

**CYBHWG Workforce & Rates**

**Wednesday, September 15  
10:00 a.m. – Noon**

| Agenda Items                       | Notes   |
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| <p>Discussion: recommendations</p> | <p><b>Certification and credentialing discussion</b></p> <ul style="list-style-type: none"> <li>• Need to make a decision: flesh out a recommendation or defer to next year.</li> <li>• Challenging: all the different supervision requirements for different licensures – LSW can supervise any; LMHCs can provide ½ for a SW; best clinicians are those supervised by different professionals. MFTC.</li> <li>• Joe: Tracks are set by different entities or bodies. All governed by DOH. Set by professions. Is there something DOH can do? Can we get uniformity on how agency staff are certified?</li> <li>• Claims rejected by MCOs – rosters. Credentialing through commercial and Medicaid insurers. Need uniformity among MCOs and commercial plans re certification.</li> <li>• Certify agencies instead of individuals and then submit roster; MCOs: standard process around rosters.</li> <li>• Some individuals are paying upwards of \$100/hr. – 4000 hours of supervision. There are people who train in this work but never practice because it is too hard to get training hours.</li> <li>• Different professions are receiving different supervision to do very similar work.</li> <li>• Convene expert panel of BH agency staff to sort through differing supervision requirements. Need clarity on who sets rules and who has the power to change them.</li> <li>• Related recommendations from Workforce Board; lower priority for this year.</li> <li>• Many different degrees; 3 primary credentials – all staff similar roles, differing clinical approaches.</li> <li>• Non-clinical expenses, like supervision, need to be prioritized.</li> <li>• What happens when supervisor leaves agency? Esp. in less dense communities.</li> <li>• BHAs should market this supervision as a strength/benefit.</li> <li>• Aligning with other states’ requirements.</li> <li>• By the time they get those hours, they’re already burned out and moving toward private practice instead.</li> <li>• DOH – 30-day turn-around for DOH licensure – Mary – 60-days work in field without license – usually get the agency-affiliated certification within that time. Language included in agency-affiliated but not for associates? Fully licensed takes longer. ... can be months.</li> </ul> <p><b>Action items:</b></p> <ul style="list-style-type: none"> <li>• Rep. Rule to host roundtable on licensure/supervision with Melanie, Laurie, Joe, Julia, Sara Stewart, Melody, Hugh, Mary Clogston, Rachel.</li> <li>• Hope Sparks meeting – Joe LeRoy hosting.</li> </ul> |

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|   | <ul style="list-style-type: none"> <li>• Credentialing: Rep. Leavitt?</li> </ul> <p><b>Portability and reciprocity</b></p> <ul style="list-style-type: none"> <li>• High priority for Sara’s org; will share more info after this week’s meetings.</li> <li>• Perhaps this group would have statement of support.</li> </ul> <p><b>Barriers to taking Medicaid</b></p> <ul style="list-style-type: none"> <li>• Keep working and don’t do this year: How to have an x percent rate increase that applies to everyone.</li> </ul> <p><b>Chat:</b></p> <ul style="list-style-type: none"> <li>• Getting your social work license: state by state requirements link: <a href="http://www.publicservicedegrees.org/resoruces/sourcial-work-licensure-by-state">http://www.publicservicedegrees.org/resoruces/sourcial-work-licensure-by-state</a></li> <li>• It looks like required supervision hours in many states for LMSWs is closer to 3000 or 3200 hours.</li> <li>• HB1504 broadens the definition of AAC to include student/interns to the WAC.</li> <li>• DOH licensure application timeline: DOH recently hired 10 new staff to process licenses. They are also reporting the average timeline for “complete” application is 2-4 weeks. Only 50% of applications are complete, so they are offering to meet with groups to provide TA.</li> </ul> |
| <p>Confirm recommendations to present at the full WG meeting Friday</p> | <ul style="list-style-type: none"> <li>• Certified Community Behavioral Health Clinics (proviso).</li> <li>• Rates – at least 5% increase for BHAs.</li> <li>• Startup funds for integrated BH care in primary care settings (shared with BHI subcommittee).</li> <li>• Establishment of a non-licensed function in primary care settings (currently known by different job titles including but not exclusively patient navigator and community health worker and shared with BHI subcommittee)</li> <li>• Possible: Certification and credentialing.</li> </ul> <p><b>Discussion:</b></p> <ul style="list-style-type: none"> <li>• Joan: Collaborative care model designed for PC; CCBHCs – includes requirement to a link to PC.</li> </ul> <p><b>Action item:</b></p> <ul style="list-style-type: none"> <li>• 99484 collaborative care code – Kiki, Rachel – follow up with Michele Wilsie.</li> <li>• Strategic planning in October for rate increase. Start work towards a long-term solution.</li> </ul> <p><b>Chat:</b></p> <ul style="list-style-type: none"> <li>• HopeSparks is currently using 99492, 99493, 99494, and next month 62214 will be added.</li> </ul>   |
| <p>Brief updates</p>  | <p><b>Workforce Board (Julia O’Connor)</b></p> <ul style="list-style-type: none"> <li>• Survey response of 70- going through qualitative responses.</li> <li>• Stakeholders want to continue to work on rates and financial supports for workers. Think about incentives for agencies employing them.</li> <li>• Next meeting to discuss recommendations to move forward.</li> <li>• Focus primarily on rate aspect since survey showed as high priority.</li> </ul>  |

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|            | <ul style="list-style-type: none"> <li>• <b>Q</b> – credentialing and certification reciprocity.... Do you have any guidance as to what to move toward or stay away from?<br/> <b>A</b> – continue to support DOH work with respite. Working on ways to be helpful and development of the crosswalk/credential portability crosswalk.</li> <li>• Group supportive of workforce board effort to expand.</li> <li>• Hope is that we will have meeting with BH workforce advisory to discuss priorities, or flag recommendations that could be reissued... Late October.</li> <li>• Stakeholders want to continue working on increasing rates and financial supports for workers, and incentives for agencies. Primary focus for next year: Rates.</li> <li>• <b>Q</b> – Workforce Board’s perspective re reciprocity?<br/> <b>A</b> – Not focusing on reciprocity as much this year. Highest priority for reciprocity has been continuing to support DOH’s work, including development of credential portability crosswalk.</li> <li>• Preliminary report: Dec. 1, 2021; final report: Dec. 1, 2022. Concepts likely available in late October.</li> </ul> <p><b>Action items:</b></p> <ul style="list-style-type: none"> <li>➤ Julia will send prioritized list to Rep. Leavitt, Laurie, and Rachel/Cindi.</li> <li>➤ Laurie/Hugh: Consider post-recommendation subgroup meeting to review Workforce Board recommendations and align/support.</li> </ul> <p><b>Behavioral Health Institute</b></p> <ul style="list-style-type: none"> <li>• First round of apprenticeship standards approved by Dept. of Health secretary and submitted to L&amp;I.</li> <li>• Work on strategic oversight committee (stakeholders) on telehealth guidelines has begun. Cara Tall is the lead from EBPI.</li> </ul> <p><b>Washington Council</b></p> <ul style="list-style-type: none"> <li>• Teaching clinic workgroup meeting every other week. Forming subgroups.</li> </ul> <p><b>STEM</b></p> <ul style="list-style-type: none"> <li>• Currently no representative.</li> </ul> |
| Access     | <ul style="list-style-type: none"> <li>• Still working on developing the survey(s).</li> <li>• 1 survey for providers and 1 survey for families.</li> </ul>  |
| Next steps | <ul style="list-style-type: none"> <li>• Sara Stewart to send the OIE information for license/credentialing.</li> <li>• Rachel/Cindi include with materials.</li> <li>• Future – want representative to be able to talk about the concerns/issues. Will benefit with similar talking points... focus on the recs and how they impact the behavioral health workforce.</li> <li>• Talk about logistics for future meetings.</li> <li>• Strategic planning for rate increase – future planning.</li> <li>• Currently, one meeting is scheduled for Oct. 6<sup>th</sup>. Future invites to come. I thought we agreed to both Oct. meetings (1<sup>st</sup> and 3<sup>rd</sup> Wednesdays and if we didn’t, I’d like to keep the meeting on the 20<sup>th</sup> anyway!.</li> </ul>  |

## Attendees

Kevin Black, Legislative staff  
Marci Bloomquist, Community Health Plan of Washington  
Rachel Burke, HCA  
Diana Cockrell, HCA  
Hugh Ewart, Seattle Children's Hospital  
KIKi Fabian, HCA  
Anusha Fernando, Molina Healthcare  
Nova Gattman, Workforce Board  
Megan Gillis, Molina Healthcare  
Kristin Houser, Family Advocate  
Whitney Howard, Molina Healthcare  
Avreayl Jacobson, King County Behavioral Health and Recovery  
Representative Leavitt, Washington State Legislature  
Joe LeRoy, HopeSparks  
Amanda Lewis, HCA

Laurie Lippold, Partners for Our Children  
Melody McKee, BHI  
Joan Miller, WA Council for Behavioral Health  
Julia O'Connor, Greater Accountable Community  
Steve Perry, HCA  
Kari Samuel, HCA  
Samantha Slaughter, WA State Psychological Association  
Melanie Smith, NAMI Washington  
Sara Stewart, WA Mental Health Counselors Association  
Mary Stone-Smith, Community Services of Western Washington  
Ashlen Strong, Washington State Hospital Association  
Jim Theofelis, NorthStar Advocates  
Alex Wehinger, WA State Medical Association  
Cindi Wiek, HCA