

Friday, November 12, 2021  
Noon to 1 p.m.

**CYBHWG Workforce & Rates Subcommittee**

Agenda Items	Notes
Updates	<p>Highlights:</p> <ul style="list-style-type: none"> <li>• Workforce Board (WFB) Rates: settled on 7% increase request.               <ul style="list-style-type: none"> <li>○ WFB Shared workforce shortage report with key leg staff and gov office.</li> <li>○ Presenting next week with WFB at committee days regarding workforce rates.</li> <li>○ Funding should not be 1 time, instead it must be ongoing funds to attribute to salaries.</li> <li>○ 31 million dollars BH provider relief funds last session with applications reflecting 81 million dollars of need.                   <ul style="list-style-type: none"> <li>▪ Due to the high need, we are considering a 1-time funding to make up the difference.</li> </ul> </li> <li>○ Workforce issues cascade the difficulty of lining up WISe, CLIP, community services; this backs up access to acute services and increases their staffing needs to care for boarders, etc.</li> <li>○ WFB recommendations are still being determined but priorities are similar therefore, this subgroup will support the WFB priorities.</li> <li>○ Joan to reach out to Laurie if anything needs to be adjusted on the WFB recommendations to ensure they are in sync.</li> </ul> </li> <li>• Certified Community Behavioral Health Clinic (CCBHC)               <ul style="list-style-type: none"> <li>○ Staff briefing with legislative staff (attendance included Policy, Fiscal and non-partisan staff).</li> <li>○ Rep. Leavitt still willing to submit a proviso if needed.</li> </ul> </li> </ul> <p><b>Behavioral health Integration Subgroup</b></p> <ul style="list-style-type: none"> <li>• Last meeting for 2021 is December 14<sup>th</sup> from 10 a.m. – noon.               <ul style="list-style-type: none"> <li>○ Will have a focus on legislative strategy.</li> </ul> </li> <li>• HCA Budget Proposal: Pilot project to add family navigators in primary care.               <ul style="list-style-type: none"> <li>○ Primary idea is navigation and coordinating services, to increase the connecting services to families in need.</li> <li>○ Program looks to address inequities in health care system, with a goal of reducing infant mortality in unjustly affected groups.</li> <li>○ There will be a challenge to try and mesh both navigator proposals from this workgroup and HCA.                   <ul style="list-style-type: none"> <li>▪ Both proposals will relieve workload on people in primary care, our proposal helps further split necessary workloads.</li> <li>▪ Further dialogue is needed with HCA to try and mesh proposals; do not want them competing.</li> </ul> </li> <li>○ HCA proposal includes Insurance-blind, which is essential.                   <ul style="list-style-type: none"> <li>▪ Commercial insurance presents substantial barriers to access of all our services.</li> </ul> </li> <li>○ Flex funds should be in any navigator proposal.</li> <li>○ Contact Kristin Houser to collaborate with BH &amp; family navigator proposals.</li> </ul> </li> </ul> <p>Discussion Q / A</p> <ul style="list-style-type: none"> <li>• Is there a population the family navigators are targeting?               <ul style="list-style-type: none"> <li>○ <b>Beth</b> – the target is diverse communities.</li> </ul> </li> <li>• What is the vision for education/training required for navigator(s)?</li> </ul>

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*Children and Youth Behavioral Health Work Group – Workforce & Rates*

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	<ul style="list-style-type: none"> <li>○ <b>Kristin</b> – Push to not require a bachelor’s degree (instead offer specific training for eligible candidates, e.g., lived experience).             <ul style="list-style-type: none"> <li>▪ Agreement – if possible, do not want a bachelor’s degree requirement for this position.</li> </ul> </li> <li>○ UW working on training that is evidence based for families.</li> <li>• Can we have a conversation regarding navigators across the spectrum? Work happening around navigators, can learn from the work already being done.             <ul style="list-style-type: none"> <li>○ <b>Kristin</b> – May be worth looking at the title of the navigator position as to not add additional confusion.</li> </ul> </li> </ul>
<p>Identification of possible support items to recommend to the full workgroup</p>	<ul style="list-style-type: none"> <li>• Recommends supporting the top recommendations from the Workforce Board.</li> <li>• Recommendation to investigate other legislative work groups that are not our sub-committees. that have a Behavioral Health Workforce related priority that you want this Workgroup to support.</li> <li>• Send additional support items to Laurie and Hugh via e-mail.</li> </ul>

**Attendees**

Jane Beyer, Office of Insurance Commissioner  
 Marci Bloomquist, Community Health Plan of Washington (CHPW)  
 Mary Clogston, Legislative Staff  
 Paul Davis, Health Care Authority (HCA)  
 Kristin Houser, Parent Advocate  
 Representative Mari Leavitt, Washington State Legislature  
 Laurie Lippold, Partners for our Children  
 Melody McKee, University of Washington (UW)  
 Joan Miller, Washington Council for Behavioral Health  
 Sheryl Morelli, Seattle Children’s Hospital  
 Avery Park

Mary Stone-Smith, Catholic Community Services  
 Jim Theofilis, NorthStar Advocates  
 Beth Tinker, HCA  
 Andy Toulon, Legislative Staff  
 Sarah Walker, UW  
 Alex Wehinger, Washington State Medical Association  
 Cynthia Wiek, HCA  
 Michele Wilsie, HCA  
 Larry Wissow, UW  
 Cesar Zatarain, HCA