



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

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April 3, 2024

### Glossary of Terms

AAC: Agency Affiliated Counselor

CCBHC: Certified Community Behavioral Health Clinic

CHW: Community Health Worker

CMS: Centers for Medicare and Medicaid Services

DOH: Washington State Department of Health

HCA: Washington State Health Care Authority

SAMHSA: Federal Substance Abuse and Mental Health Services Agency

WISe: Wraparound with Intensive Services Washington

WSAC: Washington Student Achievement Council

### Meeting Topics

Activity: Get to know each other

Session recap and reflections

Brainstorming collaboration on workforce and rates issues

Look-Ahead to 24/25

### Discussion Summary

#### Get to know each other

W&R leads opened the meeting (re)introducing new and returned participants to the subgroup; grounding attendees in 'Why workforce and rates' in the landscape of behavioral health; and offering an opportunity for participants to share their background and 'why' for joining.

#### Session Recap

Five of the seven recommendations proposed by the W&R subgroup were adopted by the CYBHWG as prioritized recommendations for the 2024 supplemental session. The Work Group prioritized a total of 12 recommendations.

#### CYBHWG Prioritized recommendations

*For additional detail, see: Appendix A*

- **[PASSED]** [House Bill 2256](#) (ESHB 2256). (Overarching CYBHWG recommendation)
- **[PASSED]** \*\*Continue to finance behavioral health care coordination as performed by community health workers (CHWs)
  - Implementation updates:
    1. Screening reimbursement rates are scheduled to increase January '25 to support mental health screening.
    2. Meetings throughout April/May to discuss implementation



3. BHI subgroup lead Sarah Rafton offered opportunities for collaboration on screening rate implementation, in addition to providing case examples of how the current billing structure isn't working. If you would like to collaborate on screening issues, contact [srafton@wcaap.org](mailto:srafton@wcaap.org).
- **[DROPPED]** \*\*Reduce administrative complexities in the Wrap-around with Intensive Services (WISe) program.
    - Implementation updates:
      1. HCA is engaging stakeholders from the Workforce & Rates subgroup to undertake a revision of the WISe reporting requirements, without requiring legislative action.
      2. HCA is also actively undergoing the WISe Quality Plan Review.
      3. The WISe manual has decreased to about 79 pages from an original 150 or so.
  - **[PROGRESS MADE]** Fund [House Bill 1724](#) stipend program for recent graduates in behavioral health
    - Implementation updates: Reaching out to DOH for guidance.
  - **[PASSED]** Allow funding for the Washington Health Corps Behavioral Health Program to be used for conditional scholarships
    - Implementation updates: Meetings upcoming with the Washington Student Achievement Council (WSAC) to gauge the impact and need of conditional scholarships and the Support Systems UW introduced with the Ballmer Behavioral Health Scholarship Program
      - *\*The legislation does not require but rather gives WSAC the ability to spend down monies from the behavioral health program for conditional scholarships.*
      - A funding request for '25 is a potential topic of interest.
  - **[PASSED]** (*Governor's Budget*) Provide bridge funding for Certified Community Behavioral Health Clinics (CCBHCs)
    - Implementation:
      - The funding (\$5.0m GFS/Total) will help CCBHCs who have already expired their initial grants from SAMHSA as well as those that are providing services that aren't currently Medicaid reimbursable but are included as part of the CCBHC model.
      - Statewide implementation by fiscal year 2027. Requires adherence to the federal demonstration standards and collaboration with the National Council for Mental Wellbeing. HCA to work with CMS to choose one of the prospective payment system (PPS) models; 4 have been identified by CMS thus far.
      - HCA will be applying to the next round of SAMHSA CCBHC planning grants and hopefully accepted and able to participate in the federal demonstration, which comes with a large Medicaid match.
      - The FY 2027 deadline gives the state and HCA time to prepare state plan amendment and implementation
        - Heavy lift for the agency as well as providers - 17 providers throughout the state right now, but that doesn't mean that those are the only 17 sites that would move forward at CCBHCs, which will require cost modeling, training, etc. to be done.
    - Resources:
      - The National Council's [CCBHC Success Center](#)
      - A [one-pager](#) the WA Council put together as part of their CCBHC bridge funding advocacy in the 2024 session.



- **[DROPPED]** Enable public access to behavioral health data

## Additional recommendations and support items

*For additional detail, see: Appendix B*

The following items were either: a) proposed by the W&R subgroup to the CYBHWG as recommendations, or b) proposed by an external entity and adopted by the subgroup and CYBHWG as support items for the legislative session, as appropriately indicated.

- **[PROGRESS MADE]** Loan Repayment and Conditional Scholarship Evaluations
  - Implementation update:
    - UW will be working on evaluating the impact of the Ballmer Behavioral Health Program and associated conditional scholarships of the approximate 415-500 students, with projections to have sufficient data by July 2024, and completing collection by January 2025.
- **[DROPPED]** “Well-being specialist” designation
  - Updates:
    - Actively completing a crosswalk of all the various job titles (CHWs, BH techs, peers, etc) that would be good candidates for delivering wellness services with some additional training; or, a potential new designation for well-being specialists.
    - Call with HCA slated for the next month to determine if it is possible to have those services Medicaid reimbursable across the different workforce types and/or applications and benefits of a new workforce type.
- **[PROGRESS MADE]** Barriers to becoming credentialed 2.0 *\*see: ‘Fund HB 1724’ recommendation*
- **[PASSED]** Social Worker Compact
- **[PASSED]** *Governor’s Budget* Credentialing Improvements
  - Implementation updates:
    - [3/28/24 DOH Presentation](#)
- **[DROPPED]** Training and supporting providers to meet the clinical needs of their clients
- **[PROGRESS MADE]** Occupational Therapists (OTs) in Community Behavioral Health Agencies (CBHAs)
- **[DROPPED]** Workforce for Student Well-Being Extension

## Brainstorming collaboration on workforce issues

- Collaborating with other subgroups
  - W&R subgroup participants were given the following prompts to consider:
    - Clarify what issues fall under the W&R scope, both generally and subgroup specific?
    - What information does W&R require from the other subgroups on issues brought forward in order to begin collaboration?
  - There was consensus to have the other subgroups provide initial scope of workforce issues by the W&R subgroup meeting on June 21.\*
    - *This deadline is not hard and fast – just an initial date to understand the full landscape of ‘25 workforce issues. More robust collaboration will happen in July with the turn of the new FY and agency DP development.*
- W&R subgroup participants were asked: ‘What issue areas are you hoping to elevate for discussion and/or request more information on?’



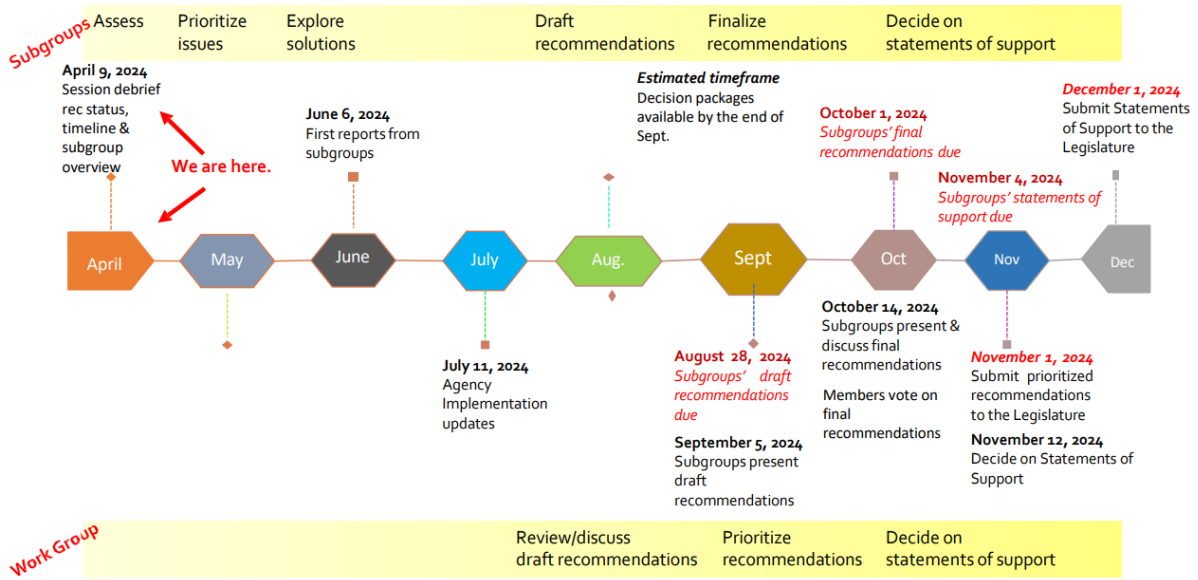
- Participants would like follow-up and more information from:
  - Department of Health (DOH) on implementation of House Bill 1724
    - Credentialing, licensing
    - Three tiers of AAC eligibility
  - HB 1504 update from HCA – supervising for credentialing ++
  - Presentation on the teaching clinic demonstration project (Julia O'Connor)
  - An update on apprenticeships (Sheryl Schwartz)
  - The University of Washington (UW) Barnard Center for Infant and Early Childhood Mental Health on the 2024 workforce proviso
    - Building on HCA [IECMH Statewide Tour Report](#)
  - The WA Workforce Board / Health Workforce Council on updates to the [WA health workforce sentinel network](#) survey and its findings
- Topics of interest for further discussion
  - DDA reimbursement tiers for youth with acute behaviors / more complex needs.
    - In its current state, caregivers get paid the same rate regardless of the complexity of the youth's needs, which could incentivize the servicing of less diverse populations.
  - BHI Subgroup co-lead, Sarah Rafton, proposed some initial iterations of possible workforce issues to come out of the subgroup:
    - Early relational health (ERH) in primary care. BHI Subgroup is trying to have a presentation on this issue at one of their July meetings.
    - The State medical association proposal to create a health plan assessment on insured people
      - The assessment would bring enough money to match Medicaid to Medicare rates, and could be applied to mental health counseling
      - This is not inclusive of community behavioral health agencies (CBHAs)
      - Sarah Rafton asked the W&R subgroup participants for connections to psychologists/counselors/social workers to assess the impact.

## Look Ahead: 24/25 Schedule

### CYBHWG Schedule



### 2024 Children and Youth Behavioral Health Workgroup (CYBHWG) Timeline



### W&R Schedule

\*(April-August) The schedule for September-December is still under development. All meetings below take place on the first and third Wednesdays of the month, unless otherwise indicated.

- April 3 – 10-11:30
- April 17 – 10 to 11
- May 1 – 10 to 11
- May 15 - 10 to 11
- June 5 – 10 to 11
- \*Friday, June 21 – 10 to 11
- July 3 – 10 to 11
- July 17 – 10 to 11
- August 7 – 10 to 11
- August 21 – 10 to 11

## APPENDIX A

### Recommendation detail

2024

Status/Title	Legislative Lead	Description
<b>[PASSED]</b> <b>House Bill 2256 (ESHB 2256)</b> <b>(Overarching CYBHWG recommendation)</b>	Representative Callan	Legislation: ESHB 2256 Addressing children and youth behavioral health work group. <ul style="list-style-type: none"> <li>○ Extends development of the strategic plan through August 1, 2025;</li> <li>○ Extends the mandate of the workgroup to 2029; and</li> </ul>



		<ul style="list-style-type: none"> <li>○ Adjusts work group membership, introduces term limits, increases youth representation, and adds an Educational Service District (ESD) representative.</li> </ul> <p>Budget: Senate Bill 5950 (<a href="#">ESSB 5950</a>), Sec 215 (78), pg. 394. Funds are provided to extend strategic plan development through 2025.</p>
<b>[PASSED]</b> **Continue to finance behavioral health care coordination as performed by community health workers (CHWs)	Representative Callan	<p>Four elements:</p> <ul style="list-style-type: none"> <li>• Sustain the existing CHW workforce (About 50 pediatric CHWs in about 30 clinics – including 7 tribal sites) - funding through June of 2025;</li> <li>• HCA to work with CMS to bring Apple Health as part of the CHW program;</li> <li>• Fund screening reimbursement to increase existing postnatal mental health screens and child and adolescent mental health screens in primary care; and</li> <li>• HCA to work with CMS to implement billable code G0136 Implement social needs screening and supports.</li> </ul> <p>Senate Bill 5950 (<a href="#">ESSB 5950</a>), Sec 215 (43)(a)(b), pg. 323</p>
<b>[DROPPED]</b> <b>**Reduce administrative complexities in WISe</b>		<p>WG ask: Direct the Health Care Authority (HCA) to create parity in clinical auditing practices between physical health and behavioral health providers. Process auditing is particularly burdensome for the Wraparound with Intensive Services (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. This recommendation is being pursued in collaboration with the YYACC subgroup.</p> <p>**No legislation or budget request was pursued this session. HCA is engaging stakeholders from the Workforce &amp; Rates subgroup to undertake a revision of the WISe reporting requirements, without requiring legislative action. HCA is also actively undergoing the WISe Quality Plan Review.</p>
<b>[PROGRESS MADE]</b> Fund House Bill 1724 stipend program for recent graduates in behavioral health	Representative Bateman	<p>WG ASK: 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 funding provided to compensate behavioral health agencies for their role as teaching clinics for students seeking professional education in behavioral health and for new graduates working towards licensure.</p> <p>Legislation: <a href="#">HB 2247</a> – Addressing behavioral health provider shortages.</p>



		<ol style="list-style-type: none"> <li>1. Changes licensing requirements, practice settings, and reimbursement requirements for various behavioral health professionals.</li> <li>2. To be eligible for the program, a supervisor must: <ul style="list-style-type: none"> <li>• Meet all supervision qualifications; and</li> <li>• Be actively providing supervision to at least one associate.</li> <li>• Supervisors are eligible for up to \$2,000 per year per associate if the supervisor maintains the supervisory relationship for the entire year, subject to the availability of funds. If the supervisor does not provide supervision for an entire year, the DOH must prorate the stipend amount accordingly. If the supervisor's documented expenses attributable to an associate exceed the stipend amount, the supervisor may charge the associate a fee to recoup the expenses. In no case may the fee exceed \$1,600. The supervisor must report any fees charged to the DOH.</li> </ul> </li> </ol> <p>Budget - <a href="#">ESSB 5950</a>, Sec 222 (165), pg. 493</p> <ul style="list-style-type: none"> <li>○ Funding allocated to implement HB 2247 to address behavioral health provider shortages by offsetting the costs of providing supervision; and</li> <li>○ Funding is scheduled to start July 1 2025.</li> <li>○ Note: stipend funds are not allocated for associate licensees but to offset the costs of providing supervision to associates.</li> </ul>
<p>[PASSED] Allow funding for the Washington Health Corps Behavioral Health Program to be used for conditional scholarships</p>	<p>Representative Eslick</p>	<p>WG ASK: Amend the current Revised Code of Washington (RCW) <a href="#">28B.115</a> 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>Legislation: <a href="#">HB 1946</a> - Creating the Washington health corps behavioral health scholarship program.</p>
<p>[PASSED] Provide bridge funding for Certified Community Behavioral Health Clinics (CCBHCs)</p>	<p>Representative Callan</p>	<p>WG Ask: 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>Budget - <a href="#">ESSB 5950</a>, Sec 215 (129), pg. 412</p> <ul style="list-style-type: none"> <li>• Funds (\$5.0m GFS/Total) are provided for bridge grants to community behavioral health agencies participating in federal certified community behavioral health clinic expansion grant programs to sustain their continued level of operations during the planning process for</li> </ul>



		<p>statewide adoption of the certified community behavioral health clinic model.</p> <ul style="list-style-type: none"> <li>This funding will allow them to continue their operations when sufficient federal funding is no longer available and while HCA pursues a state demonstration waiver to be implemented by fiscal year 2027.</li> </ul>
<p>[DROPPED] Public access to behavioral health data</p>		<p>WG Ask:</p> <ul style="list-style-type: none"> <li>Create a centralized data repository using linked administrative data to create visualizations for a wide variety of non-technical end-users.</li> <li>Allocate funds and implement a potential legislative requirement for sharing administrative data with the public, within the confines of confidentiality rules. Creating a repository will require two FTE's.</li> <li><i>Note: This recommendation was not carried forward into legislative session due to lack of specificity and other ongoing efforts.</i></li> <li>[Related] [Governor's Budget] Funding is provided to improve behavioral health data collection, validation, and reporting abilities. <ul style="list-style-type: none"> <li>This proviso (\$1.283 GFS; \$2.290m Total) focuses on creating a more streamlined system of data collection – data collected by providers.</li> <li>This includes funding for 7 FTES, one-time costs for efforts to facilitate data submission by tribal providers; and ongoing costs for software licenses.</li> </ul> </li> </ul>

\*\*This recommendation was a BHI subgroup recommendation with relevant implications for the W&R subgroup

## APPENDIX B

### Additional recommendations & Support Items detail

2024

The following items were either: a) proposed by the W&R subgroup to the CYBHWG as recommendations, or b) proposed by an external entity and adopted by the subgroup and CYBHWG as support items for the legislative session, as appropriately indicated.

Status/Title	Legislative Lead	Description
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<p>[PROGRESS MADE] Loan Repayment and Conditional Scholarship Evaluations</p>	<p>[conditional scholarships] Representative Timmons</p>	<p>W&amp;R ASK: Support the Health Workforce Council's recommendation for the legislature to require an evaluation of the WA Health Corps' portfolio of programs. Support the evaluation of the existing behavioral health conditional scholarships to begin obtaining information about the behavioral health workforce. Budget - <a href="#">ESSB 5950</a>, Sec, 602 (95), pg. 790.</p> <ul style="list-style-type: none"> <li>Funds [\$250k GFS/Total] are provided to provide a report [by June 30, 2025] on conditional scholarships for students who commit to working in the public behavioral health system. No money was allocated for evaluations of loan repayment programs.</li> </ul>
<p>[DROPPED] "Well-being specialist" designation</p>		<p>W&amp;R ASK: Conduct a feasibility study (either through a legislative allocation or through HCA) of introducing "well-being specialists" into the clinical service array of community mental health agencies. The study should consider: Avoiding unnecessary training needed for the workforce role; and urgency in being able to bill for this position. 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 CMS state plan amendment part two in 2024. <i>This recommendation did not advance.</i></p>
<p>[PROGRESS MADE] Barriers to becoming credentialed 2.0 *see: 'Fund HB 1724' recommendation</p>	<p>Representative Bateman (HB 2247)</p>	<p>Statement of Support: Per the passage of House Bill 1724 in 2023, the bill that focused on increasing the trained behavioral health workforce, the Department of Health (DOH) 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." HB 2247 addresses several of the recommendations made during the interim per the stakeholder process conducted by the DOH (per HB1724). Components (in addition to the stipend program) are:</p> <ul style="list-style-type: none"> <li>Includes federally qualified health centers in the definition of agency;</li> <li>Establishes a licensed psychologist associate designation;</li> <li>Increases the number of times an associate's license can be renewed;</li> <li>Establishes in rule the minimum number of currently required continuing ed hours for various professional groups; and</li> <li>Prohibits health plans/MCOs from excluding associate licensees if the plan's network includes participating providers licensed under designated RCWs.</li> </ul>



		<p>Legislation: <a href="#">SSHB 1724</a> – Addressing behavioral health provider shortages</p> <ul style="list-style-type: none"> <li>Changes licensing requirements, practice settings, and reimbursement requirements for various behavioral health professions.</li> </ul> <p>Budget: <a href="#">ESSB 5950</a>, Sec 222 (75), pg. 472</p> <ul style="list-style-type: none"> <li>Funding provided for implementation of <a href="#">SSHB 1724</a>.</li> </ul>
<a href="#">[PASSED]</a> Social Worker Compact	Representative Orwall	<p>Statement of Support: The Social Work License 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.</p> <p>Legislation: <a href="#">HB 1939</a> – Adopting the social work licensure compact.</p> <ul style="list-style-type: none"> <li>Enacts the Social Worker License Compact to provide the necessary statutory authority to participate in the social worker compact. <ul style="list-style-type: none"> <li>*No fiscal impact for this work.</li> </ul> </li> </ul>
<a href="#">[PASSED]</a> <i>Governor's Budget</i> Credentialing Improvements		<p>Statement of Support: Support the DOH Decision Package related to credentialing:</p> <ul style="list-style-type: none"> <li>According to this 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.</li> <li>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.</li> </ul> <p>Budget: <a href="#">ESSB 5950</a>, Sec 222 (143), pg. 487</p> <ul style="list-style-type: none"> <li>Funds [3.172m Total] are provided to implement improvements to licensure processes, update website content for license applicants, develop web-based tutorials for license application, and research live chat technology.</li> </ul>
<a href="#">[DROPPED]</a> Training and supporting providers to meet the clinical needs of their clients	Representative Leavitt	<p>Statement of Support: The CBT+ Initiative (<i>CBT = Cognitive Behavioral Therapy</i>) 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</p>



		<p>yearly \$250k of state funding, an additional \$250k is needed per year to:</p> <ul style="list-style-type: none"> <li>• Maintain/expand training given rising costs in the past 3-5 years;</li> <li>• Support and expand our BIPOC supervisor group and DEI activities; and</li> <li>• Continue growing CBT+ leaders within CMH organizations.</li> </ul> <p><i>This recommendation did not advance.</i></p>
<p>[PROGRESS MADE] Occupational Therapists (OTs) in Community Behavioral Health Agencies (CBHAs)</p>	<p>Representative Reed and Senator Dhingra</p>	<p>Statement of Support: Support \$2 million for workforce grants supporting occupational therapy services in community behavioral health.</p> <p>Budget - <b>ESSB 5950</b>, Sec 215 (147), pg. 422</p> <ul style="list-style-type: none"> <li>• Funding [\$.750k GFS/Total] provided to establish and integrate occupational therapy services for behavioral health clients.</li> <li>• Funds may be used for occupational therapists and occupational therapy assistance services. Recruitment, training, technical systems, field work opportunities, and for other approved activities.</li> <li>• The authority must submit a preliminary report to the legislature on the number of patients receiving occupational therapy through this initiative, the programs in which services were provided and the number and type of fieldwork students trained in each participating behavioral health agency program, by June 30<sup>th</sup>, 2025.</li> </ul>
<p>[DROPPED] Workforce for Student Well-Being Extension</p>		<p>Statement of Support: Support the UW SMART Center’s proposal to expand the Workforce for Student Well-being initiative by allocating \$700,000 a year in fiscal years 2024-27, to include the new Heritage University Eastern Washington School of Social Work and focus on Eastern Washington school districts.</p> <p>Additional funding would:</p> <ul style="list-style-type: none"> <li>• Bring 48 additional candidates into the initiative (12 per year);</li> <li>• Support the provision of stipends to participating schools of social work to aid in recruiting diverse candidates, instructors, and supervisors; and</li> <li>• Enhance longitudinal tracking of candidates to support their development.</li> </ul> <p><i>This recommendation did not advance.</i></p>