

Children and Youth Behavioral Health Work Group (CYBHWG) – Workforce & Rates (W&R) Subgroup

November 1, 2023

Glossary of Terms

- CBHA: Community Behavioral Health Agency
CBT: Cognitive Behavioral Therapy
CCBHC: Certified Community Behavioral Health Clinic
CMH: Community Mental Health
CMS: Centers for Medicare and Medicaid Services
CYBHWG: Children and Youth Behavioral Health Work Group
DOH: Washington State Department of Health
HCA: Health Care Authority
MCO: Managed Care Organization
RCW: Revised Code of Washington
WAC: Washington Code
WISe: Wraparound with Intensive Services
YYACC: Youth and Young Adult Continuum of Care Subgroup

Meeting Agenda

- Review results of October 23 CYBHWG vote on recommendations
- Discuss and come to consensus on statements of support to advance to CYBHWG for consideration
- Review timeline and discuss next steps

CYBHWG Adopted Recommendations:

Prioritized Ideas	Description
Reduce administrative complexities in the Wraparound with Intensive Services (WISe) program* <i>*This recommendation was voted to be combined with the YYACC subgroup 'Intensive programs for complex needs' recommendation</i>	Direct the HCA to create parity in clinical auditing practices between physical health and behavioral health providers. Process auditing is particularly burdensome for the WISe program. This burden is leading to a shortage of individuals willing to provide WISe services and to instability for youth engaged in this service. Achieving parity requires HCA to transition from audits focused on process to tracking three industry-standard, age-appropriate, outcome-based measures and conducting an annual youth/family satisfaction survey designed to

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demonstrate the effectiveness of this program for youth and families in Washington State.

Access to data for workforce planning is a major challenge in the field of behavioral health. Washington is one of the few states in the nation where administrative data from multiple sources is systematically collected, yet we lack a comprehensive view of the many factors affecting the stability and effectiveness of the behavioral health workforce.

It is recommended that a centralized data repository is created using linked administrative data to create visualizations for a wide variety of non-technical end-users. This request includes allocating funds and implementing a potential legislative requirement for sharing administrative data with the public, within the confines of confidentiality rules.

<p>Certified Community Behavioral Health Clinic (CCBHC) bridge funding</p>	<p>To ensure successful completion of implementation of a statewide CCBHC model, the state should support and sustain the current CCBHC expansion grant programs by providing bridge funding to current CCBHCs in Washington during the statewide planning process.</p>
<p>Allow funding for the Washington Health Corps Behavioral Health Program to be used for conditional scholarships</p>	<p>Amend the current Revised Code of Washington (RCW) 28B.115 so that the Behavioral Health program funding language mirrors the language used for the general Washington Health Corps. This would enable Behavioral Health program funding to be used for conditional scholarships. The language is currently limited to loan repayment.</p>
<p>Fund House Bill 1724 stipend program for recent graduates in the behavioral health field</p>	<p>Allocate funds to the Washington State Department of Health (DoH) for the stipend program they were directed to establish per HB 1724 and amend statute as necessary to activate other models if recommended.</p> <p>Other emerging models to enable individuals to complete the necessary hours to obtain their credential include expanding the school social worker proviso that was included in the 2023-25 budget and contracting directly with behavioral health professionals to provide supervision so individuals seeking supervision don't have to pay out of pocket for this service. These alternative models may be lower cost and lower in administrative burden or could combine with the stipend program to broaden access to a wider pool of recent graduates.</p>

Discussion Summary

1. Statements of support

**statements that were proposed by the W&R Subgroup as recommendations for the 2024 session but did not advance under CYBHWG.*

- a. Evaluation of loan repayment programs*
 - i. As part of supporting the investments made in loan repayment programs in Washington, it is recommended the Legislature require an evaluation of the Washington Health Corps' portfolio of loan repayment programs to understand outcomes. Assessment of the Washington Health Corps can determine if the Corps is meeting its statutory goal of encouraging more healthcare professionals to work in underserved areas. The evaluation can also help the state meet equity goals by determining if there are structural issues causing inequitable program access or outcomes for different communities or areas of the state.
- b. "well-being specialist" designation*

- i. We recommend that the legislature direct the healthcare authority to conduct an analysis of the best workforce designation for “well-being” specialists. The analysis should consider:
 - 1. Avoiding unnecessary training needed for the workforce role;
 - 2. Urgency in being able bill for this position.
- ii. This will inform two parallel policy efforts:
 - 1. The Washington Council for Behavioral Health’s anticipated recommendation for a teaching clinic rate for the 2025 legislative session; and
 - 2. The HCA Centers for Medicare & Medicaid Services (CMS) state plan amendment part two in 2024.
- c. Training and Supporting Providers to Meet the Clinical Needs of their Clients
 - i. The CBT+ Initiative is a University of Washington and WA State partnership to train CMH providers with BA and MA-level clinicians in the common elements and cross-cutting aspects of CBT for anxiety, depression, behavior problems, and trauma-related issues.
 - ii. The CBT+ Initiative provides training considered “foundational” by community mental health (CMH) organizations in supporting and retaining their workforce. Each year, 250+ clinicians (MA and BA) and supervisors are trained statewide. In addition to the yearly \$250k of state funding, an additional \$250k is needed per year to
 - 1. Maintain/expand training given rising costs in past 3-5 years;
 - 2. Support and expand our BIPOC supervisor group and DEI activities; and
 - 3. Continue growing CBT+ leaders within CMH organizations.
- d. Occupational Therapists (OTs) in Community Behavioral Health Agencies (CBHAs)
 - i. Support \$2 million for Workforce grants supporting occupational therapy services in community behavioral health.
 - ii. [Senate Bill 5228](#), passed in 2023, provides MCO payment for Occupational Therapy (OT) services in outpatient behavioral health. Due to previous lack of funding, BH agencies are unfamiliar with OT services. WA Occupational Therapy Association proposes \$2 million for the HCA to fund grants for behavioral health agencies, in partnership with OT higher education programs, to design and implement OT services over a two-year period. The grants include a requirement to provide fieldwork supervision for OT students and OT Assistant students to grow the workforce available to serve BH clients in the future.
- e. Social Worker Compact
 - i. Last year four compacts were passed: the speech and audiology compact, mental health counseling compact, dental and dental hygienist compact, and nursing compact. This year the legislature is hoping to pursue a social worker compact and physician’s assistant compact.
 - ii. The Social Work License Compact (Compact) provides a path for social work practice mobility and removes barriers preventing social workers from providing care in multiple states, especially in areas that are underserved, geographically isolated, or lack specialty care. The Compact allows eligible licensed social workers to practice in all states that join the compact via a multistate social work license.

- iii. It is recommended that the Children/Youth Behavioral Health Workgroup support the compact legislation as it will make more clinical social workers available in WA State.
- f. Reducing barriers to credentialing
 - i. Per the passage of [House Bill 1724](#) in 2023, the bill that focused on increasing the trained behavioral health workforce, the Dept. of Health embarked upon a stakeholder process “to identify changes to statutes and rules that would remove barriers to entering and remaining in the [behavioral] health care workforce and to streamline and shorten the credentialing process.” It is anticipated that a number of the recommendations that were generated through the stakeholder process will be included in a bill in 2024.
 - ii. It is being recommended that the Children/Youth Behavioral Health Workgroup support the legislation advancing in 2024 that addresses the recommendations from the preliminary DOH report that align with the CYBHWG and subgroup initiatives and recommendations.
- g. Credentialing Improvements per DOH decision package
 - i. Support the DOH Decision Package related to credentialing: According to the DOH decision package, credentialing timelines for health care providers have increased and individuals are experiencing lengthy delays in obtaining their credential to practice. This is exacerbating the dire health care workforce shortage.
 - ii. Through customer listening sessions, a contracted evaluation of credentialing practices, and a pilot project, the department has identified numerous opportunities to improve credentialing practices and shorten the timeframe. This supplemental budget request will fund two sets of related activities: (1) a staff team to implement multiple, concurrent process improvement projects and (2) staffing to improve credentialing instructions, create training tutorials, and take other steps to help applicants turn in a complete application on first submission.
- h. Amend [Senate Bill 5120](#) to allow youth-servicing in 23-hour crisis care centers
 - i. We propose amending SB 5120, passed in 2023 to create 23-hour crisis relief centers for adult populations, to add youth to its service model. Currently youth are allowed to be served by a similar but less complete model of services broadly characterized as *crisis outreach, observation, and intervention services*. The model currently available for youth provides loose guidance around the types of services that could be offered but has no significant standards or requirements and thus is a poor alternative to what a 5120 model would provide. Amending 5120 will enhance the state's continuum of care through filling a critical youth services gap, and including the following important provisions for youth-specific crisis relief centers:
 - 1. Must allow walk-in services and first responder drop offs, and accepting those with behavioral health crises of all acuties;
 - 2. May provide services beyond 23 hours, 59 minutes for people with a plan to transition to another care setting as a part of an established aftercare plan and/or awaiting evaluation of an involuntary treatment admission; and
 - 3. Must provide access to a prescriber and basic medical care.

- ii. *This recommendation was elevated in both the W&R and YYACC subgroups and was refined following the meetings by a multi-stakeholder team to address concerns raised.

2. Timeline and next steps

- a. November 7: Subgroups submit statements of support to be considered by CYBHWG.
- b. November 17: CYBHWG meets to decide on statements of support.
- c. December 1: CYBHWG submits the full package of recommendations and statements of support to the legislature.

Next Meeting: November 15, 10:00 AM-11:00 AM