, and provide access to resources for young adults.	$100,000
SAAR-Px2	First Years Away from Home: Letting Go and Staying Connected	Intervention handbook aimed at parents/caregivers of incoming first-year college students with the goal of decreasing substance use risk behaviors and increasing family protective factors.	$100,000
SAAR-Px4	Community Prevention and Wellness Initiative Coalition Expansion	Funding for approximately 20 new community coalitions to implement evidence-based prevention programming.	$6,587,812
SAAR-Px8	CPWI Capacity Building/Workforce Support	Funding will support two CPWI Capacity Building and Workforce Support projects: the Prevention Fellowship Program and prevention science trainings.	$400,000
Total Prevention			**$7,187,812**
Treatment			
Outreach and Treatment Funding			
SAAR-ASO1	Behavioral Health Administrative Service Organization (BH-ASO) Treatment Funding	This project supports and enhances a regionally based system of care that includes behavior health services to priority populations, including pregnant and parenting women, those who addiction includes intravenous use, HIV/AIDS intervention, and treatment and recovery services for individuals diagnosed with substance use and co-occurring disorders.	$7,693,371
SAAR-TR4	LEAD	Through parternship with communiy behavioral health agencies, contractors are to provide intensive, wrap around case management services to individuals with a SUD that come in contact with law enforcement, prior to arrest.	$5,000,000
Total Treatment			**$12,693,371**

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Submitted to SAMHSA for review/approval 7/1/21

Substance Abuse Block Grant
ARPA Budget Proposal Overview

Recovery Support Services			
Project #	**Project Title**	**Project Description**	**Proposed Budget**
SAAR-RSS1	Housing and Recovery through Peer Services (HARPS) Teams -Participant Support Funds	Funding to support case managers, outreach workers, Assertive Community Treatment (ACT) services for people experiencing homelessness, need medications, coordination with primary care, case management etc.	$50,000
SAAR-RSS4	Peer Pathfinders Participant Support Funds	Funding to support case managers, outreach workers, Assertive Community Treatment (ACT) services for people experiencing homelessness, need medication and coordination with primary care, case management etc.	$140,000
SAAR-RSS5	Peer Bridger Pilot for SUD Treatment	Adding 2 Peer Bridgers to 17 SUD treatment programs to pilot a Peer Bridger program.	$800,000
SAAR-RSS11	Recovery Grant Enhancements	Peer support/recovery coaching for recovery in community contractors.	$500,000
SAAR-RSS14	Housing Inventory Estimator/Calculator	Provide timely information for individuals with behavioral health conditions to access housing services and resources.	$10,000
SAAR-RSS16	Supportive Housing Institute	Corporation for Supportive Housing (CSH) curriculum to increase the number of affordable housing development for individuals with substance use disorders	$150,000
SAAR-RSS19	Cover FCS Services in Institutes of Mental Disease (IMD)/Inpatient setting when Medicaid is Suspended	Cover FCS services for people transitioning out of IMD/Inpatient settings if Medicaid lapses, or is suspended.	$500,000
SAAR-RSS21	Oxford House	Client support funds to for new Oxford Houses opening.	$50,000
SAAR-RSS24	Peer Pathfinders Transition from Incarceration Pilot	Enhance jail transition programs with SUD peers services to individuals who upon release will be homeless. SUD Peer Services begin prior to release to establish relationship and upon release to support the transition to needed services.	$790,000
SAAR-RSS25	Add Co-Occurring Peer to Forensic-Housing Housing and Recovery through Peer (F-HARPS) Services	Add 1 peer to each of the four Forensic-Housing Housing and Recovery through Peer Services (F-HARPS) in Phase I regions.	$400,000
SAAR-RSS26	Add Co-Occurring Peer to HARPS Teams	Add 1 SUD Peer to each of these specialty HARPS teams.	$800,000

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Substance Abuse Block Grant
ARPA Budget Proposal Overview

SAAR-RSS28	Expand Peer-Run/Peer-Operated Organization Olympia site	Expanding Peer run organization to create a site in Olympia.	$900,000
SAAR-RSS29	Expand Community Recovery Support Services, Access to Recovery (ATR) Sites	Expand the number of Recovery Support Services, Access to Recovery (ATR) Sites.	$50,000
SAAR-RSS38	Rent Assistance	Housing subsidy funds, first/last deposits.	$977,287
Total Recovery Support Services			**$6,117,287**

Tribal

Project #	Project Title	Project Description	Proposed Budget
SAAR-TRB1	TARGET (database) Replacement Pilot	TARGET replacement pilot program.	$200,000
SAAR-TRB3	Grants to Tribes and Urban Indian Health Organizations	Provide grants to 29 federally recognized Tribes and two Urban Indian Health Organizations to deliver SUD prevention, treatment, Opiate Use Disorder intervention and recovery support services within their Tribal communities.	$1,229,322
SAAR-TRB5	Healthy Youth Survey	HCA will work closely with the state agency partners that support the Healthy Youth Survey implementation to improve access and utility of the survey and the survey data results for Tribal and urban Indian communities.	$100,000
Total Tribal			**$1,529,322**

Technology Infrastructure

Project #	Project Title	Project Description	Proposed Budget
SAAR-TEC1	Clinical Data Repository	Support technological enhancements to the CDR that will allow retention of historical clinical data, including MH/SUD data, as well as implementation of an analytic enclave environment.	$325,000
SAAR-TEC2	Consent Management Solution	Enable meaningful, seamless exchange of protected and sensitive BH and PH information amongst those who are authorized to receive it in order to deliver services to Washingtonians.	$700,000

Note: Proposed budget only, pending approval from SAMHSA
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Substance Abuse Block Grant
ARPA Budget Proposal Overview

SAAR-TEC3	Statewide Bed Registry	Develop and implement a statewide bed registry to track capacity and real-time bed availability for psychiatric hospital beds, freestanding evaluation and treatment center beds, Secure Withdrawal Management and Stabilization Beds, crisis triage/stabilizaiton beds, and substance use disorder residential treatment beds.	$504,322
Total Technology Infrastructure			**$1,529,322**
TOTAL SABG Covid Supplement Budget			
Prevention			**$7,187,812**
Treatment			**$12,693,371**
Recovery Supports Services			**$6,117,287**
Tribal			**$1,529,322**
Technology Infrastructure			**$1,529,322**
Administrative			**$1,529,321**
Total Budget			**$30,586,435**

Note: Proposed budget only, pending approval from SAMHSA
Submitted to SAMHSA for review/approval 7/1/21

Behavioral Health Integration Financing Barriers

June 2021

WASHINGTON CHAPTER
AMERICAN ACADEMY OF PEDIATRICS

BHI Interviews

- May – June 2021
- 6 interviewees with primary care providers/administrators and BH center providers/administrators
- Discuss key categories of financing barriers to BHI in primary care settings for kids
  - Startup
  - Training
  - Billing/codes
  - Physical space
  - Care coordination
  - Data management
  - Cost-saving

Barrier #1: Start up costs

- Difficult for independent clinics to finance without grant funding
  - Most practices won't know the true cost of the program
- Training all staff on the model
- Learning best practices
- Therapist credentialling/certification process is very lengthy
- For practices that partner with BHOs, building or allocating space for their staff
- Recruitment, hiring, training
- Investing in technology
  - Cross-communication with other EHR
  - Registry or tracking system
  - Integrating codes

Barrier #2: Billing/Codes

- Fee for service billing is not sustainable for BHI programs
  - Losing money or breaking even
- Want to maintain flexibility and creativity of BHI, not just co-located care. Ensuring this means uncompensated time for essential components of BHI for kids:
  - Block time during the day to respond to emergent needs
  - Warm handoffs
  - Brief counseling
  - Expand services to include group therapy, postpartum care, substance abuse, support groups, etc.
- Limitations on the insurance types that can participate

Barrier #3: Non-billable “soft costs”

- Spending time together
  - Often integrating two different organizational cultures
  - MD and BH staff meetings
- Care coordination
  - Separating patients into care “buckets”
  - Reminders
- Preparing for a patient during warm handoff
- Meeting with psychiatric consultants
  - All MD staff, therapist(s)

Barrier #4: Demonstrating Value

- Collecting, monitoring, and managing data
- Demonstrating cost-savings
  - Diverting from emergency department
  - Maximizing clinicians working at the top of their license
  - Promoting a healthy workforce
- Demonstrating value is a specific skill set
  - Can lead to additional funding
  - Not reimbursed

Final thoughts

- Value Based Payment
  - Start up costs
  - Include non-billable BHI work and ongoing administrative costs in capitation
- Competitive recruitment
  - Specific skill set and desire to work in clinical setting
  - Challenge for rural clinics
  - Support during credentialling/certification process
  - Bilingual staff
- Investing in BHI-support staff will lead to cost savings
  - Increased productivity
  - Minimize burnout
  - Reduce turnover

Questions?

- Contact Tatiana Sarkhosh at tsarkhosh@wcaap.org to contribute to the BHI program financing barriers report.

2021 workforce priorities survey

Total voting population: 36
20 at June 16 meeting; 16 in subsequent survey (sent only to those who were not at the meeting)

Respondents could choose as many items as they wanted; their choices were not ranked.

The priorities that received the most votes were:	**Number of Votes**
Provide training and extend use of bachelor level clinicians and others until a clinician is available *Removed from list; no legislative action needed.*	22
Statewide rapid recruitment, training, and placement of care coordinators	19
Use graduate student/post docs to provide services	19
Ability to bill for and pay master's level interns and post grads *Keep on list - check HB 1504.*	19

These were followed by:

Fully fund school-based health providers	17
Remove barriers to employment related to background checks	17

Other recommendations that were selected by 1/3rd or more of the respondents were:

Fully fund staffing in schools to support students' social-emotional well-being	16
Insurance blind BH coverage	16
Address barriers related to the effective use of school social workers	15
Expand PALs in Schools program	14
Certification process and removing barriers	13

Recommendations that less than 1/3rd of the respondents selected as priorities:

Expand peer workforce	12
Hiring of 50 recently retired BH professionals at a regional level	9
Internships for online graduate programs	8
Fund regional BH navigators	8
Incentivize providers for group therapy	7

7-7-21 Workforce & Rates Chat Log (edited)

Rates

Ann Christian, Washington Council

- Doubling is in order.
  I agree.
- How does Washington compare to other states in terms of salaries (relative to private sector) and vacancy rates?
- Ann - will you help me understand what the survey to your members is covering? Trying to track surveys so we can understand what information is being collected..
- Yes, please send the report to cybhwg@hca.wa.gov , Ann. We will include the report in the notes from this meeting and post on our website.
- This is a related but tangential question - is there a way while thinking about these rate/salary things how we get away from having the lowest-paid and most early career clinicians in what are often the hardest jobs, or at least to provide them with more support perhaps by allowing/requiring/funding higher levels of supervision in community settings?
  Yes, it should be inverted from current state.
- Re Anne's suggestion of hiring and retention bonuses – Yes! Other industries do those types of things! That is a RIGHT NOW solution.
  One point someone on the radio was making was the signing and retention bonuses don't necessarily make a low pay or high stress job more tenable in the long run.
  I don't know that it is a long term - sustainable strategy, but could help with the critical nature of the shortage while other solutions are implemented.
- Ann: Our members report success with these interventions throughout the pandemic, but there is no single magic silver bullet to solve the workforce needs over time.
- Ann, I wonder if we need to advocate for immediate infusion for retention or hiring for shoring up workforce in immediate - though not the long term solution.

Sarah Rafton and Tatiana Sarkosh, WCAAP

- Tatiana will send the group slides that summarize her findings.
- Overview, from Tatiana:
  - 1.) Start up costs.
  - 2.) Inability to offer competitive salary.
  - 3.) duration of credentialing process is financial burden.
  - 4.) Reimbursement is highly insufficient. Improved reimbursement would contribute to sustainability and the innovation and types of services children and families would most benefit from in primary care settings. Essential components of BHI in primary care are not reimbursed.
  - 5.) Demonstrating value: teams are not built to collect, monitor and report on outcomes.

Discussion

- I can't speak for the full private practitioner population, but I did have a conversation with someone in a rural community who shared that her group practice serves high acuity clients

because the nearest community behavioral health agency is 30 miles away. But they can't bill for the many services they provide that are more care coordination oriented, or BHI adjacent as someone said earlier (e.g., working with law enforcement when they have a homicidal client). The rural perspective seemed important to mention.

- The rate of cash only practices is very high. Seems that most private practitioners are avoiding insurance all together.
  I'm hearing that as well. The amount of time it takes to get insurance companies to reimburse for their services is prohibitive.
  Yes, that is so true. I currently pay out of pocket for (3) ongoing services for my child because I could NOT find an appointment with a practitioner that billed insurance, and we are privileged with great insurance.
- Nothing to add other than to consider that we / BHA's contract with up to 12-15 different payors who all do things differently, pay differently, credential differently, etc..

Workforce

- Q: Retention vs recruitment?
  - BOTH!
  - Both
  - Both
  - Both. I think there are immediate "crisis intervention solutions" needed right now, while also continuing to build alternatives and pipeline volume over time.
  - Yes. I think the crisis is too great to have to choose.
  - I vote for RETENTION, as the loss of staff impacts those we serve most. If we can increase retention, our recruitment and hiring might begin to catch up.
  - Rehiring over and over is very expensive!
  - I support retention focus. We need our existing workforce to stay working.
  - Recruitment
  - I think we should focus on the requirement of Indigenous, Black, and People Of Color folks so their voices are more present and we are also including the folks most affected by these choices.
- To Mary's point, the number one complaint in our WISe participant survey is consistently the loss/turnover of staff.
- It is so hard on families - particularly in WISe where we're providing intensity and serving in the home - relationships are essential.
- Please send "must-keeps" to cybhwg@hca.wa.gov. Perhaps people could include their rationale of why it's essential for 2022 session.

Credentialing

- Group credentialing for MCO's has to be a part of your contract, it's not a given.
- Joe LeRoy: can help or can volunteer someone from our org.

Updates

- **From Noahloni Garcia (**noahloni@eec-wa.com**):** BIPOC mental health provider survey: https://docs.google.com/forms/d/1t6-R0vWNQnWIxiG7KEkGJ2h545PvYVsQhqrqgS4c9Yk/edit?usp=drivesdk