Workforce/Rates subgroup meeting May 11, 2020

Notes

Agenda Items	Summary Meeting Notes
Rates Protecting, defending and relief opportunities in the COVID Era: Discussion	• Need to collect data on the effect of current rates on access to behavioral health services, as well as the impact of potential reductions in rates as a result of budget cuts. • Also: research the impact of telehealth; people's access to broadband.
Understanding network adequacy and the interplay of rates: Overview and discussion	**Jessica Diaz (HCA Section Manager, Medicaid Managed Care)** Highlights • Still a work in progress. When HCA rolled out managed care in each region, there was a requirement in the RFP to replicate network as it was in the BHO as closely as possible. • Behavioral health, like physical health, uses time and distance requirements, but is more complex. That doesn't fully address some higher acuity services. For example, some services are statewide, like E&T and secure detox. The BHOs prepared data on the facilities they used, and then HCA worked to confirm that the MCOs had those providers in their network. • MCOs must submit a network sheet to HCA and update it quarterly to assess network adequacy. HCA also reviews grievance data to see effects on access to services. • Replication is a first step, keeping the foundation. Now looking at how to build on that foundation. HCA looks at access standards and time for a person to get into an appointment. Starting to break out data for different services (youth, adult, etc.), and incorporate more grievance data, as well as utilization data. • HCA uses info from Medicaid MCO grievance process as well as the Behavioral Health Ombuds. Also use MCO surveys and DBHR survey. • Adequacy is determined using a geocoding system/program. Assesses services providers offer, geographical location. Time and distance standards. Each MCO must demonstrate ability to serve 80% of the entire Medicaid population within a region at a given time. Exception process for sparsely populated regions. • What type of provider is included in the calculation? Currently just the various types of clinicians. Looking at ways to do other things like outpatient services, WISe program, etc. MCOs must have at least one provider for each of those types of services. **Marissa Ingalls and Amy Condon (Coordinated Care) – MCO perspective:** *Highlights* • Look at BHO, time and distance, timely access to appointments; if not meeting goals, look for additional providers. • Also make sure that we have enough services statewide to cover members' needs. • PACT, WiSe, inpatient services can be limited. Statewide view. • Network Adequacy Monitoring committee meets monthly and looks at complaints coming into HCA and OIC; and our grievance data. Look for trends and pursue contract opportunities. • Send surveys out to a subset of members (subset); identify clients who might need additional services and see if they are getting the services they need in the time

	needed; look at call center data and people having a hard time finding a provider in the directory. • Community advisory committee and other consumer feedback pathways and provider committees. Often the provider community will let us know if there are local providers that aren't included in CC.
Update: Status of HCA's rate setting/ transparency work	**Diana Cockrell (HCA)** *Highlights* • Update on HB 2584: HCA Finance goes through an internal rate-setting process annually, then goes to actuaries to assess; this includes looking at what other states are doing. • New this year: Actuaries will create a report with results and process. • Next meeting: Fiscal team to report on process and progress around rate-related legislation; we also talked about getting info on how CMMS intersects with the work of the actuaries
Special Session/Impact of COVID-19	**General Discussion** COVID-19 will lead to a greater need for BH services; There are significant concerns about the possibility of cuts; We need to look at the connection between rates and access; We should gather available research around the impact of crisis on child MH; See action items for other aspects of the discussion!
Workforce Sunrise review presentation and discussion	**Christie Spice and Sherry Thomas (Department of Health)** *Highlights* • Sunrise reviews are required for any health profession that isn't currently licensed. • Criteria: Must show an overwhelming need for credential; lack of credential can be a danger to the public; high level intent around protecting the public and access to care. • 2SHB 1907 (2019): Sunrise reviews to: 1. Evaluate transfer of peer counselor certification program from HCA to DOH. Conclusion: Not a compelling reason to transfer the credential (cost: currently financed by grants; at DOH, certifications are required to be self-supporting). 2. Evaluate need for an advanced peer specialist. Conclusion: Could not come up with a clear need; questions around how to differentiate between the two levels. • ESHB 1768 (2019): Bachelor's level behavioral health credential. Evaluated current workforce needs and existing credentials and training programs. Lots of respondents talked about backlogs in serving clients. Hard to determine if bachelor level professionals would help. Could create a career path for getting SUD professionals to get MH training. Got info on programs that provide this training. Will continue the discussion at the next meeting.
Review areas related to BH Workforce currently underway	• Workforce Training and Education Board: work around license reciprocity, background checks, supervision issues, competency-based training. • UW/Philanthropy: Supervision incentives; competency based training; conditional grants/student payment and debt; standard setting for practitioners. • BHI: Apprenticeships; telehealth; competency based training • SEIU: Apprenticeships (working with BHI) • BH Council: Rates • EBPI: EBP Training • Barnard Center: Developing IECMH Training Program

	Other comments: • Looking at apprenticeship or residency for working with very young children (like nurses' 6 week residency in specialty area). • BHI-apprenticeship issues. • Effort underway for a registered apprenticeship program – BHI and SIEU… entry level positions in BH. Developing pathways. • Possible gap: Certificate of Restoration of Opptunity (CROP).
Review workforce recommendations from last year	• Training and mentoring of clinicians. (vetoed) • Continuing education for practicing clinicians. (vetoed) • Required continuing education – Diversity, Equity, and Inclusion. (not a CYBHWG priority in 2020) • Behavioral health provider rate increase (vetoed) • Develop plan for increasing apprenticeships (not a CYBHWG priority in 2020)
Gaps	• Paperwork ○ What got implemented per HB 1819: Process for agencies to request an exemption from EBPs. Alleviated some unnecessary documentation. Streamlining regulations did not reduce paperwork. ○ Follow up with Dept of Health – what happened when cmty BH licenses got transitioned to DOH. May be worth looking at again. ○ Need for providers to use person-first language in intake documents – also an issue for training and continuing ed. ○ SB 5432 (2019) – reduce initial documentation requirements for BH intake. - Issue: BH providers need to know more than physical health providers. - Length of time required for intake – does it all ned to be done at the 1st appt, and for every patient? Could professional determine what is needed? • Certification vs. licensing • Apprenticeships or residencies (?) for those interested in working with children and youth • Training for individuals working with the 0-5 age group
Discussion of where to focus our work and identify leads	**Discussion: Apprenticeships, continuing education, supervision of students and those working toward credentials** *Highlights* • Gaps for professionals working with kids of all ages. • Grad school gap – education is mostly focused on families, not on children and youths' and young adults' specific behavioral health needs. • How to support clinical expertise of people across all areas of children's mental health. Also supervisor support (research related to effective sharing of clinical skills). • Competency training – what are people learning in schools? What are the gaps? Ongoing and continuing education. • Consider possibility of apprenticeships or residencies that are shared across agencies. (Apprenticeship model has specific rules, registration.) • Deliniation of differences between using apprenticeships for lower level folks vs what would be part of training for new graduates or students • Masters-level internships and post-graduate pre-licensure work are not being compensated. • Post-graduation internship experience for those with online degrees; cannot be licensed without an internship. • Supervision requirements.

Attendees

Kevin Black (Senate Commitee Services)
Rachel Burke (HCA-DBHR)
Donna Christenson
Diana Cockrell (HCA-DBHR)
Devon Connor-Green (American Academy of Pediatrics)
Amy Condon (Coordinated Care)
Jessica Diaz (HCA-Managed Care)
Vicki Evans (Molina Healthcare)
Hugh Ewart (Seattle Children's)
Alicia Ferris (Community Youth Services)
Nova Gattman (Washington State Workforce Board)
Tory Gildred (Coordinated Care)
Megan Gillis (Molina Healthcare)
Kimberly Harris (HCA-DBHR)
Libby Hein (Molina Healthcare)
Dr. Bob Hilt (Seattle Children's)
Candace Hunsucker (CHPW)
Marissa Ingalls (Coordinated Care)
Avreayl Jacobson (King County Behavioral Health and Recovery)
Joe LeRoy (HopeSparks Family Services)
Laurie Lippold (Partners for our Children)
Joan Miller (Washington Council of Behavioral Health)
Abby Moore (Washington Council of Behavioral Health)
Julia O'Connor (Washington State Workforce Board)
Steve Perry (HCA-DBHR)
Sharon Shadwell (DCYF)
Christie Spice (DOH)
Mary Stone-Smith (Catholic Community Services)
Suzanne Swadener (HCA-Policy)
Melanie Smith (WA State Psych Assoc, NAMI)
Sherry Thomas (DOH)
Amber Ulvenes
Sarah Walker (UW, Evidence-Based Practice Institute)
Tara Weaver (Washington Council of Behavioral Health)
Alex Wehinger (WSMA)
Kristin Wiggins
Dr. Larry Wissow (Seattle Children's)