

CYBHWG Workforce and Rates subgroup

Date: October 4, 2022

Leads: Representative Mari Leavitt, Hugh Ewart, Laurie Lippold

Finalize 2023 recommendations

See page 3 for chart

The focus of the meeting was on finalizing the priorities that we will be advancing to the full workgroup.

Rates:

- The rate increases will be submitted as an overarching top priority.
- The % increase will be left blank for now and will work with Washington Council to determine the general rate.
- We will also include the 15% rate increase for CLIP.
- Hugh will work on the form for the CLIP increase.
- We agreed to take off the ask for a rate increase for the new crisis stabilization beds as the application process is underway and won't close until Nov. The rate being offered is \$818.71/day. At this point we don't know if that will draw providers or not and need to know that before asking for a higher rate!

Addressing the High Cost of Education:

- We will have an umbrella, under which will be, conditional grants, targeted loan repayment/targeted relief (CBHAs), and more general loan repayment.
- We agreed to target the ask on individuals who are in educational programs or agencies that are focusing on services to children/youth (prenatal – transitioning age).
- Workforce Board is developing language that expands eligibility for loan repayment will be included.
- There needs to be a suite of options for addressing the high cost of education/education debt.
- We need to include \$ for the WSAC to administer the expanded loan repayment program, including outreach to underrepresented groups.
- The ask for conditional grants will be \$25m. This will serve 325 students and includes administrative aspects of the program, support for placement sites, etc.
- Priority will be black and brown students, racially/ethnically diverse, bi-lingual, and rural. (Need to make sure there weren't other groups identified as priority).
- The settings in which students can be placed and work will be expanded to include primary care, schools, other settings where BH services are being provided.

Barriers:

- We agreed to include the Licensed Mental Health Counselor (LMHC) compact and hold off on other barriers related to supervision at this point. They will likely become recommended support items as they were not yet fully fleshed out.
- We also agreed to include a more general administrative barriers recommendation, that identifies the number of MCOs and audits as workforce related issues, and possibly other items. At this time, we don't know if the action would be legislative or administrative or both.

School-based subcommittee recommendation:

- We agreed to leave a placeholder for the workforce item being advanced by the subcommittee.

Legacy items:

- No changes were made to the legacy items.

Next meeting:

We will meet on Oct. 19th from 10:00 – 11:00. The agenda will include:

- Review of outcome of the Workgroup meeting
- Discuss next steps with respect to workforce related priorities that are being advanced
- Identify additional support items
- Determine meeting schedule for the remainder of the year
- Other??

Attendees

Dan Barth, Inland Northwest Behavioral Hospital
Vaughnetta J. Barton, University of Washington (UW)
Marc Bloomquist, Office of Superintendent of Public Instruction (OSPI)
Erika Boyd, Legislative Staff
Tina Burrell, Health Care Authority (HCA)
Representative Lisa Callan, Washington State Legislator
Mary Clogston, Legislative Staff
Diana Cockrell, HCA
Thalia Cronin, Community Health Plan of Washington (CHPW)
Paul Davis, HCA
Hawa Elias, Community Health Network of Washington (CHNW)
Jess Emsley, CHNW
Hugh Ewart, Seattle Children's
Kiki Fabian, HCA
LaRessa Fourre, HCA
Renee Fullerton, Workforce Training and Education Board (WTB)
Nova Gattman (Nova Gattman)
Megan Gillis - Molina Healthcare
Bob Hilt, Seattle Children's Hospital
Kristin Houser, Parent

Avreayl Jacobson, King County Behavioral Health and Recovery
Todd Jensen, HCA
Barb Jones, Office of the Insurance Commissioner (OIC)
Terry Lee, UW
Laurie Lippold, Partners for Our Children
Joan Miller, Washington Council for Behavioral Health
Julia O'Connor, Washington Council for Behavioral Health
Steve Perry, HCA
Sheryl Schwartz, UW
Representative Tana Senn, Washington State Legislator
Christian Stark, Office of Superintendent of Public Instruction (OSPI)
Sara Stewart, Washington Mental Health Counselor Association
Mary Stone-Smith, Catholic Community Services of Western Washington
Ashlen Strong, WSHA
Keri Waterland, HCA
Monica Webster, HCA
Alex Wehinger, WSMA
Cindi Wiek, HCA
Kristin Wiggins, Perigee Fund
Michele Wilsie, HCA

Possible workforce priorities for 2023

Issue	Pursue?	Short, Medium, Long Term Impact	Notes / recommendation 10/4/22 meeting recs determination notes
Overarching Priorities			
Rate Increases Leads: Joan Miller Tina Burrell Michelle Wilsie	<ul style="list-style-type: none"> General rate increase – X%; applicable for all Apple Health contractors that are billing for BH services (then perhaps provide the list that was included in the budget previously). OR we could limit the ask to: The rate increase would be applicable to those billing Medicaid for BH services in community behavioral health agencies, schools, in and outpatient hospitals, and primary care settings. We need to resolve the issue of settings at the Oct. 4th meeting. We will take the lead from the BH Council in terms of the % rate increase will be recommend. 15 rate increase for CLIP beds including the new beds for behaviorally complex youth 	Short term (Separate asks – General rate increase / Support CLIP increase ask) Separate line item for clip rates, separate from capitated rates.	General rate increase, percent to be determined. Rate applicable to all pediatric BH providers. All providers across the continuum. (Joan able to help with the general rate increase. May not have a percentage by 11 th .) ---- More to come, possible 7% cut with 7% rate increase..... Working out details to determine the impact and path forward. Go with identified rate increase from Joan. Support DP from HCA to increase CLIP rate increase by 15%. Reimbursement for CLIP is so low, that cannot meet bed capacity. (Supporting, separate request) Info in DP Short term residential crisis stabilization facilities – WEST/EAST side 1 each. Thoughts: How / if move forward with ask

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	<ul style="list-style-type: none"> Possible rate enhancement for providers at the new short-term residential crisis stabilization facilities. Hugh is checking with others about this as there is concern that 2023 is not the year to be asking for a rate increase. 		<ul style="list-style-type: none"> Interested applicates have submitted, likely to have successful applications announced in Nov. Current estimated daily rate 818.79. At the beginning with capital funds, moving into operation FY 2024-2025 <p>Determined to take off the recommendation list now; too soon to support / just getting off the ground.</p>
New Priorities			
Barriers Leads: Sara Stewart (compacts and possibly other items) Mary Stone Smith (administrative barriers)	<ul style="list-style-type: none"> Compacts – It is recommended that this be the top priority in this category. We need to determine if we would recommend focusing solely on MH Counselors or if we would also include others that might be working on a compact in 2023 (e.g. social workers). Mary Stone Smith is exploring issues related to administrative burdens, e.g. the number of audits agencies are required to do. She is also exploring the question about number of MCOs that 	Short, medium, long term	

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	<p>might enter the mix during the procurement process.</p> <p>Mary will provide recommendations at the Oct. 4th meeting, including recommendations about the need for legislation and/or for administrative action.</p> <ul style="list-style-type: none"> • Other barriers to getting a degree and/or becoming credentialed – Sara and Shannon will continue to look at the results from their meetings and provide specific recommendations (if any) at the Oct. 4th meeting. • Credentialing individuals from other countries – Discussions are underway. Need more input regarding 2023 action. 		
Addressing Educational Debt Burden (or Addressing the high cost of education)	<ul style="list-style-type: none"> • Targeted loan repayment/forgiveness: Laurie is checking with WSAC about the gap between the number of recent awards and number of applicants. At minimum we would request the amount to fill the gap. 		Council identifies an amount for staff currently working in BH setting. May not have the dollar amount – Gap between number of previous applicants and how many unable to help...look at notes.

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<p>Leads: Joan Miller Vaughnetta Barton Others?</p>	<p>Additionally, the BH Council will be asking for \$ specifically for individuals working in CBHAs. It is possible we won't have that number prior to the need to submit our recommendations.</p> <p>There is also interest in looking at other changes to the BH Corps eligibility criteria. Perhaps Joan could discuss these at our Oct. 4th meeting.</p> <ul style="list-style-type: none"> • Targeted conditional grants: Decisions are being made regarding the amount to ask for, including whether 2023 is the right year to seek state funds to continue the WDI that was established with philanthropic \$. It is possible 2024 is the appropriate year in which to do that. <p>The subcommittee needs to determine the specific professional roles and type of setting the individual is working in to be eligible for either loan repayment or conditional grants.</p>		<p>Children and Youth – target loan repayment to professionals that are focused on brain development – or specific to children and youth. Trained around child brain development. (Specific – 0 to transitional age youth – Prenatal to 25 – define the target group for this initiative) Student achievement council may need staff support added to ensure resources are there to be successful.</p> <p>Tribal health – primary care K-12 initiative. BH initiatives, bring in k-12 in primary care. Utilize in many settings. BH workforce advisory committee. Need for multiple solutions to work on this challenge. Many initiatives through the state already. Need for continuum. Tightly focused on licensed staff. Workforce that needs help for all staff positions, administrators, etc. Ballmer work has been instrumental in this work with service area models, looking at new ways to meet the need. Serving in homes with families. Connect BH workforce in public sector, public student achievement award,</p>

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			<p>federal benefits for all, since based on service type, not credential type. Not any one answer, must be a sweat of policy initiatives to reflect the greater population and meet the needs of all professionals. Diversity of community – how do we recruit? Add Anything specific around diverse candidate outreach. Creating a continuum, adding more setting and types to the loan repayment program – Renee Fullerton WFB Joan – 2-pronged approach: General and ask to support the council then specific to other areas. Framework achievement council has crated, policies impact who is awarded in the program. Outpatient setting is the only setting eligible, need to expand to other services. Expand loan repayment to other settings. Expand the type of profession for loan repayment. (continue to expand broad continuum)</p>

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			<p>Come back when council is solidified and support their ask.</p> <p>Council – looking at targeted bh professions due to limitations in the current program. (Target pot of money since so many positions are excluded from the program – as BH council looking at targeted relief for BH staff. More money – gap between what had and able to award, also additional money for expansion. May not have the total dollar amount ready by the 11th. Some BH staff can't access loan repayment – which exasperates the workforce shortage. A very small portion of staff. Important lever in incentives staff to stay.</p> <p>Council specific to BH agencies Expand would likely be picked up as well</p> <p>Add more to accommodate kids in multiple settings – SB, etc. Might need to clarify the expansion areas.</p>

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			<p>Conditional grants: Have an amount to ask for 25,000,000 be asked for 325 mater’s students seeking degrees 75,000 conditional grants for 3 yrs. Tribal, SB, primary, BH before 2028. BIPOC – New diverse core of BH clinicians. Geograpich and ethnically diverse clinicians. We have moved away from BIPOc black and brown. Understanding that conditional grants do provide the opportunity for people of color. Allowed to specify that funds go to racial and ethnic under represented? Look at ways to add / racial diversity How many master level students do you see? How many awarded each year. 325 figure to work with, based on funds. Data collection a key piece of strengthening the program. Important to know how many are really out there or what they are seeking. Any trouble getting the 415 students through the ballmer funding focused on BH. Expanding program for to reach more students entering the profession. students. No,</p>

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			<p>325 will be implemented through K-12 and primary care.</p> <p>(bilingual, or something to use as race natural.</p> <p>Criteria</p> <p>(building on Ballmer group, master level, expand through K-12 and Primary care)</p> <p>Missing any setting serving children and youth?</p> <p>Proposal could add federally qualified health centers – they are primary care, so would be included.</p> <p>Confirm where the billable provisions are in Schools, as to make sure there are no limitations on the services. Schools are the front line. Early intervention, need to make sure not excluding staff in the SB settings. More services in schools, means early intervention with the hope to reduce mh burden in the future and for adults.</p> <p>Are school counselors licensed by DOH or OSPI, this can be DOH, or a bh agency and then deployed to schools.</p> <p>Workforce trying to develop, what</p>

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			<p>credentials int eh school environment, call out. BH/MH coueseling services that are provided specifically in schools. Helps build out the foundational workforce capscity to build MH and BH sercies in schools. SEL and other work in elementary. Later school years, diff between councelor and guidance councelor. Put the label on it to target the required professional. Vanetta to take the feedback and strengthen the ask. (W&R will take this forward)</p>
<p>Placeholder for workforce issues from the school-based subcommittee</p> <p>Leads: Christian Stark Lee Collyer</p>	<ul style="list-style-type: none"> To be determined <p>Other Barriers</p> <p>Sarah R. - Other Barriers as a support item and bring forward at a future date.</p> <p>Mary Stone Smith – Limiting MCO’s and number of audits. (identify as issues – have rec to work with HCA to determine best practice moving forward to decrease the burden)</p>		<p>Major deterrent dealing with Insurance companies and audits, as well as access issues. They are a barrier, with the audit fatigue.</p> <p>Decrease the administrative burden – High level rec. From both perspectives HCA and providers. Leg will determine if proviso. Make rec / proposal to take action of next steps.</p>

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			<p>Increase funding for SB bh support, and school social workers. Higher acute needs in schools. Beyond funding that should support additional hiring of professionals. (Support or adopt the recommendation around SB WF initiative) Yes... to support</p>
<p>Items related to previous priorities/Legacy Items Ok to advance the legacy items.</p>			
<p>Advancing the apprenticeship work underway</p>	<ul style="list-style-type: none"> Extend another 2 years to the SUD apprenticeship so people can get their BA and go on to their MA (so it's a 4-year apprenticeship program). Pursue increase in virtual reality training through a pilot program in which the instructors are in the room with the students. 	<p>Medium impact?</p>	
<p>Cultural Affirming and Responsive</p>	<ul style="list-style-type: none"> Continue implementation of the proviso from 2022 that directed CoLabs to 	<p>Medium impact?</p>	

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Care for Children and Families	develop training curriculum and organizational support strategies for licensed and unlicensed providers deliver evidence-informed, culturally responsive mental health care for children/youth/families statewide.		
CCBHCs	<ul style="list-style-type: none"> • Provide continuation funding for planning and development of CCBHCs 	Medium	
Teaching clinic enhancement rate	<ul style="list-style-type: none"> • Provide 0.5 FTE for the health care authority to participate in a public/private partnership to implement the behavioral health teaching clinic demonstration project led by the WA Council for BH 	Medium	
<p>Other Possible Priorities/Support Items Space for support items to come in later down the road</p>			
Peer support specialists	<ul style="list-style-type: none"> • To be determined 	Short term impact	

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Background Checks	<ul style="list-style-type: none"> Unsure; however, likely being addressed by the Workforce Board 	TBD	
Recommendations coming from the Workforce Board	<ul style="list-style-type: none"> TBD 	TBD	
Renee Fullerton (WFB) Update	See transcript.....		