



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

May 1, 2024

Glossary of Terms

ACH: Accountable Communities of Health

CCBHC: Certified Community Behavioral Health Clinic

DOH: Washington State Department of Health

HCA: Washington State Health Care Authority

IECMH: Infant and Early Childhood Mental Health

PACT: Program for Assertive Community Treatment

SAMHSA: Substance Abuse and Mental Health Services Administration

WSAC: Washington Student Achievement Council

Meeting Topics

Understanding the landscape of behavioral health workforce issues

- Updates on subgroup priorities requiring further action
- Updates on prioritized recommendations that did not advance
- Updates on subgroup-aligned priorities requiring further review

Discussion Summary

Updates on subgroup priorities requiring further action

1. Community Behavioral Health Clinics (CCBHCs)
 - a. In order to participate in the federal administration, administered by SAMHSA, states must first apply for and receive a federal planning grant. WA State applied for and did not receive the federal planning grant.
 - b. The WA state legislature appropriated \$1m in general funds for HCA to continue the momentum while we reapply for the federal grant. **This is in place of, matches the amount of, what the federal planning grant would provide.*
 - i. Currently waiting to hear when HCA are going to begin activities related to the \$1 planning grant the state offered in 2023. WA BH Council will be part of the steering committee.
 - ii. The state intends to reapply for the planning grant in the coming months. Receiving the planning grant is the first step towards joining the federal demonstration.
 - iii. Legislation from the 2024 session included language requiring HCA to implement the CCBHC model statewide by fiscal year 2025– even if the State does not receive the federal planning grant.
 1. This enables continuity of the work and the ability for a state plan amendment to be made if/without a federal Medicaid match.



- c. The WA BH Council is pursuing other opportunities for philanthropic funding and presented to the philanthropic network of Behavioral Health Catalyst on the model, direction, and gaps/need in investment.
 - i.
2. Teaching clinic rate
 - a. The teaching clinic demonstration project, funded by Ballmer, is set to wrap in a couple months, which will include a substantial data report to be utilized to develop a proposed enhancement rate.
 - i. The demonstration project, conducted over the last 3 years, served to test the model in WA State and identify the cost and long-term structure of the program and reimbursement rates.
 - b. The BH Council has been collaborating with the National Council of Mental Wellbeing to develop standards and eligibility guidelines.
 - c. The next step is launching advocacy. The BH Council is partnering with HCA to prepare a decision package over the summer.
 - i. The BH Council is looking to draft legislation to create sustainable funding, as opposed to a 1-time budget proviso.
 - d. The ideal outcome for the demonstration project is to make teaching clinic reimbursement available to agencies statewide, not just those involved in the demonstration, to those that are wanting to serve as teaching clinics and meet the standards developed.
 - i. To be eligible, an active BHA license from DOH will be required.
3. Conditional scholarships
 - a. The UW Workforce Development Initiative was funded \$25m by Ballmer for conditional scholarships for about 415 students*
 - i. **This is projected to serve around 500 students in totality*
 - b. UW just allocated the last round to start in the Fall and are thinking about sustainability moving into the 2025 session
 - c. Outcomes: High demand, low dropout rates (approx. 7/415)
 - d. The legislature authorized a potential use of GFS dollars for conditional scholarships from the current allotment but did not fund it in the 2024 session
 - i. Hope to go back and support funding directly to the WSAC in 2025, at a continuation of current levels (\$8-9m per year per group)
4. Stipend program
 - a. DOH is in process of beginning implementation, to go into effect July 1 2025. Further updates forthcoming at future meetings.
5. Administrative burden and complexities for WISE providers
 - a. Currently meeting with HCA to look at software and reporting requirements for WISE
 - b. WISE Quality Plan is currently under review



- c. At this stage, there will be no legislative ask for 2025 with the work being done on WISE administrative burden.
- d. There is potential for an ask on resolving the administrative burden with PACT and 988 crisis response providers.

Updates on prioritized recommendations that did not advance

1. Behavioral health data
 - a. UW BH data collection efforts fall into 3 areas (all of which have partial funding):
 - i. Linking administrative data, funded by Ballmer.
 - ii. Data visualization of real-time data
 - iii. State-funded longitudinal evaluation of conditional scholarships, with extra support from UW funding
 1. Underway.
 2. Currently sampling participants throughout their career pathway (with compensation); hope to pursue more funding from the legislature to continue sampling for 3 to 5 years.
 3. Seeking to include school-based clinicians under a 7-year federal grant. There are only about 100 practitioners; so the hope is to have a sample of 6 or 700 people over time.
 - iv. Health Workforce Council expressed interest in coordinating their data efforts to produce a bifurcated ask in the 2025 session.
2. "Well-being specialist" designation
 - a. UW CoLab staff have been working on capturing data on pre-Masters professionals to determine need/qualification for delivery of wellness services.
 - b. UW CoLab is engaging in analysis to determine pathways for provision of wellness services, and the existing training and core competencies of each of the existing workforce types.
 - i. In initial analyses, the BH Aide program looks like the closest match for integrating wellness services – and efforts are already in the works to have 'BH Aide' As a provider type.
 - c. Next step is to talk with HCA about wellness services as a billable activity under Medicaid and then identifying all of the different provider types (from the analysis) that would be already eligible to bill under wellness services; and, any additional training recommended for provider types.
 - d. The Health Workforce Council is also looking at payment types for professionals. See: *4/17 W&R Notes*.

Updates on subgroup-aligned priorities requiring further review

1. House Bill 1724. *Update to come at 5/15 meeting*
2. House Bill 1504. Building on 4/17 presentation, *update to come at 5/15 meeting from ACHs*.
3. \$100m retention fund. *In-depth update to come at future meeting*.
 - a. Monies were used for provider salaries, retention bonuses, increased hiring capacity, increasing retirement, offsetting technology costs, facility space, etc.



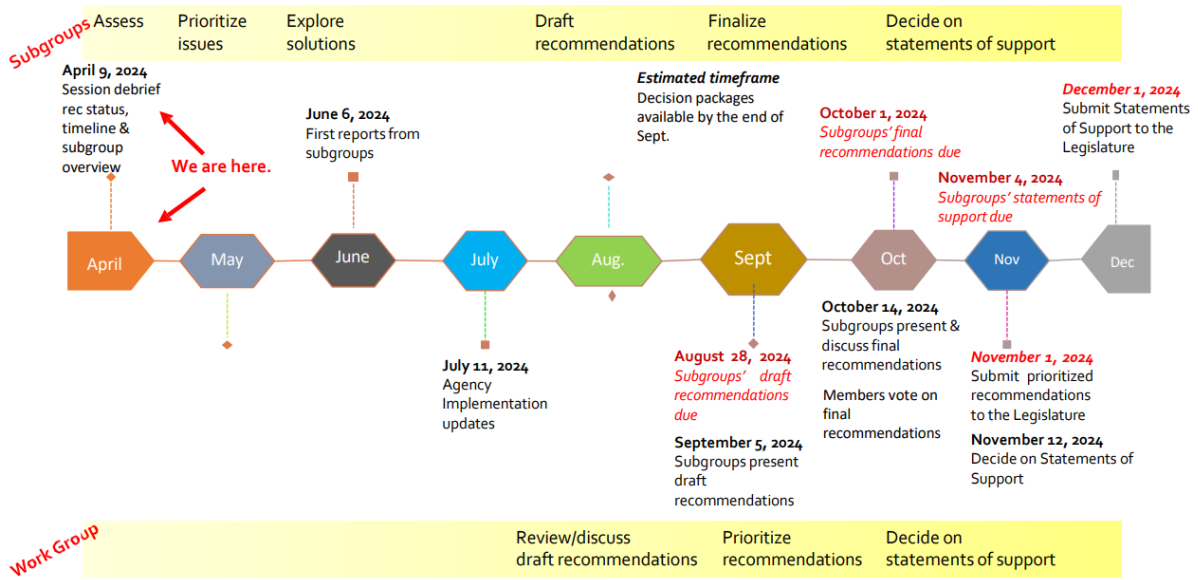
- i. Ex. Subsidizing roles that are not necessarily Medicaid reimbursable
 - b. Providers appreciated having a flexible pot of money to be able to best utilize funds to suit their unique needs.
4. Loan repayment evaluation
5. Apprenticeships
 - a. Not foreseeing a 2025 budget ask. The program currently has a diverse base of funding. Looking to modify the peer pathway to meet the rules being developed under [HB 5555](#) (2023).
 - b. Developed and funded by Behavioral Health Institute and partners, and owned and operated by the SEIU Healthcare 1199NW multi-employer training and education fund
 - c. Launched in October 2022 with three pathways: peer support professionals, SUD professionals, and BH technicians (Feb 2023).
 - d. 142 apprentices have enrolled since inception – 32 BH techs, 24 peer, and 86 SUD.
 - i. Employers have been most enthusiastic about SUDPs; looking for more employers to build, strengthen and diversify their workforce with BH techs and peer professionals.
 - ii) 16 cohorts have started, 7 in SUDP, 5 in peer, and 4 in BH tech.
 - iii) Includes a two-year commitment with the employing agency after training. Work is underway to create pathways to bachelor’s level programs and other training opportunities for career development; and, analyzing the roles to be Medicaid reimbursable to deliver wellness services in their existing certifications.

Look Ahead: 24/25 Schedule

- *Other subgroups will deliver their workforce and rates priorities by the June 21 meeting.*
- CYBHWG Schedule



2024 Children and Youth Behavioral Health Workgroup (CYBHWG) Timeline



W&R Schedule

**(April-August) All meetings will take place on the first and third Wednesdays of the month, unless otherwise indicated. (September-October) All meetings will take place on the first and third Thursday of the month, unless otherwise indicated.*

- May 15 - 10 to 11
- June 5 – 10 to 11 :30
- *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
- *Friday, September 6 – 10 to 11
- September 19 – 10-11
- *Tuesday, October 1 – 10-11
- October 17 – 10-11
- November 7 – 10-11
- November 21 – 10-11
- December 5 – 10-11
- December 19 – 10-11