



## Workforce & Rates Subgroup

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April 9, 2025

10:30AM-12:00 PM

### Zoom information

<b>URL</b>	<a href="https://us06web.zoom.us/j/81697107089?pwd=b2t5N05hVEE5TFJaVHRPMEJuMnkxZz09">https://us06web.zoom.us/j/81697107089?pwd=b2t5N05hVEE5TFJaVHRPMEJuMnkxZz09</a>
<b>Meeting ID</b>	816 9710 7089
<b>Passcode</b>	711200
<b>Co-leads</b>	Renee Fullerton & Hugh Ewart

### Meeting agenda

Time	Lead	Item
10:30-10:40	Leads	Welcome & Agenda
10:40-10:55	Julia Kemner, Behavioral Health Catalyst (BHC)	<ol style="list-style-type: none"><li>1. Washington Thriving: Updates &amp; Cohesion</li><li>2. 25-26 CYBHWG Process</li></ol>
10:55-11:15	Renee Fullerton	Overview of behavioral health workforce input gathered so far
11:15-11:50	Leads + All	<ol style="list-style-type: none"><li>1. Discussion</li><li>2. Align on potential focus areas for W&amp;R</li></ol>
11:50-12:00	Leads	<ol style="list-style-type: none"><li>1. Look-ahead to 25-26 timeline &amp; workplan</li><li>2. Next Steps &amp; Close</li></ol>



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

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*April 9, 2025*

### Glossary of Terms

CYBHWG: Children and Youth Behavioral Health Work Group

EHR: Electronic Health Record

SUDP: Substance Use Disorder Professional

UW: University of Washington

### Meeting Topics

Outline of Washington Thriving and the Request to CYBHWG/Workforce and Rates

Overview of Behavioral Health Themes and Potential Focus Areas for W&R

Timeline and workplan for W&Rs deliverables to Washington Thriving and Next Steps

### Discussion Summary

#### Outline of Washington Thriving and the Request to CYBHWG/Workforce and Rates

1. Julia Kemner (Behavioral Health Catalyst) discussed [Washington Thriving](#) and its relationship with the Children and Youth Behavioral Health Work Group (CYBHWG), including the following (see slides for more detailed information):
  - a. A review of Washington Thriving – the effort to develop a statewide Prenatal-through-Age-25 Behavioral Health Strategic Plan, due to the Legislature on November 1<sup>st</sup>.
  - b. Current context around the constrained fiscal environment, and federal and local administration and policy changes.
  - c. The proposed approach for the CYBHWG’s priority this year – to provide input to and approval of the P-25 Strategic Plan.
  - d. The preliminary session goals:
    - i. Identifying and narrowing the W&R subgroup scope to focus on the highest priorities
    - ii. Identifying opportunities for expanded community engagement to inform the development of inputs to Washington Thriving
  - e. The goals for the year:
    - i. Contributing 1-3 key W&R issues critical to the P-25 Strategic Plan
    - ii. Identifying other continuing and urgent issues to be considered as overarching recommendations or support items of the CYBHWG
  - f. An overview of the 2025 subgroup process and timeline. Most of the subgroup’s work to provide inputs to the Strategic Plan will occur from April to July.
  - g. An overview of the Strategic Plan framework, which outlines the scope of what the Strategic Plan will cover, which includes services and supports as well as drivers and enablers of the system.
  - h. A review of the expected outline of the long-form Strategic Plan.



- i. Key themes emerging for W&R-specific Strategic Plan recommendations, including the following:
  - i. Address Prevention Issues & Reduce Burnout
  - ii. Multi-level Behavioral Health Professional Pipeline Development
  - iii. Alternative Workforce Development
  - iv. Training Supports and Professional Development
  - v. Geographic Distribution Strategies

## Overview of Behavioral Health Themes and Potential Focus Areas for W&R

1. Subgroup leads discussed the overarching goal of the W&R subgroup this year – to make as strong a case as possible for a diverse, well-trained and thriving workforce as a driver for the Prenatal-through-25 behavioral health system and communicate what is needed for that to be realized at scale across the state.
2. Subgroup leads provided an overview of the stakeholder process that occurred prior to this subgroup meeting and guided a discussion of the input that has been received. Inputs related to the need to address retention and reduce burnout of the workforce are organized by the issue area below:
  - a. Supervision:
    - i. Challenges specific to bachelor's level workforce and peers
    - ii. High cost of supervision for both site-provided or contracted supervision, which can limit sites' ability to hire specific roles
    - iii. Stringent regulations on supervision hours and which professionals can provide supervision
  - b. Substance Use Disorder Professionals (SUDPs):
    - i. Supervision challenges (mirroring the ones described above)
    - ii. Lack of financial inducement for dual licensure
    - iii. General misalignment of incentives
  - c. Capacity and Staffing:
    - i. Supervision challenges due to financial and staffing constraints
    - ii. High burnout and turnover due to high caseloads and low wages (including peer caseloads)
    - iii. Clinics losing staff quickly post-licensure across different settings (to private practice, hospital systems, schools and state agencies) due to benefits, pay, patient complexity, and schedule disparities
  - d. Financial Sustainability & Compensation:
    - i. The unpredictability of Medicaid rates makes it challenging for employers to maintain appropriate wages to retain staff
    - ii. Unpaid internships and low wages drive burnout
    - iii. High financial costs of existing workforce pathways
  - e. Skill Development & Career Pathways:
    - i. The need for skill development career pathways across all levels of workforce, including peers
    - ii. The need for interprofessional education among behavioral health roles to help teams understand each other's roles and how to best work together, especially as new professions emerge



- iii. There has been work done through the University of Washington (UW) Ballmer Group cohort to support skill development and enable people to more successfully place into community behavioral health settings, including a renewed focus on tangible skills that students may not get through their practicum
    - f. Administrative Burden:
      - i. Lack of alignment between electronic health record (EHR) systems
      - ii. Burdensome state-level reporting and audits across multiple agencies
      - iii. Data requirements that include duplicative assessments and re-traumatization of patients
      - iv. The need to segment out the different types of administrative burden to help better tackle this topic – including categories such as documentation, regulatory requirements, and trainings
      - v. A potential solution in the context of the strategic plan may be to propose fundamental restructuring to create a single regulatory authority that houses the various aspects of the behavioral health system in one place
  3. There are additional topics for the subgroup to work through in the coming meetings, such as recruitment into behavioral health professions and support and clarity surrounding the pathways into and through the system.

## **Timeline and workplan for W&Rs deliverables to Washington Thriving and Next Steps**

1. From April through July, the subgroup will be primarily focused on flushing out the inputs above for the purpose of the strategic plan.
  - a. There will be multiple opportunities to iterate with the Washington Thriving team as materials develop.
  - b. The goal is to have inputs to deliver to the strategic plan team for consideration and incorporation into the plan by the end of July.
2. There will be an opportunity to discuss overarching items for the CYBHWG in addition to the strategic plan work, later in the year.
3. Calendar invites will be sent out soon for upcoming subgroup meetings, with the intention of continuing holding meetings on Wednesdays twice per month.
4. If you have additional workforce thoughts that you'd like to talk to the subgroup leads about one-on-one or in small groups, reach out to Renee Fullerton at [renee.fullerton@wtb.wa.gov](mailto:renee.fullerton@wtb.wa.gov).

# Washington Thriving Updates



# Where are we in the process?

## PHASE 1: VISIONING

## PHASE 2: ASSESSING CURRENT LANDSCAPE

## PHASE 3: IDENTIFYING STRATEGIC PRIORITIES

## PHASE 4: MOVING TO ACTION

Exploring  
(open processes)

Making choices  
(narrowing processes)

WE ARE  
HERE

### Phase 1 questions:

What's the vision?  
What is the ideal continuum of care?

### Phase 2 questions:

Does WA have the right services and supports?  
Does capacity for each meet the need?

### Phase 3 questions:

What are the gaps, and how can we fill them?  
What are the key levers for change with the greatest promise?

### Phase 4 questions:

How do learnings inform the strategy?  
What are the short- and long-term wins?  
How will we know we're on the right track?

Nov  
2025

Submit  
Strategic  
Plan to  
Leg

IMPLEMENTATION

Two intersecting, iterative strands of work inform the process



PEOPLE CENTERED ACTIVITIES – COMMUNITY ENGAGEMENT AND FEEDBACK

EVIDENCE BASED ACTIVITIES – DATA, RESEARCH, AND INNOVATION

# Context

- Constrained state fiscal environment limits appetite for individual recommendations
- Uncertainty around impacts of federal changes (on funding, on specific programs, on specific communities)
- P-25 Strategic Plan due to Legislature November 1
- Governor's transition team has indicated support for the CYBHWG and Washington Thriving to inform direction on behavioral health
- CYBHWG members expressed a desire for future recommendations to be more cohesive and less numerous

# CYBHWG priority this year: Provide input to and approve P-25 Strategic Plan

## Proposed approach for 2025

- CYBHWG's primary recommendation will be for the Legislature to adopt and resource the Strategic Plan as the guiding framework for P-25 behavioral health in Washington
- CYBHWG will dedicate at least half of its meeting time to the Strategic Plan this year
- CYBHWG subgroups will focus their effort this year on providing input and recommendations to the Strategic Plan elements in their domain
- CYBHWG will hold a consensus vote in October to approve submitting the Strategic Plan
- Hold space for timely, emergent overarching recommendations and for preserving and protecting legacy CYBHWG recommendations that are not otherwise being championed

**Washington Thriving Advisory Group** is the key body influencing direction of P-25 Strategic Plan.

**CYBHWG** is the sponsor and ultimate decision-maker.



# Why We Are Here

## Goals for the preliminary sessions:

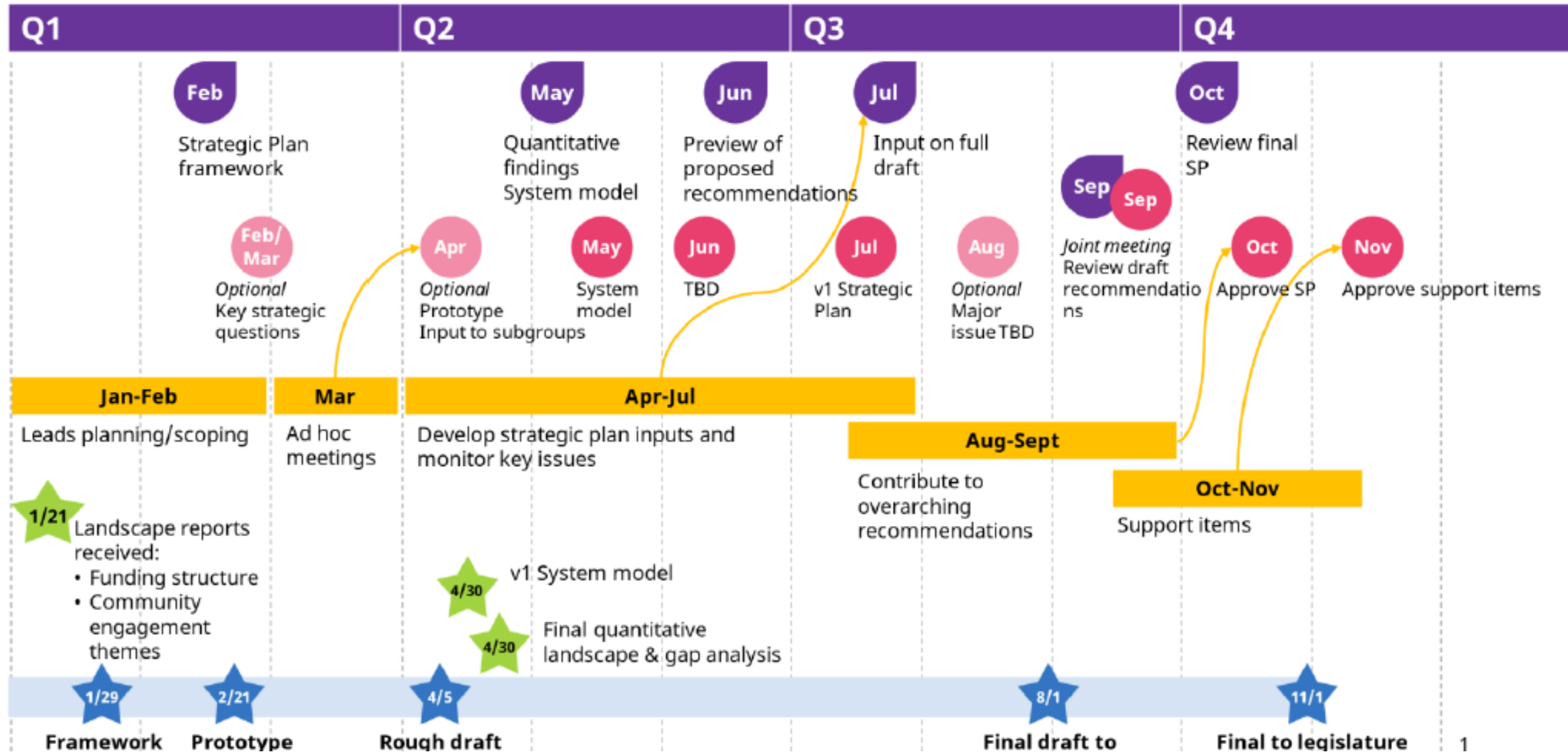
Identify & narrow the P5RH Subgroup scope to focus on our highest priorities

Identify opportunities for expanded community engagement to best inform the development of inputs to WA Thriving

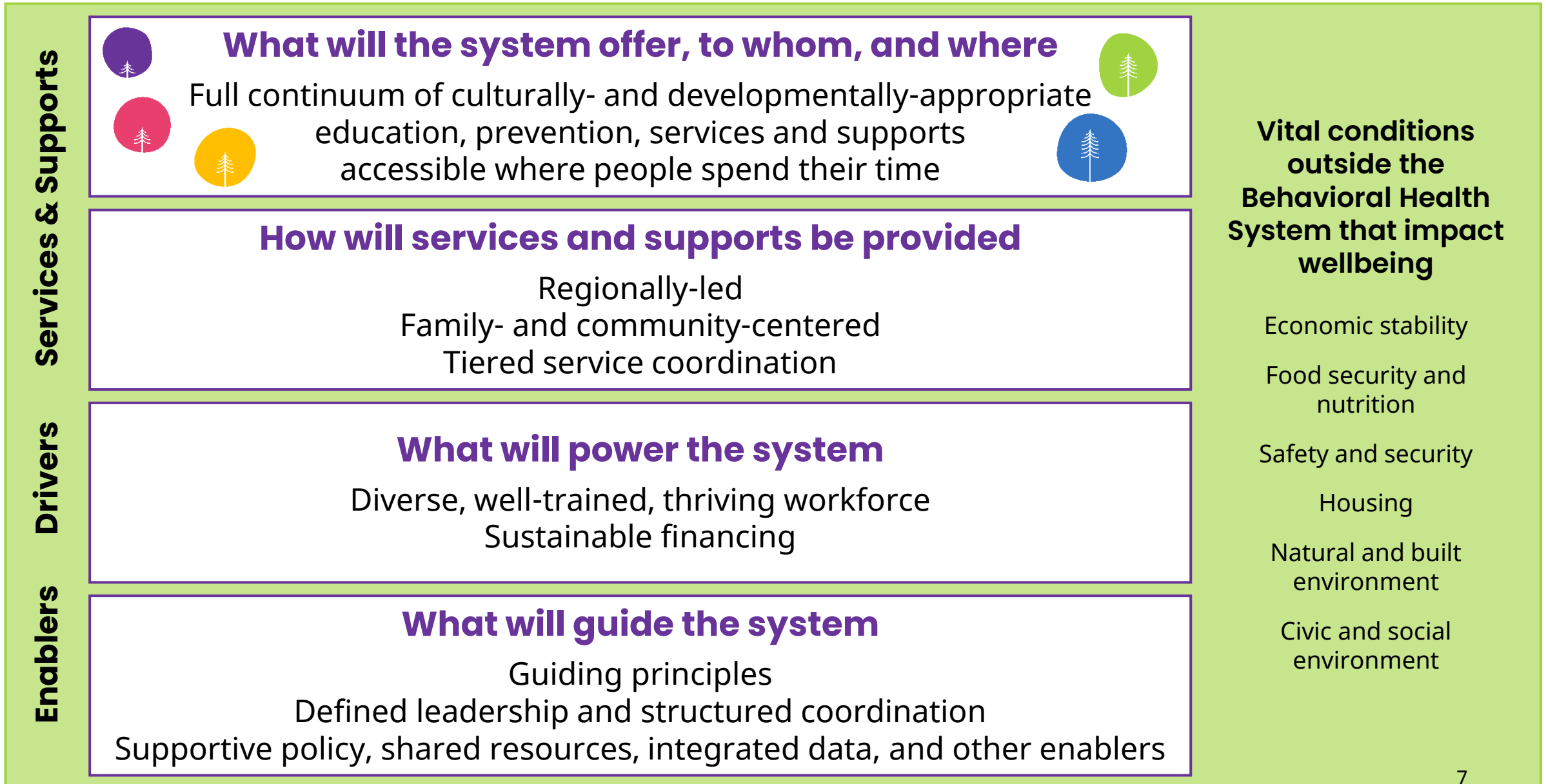
## Goals for the year:

Contribute to 1-3 key P-5 issues critical to the P-25 Strategic Plan  
Identify other continuing and/or urgent P-5 issues not championed by others to be considered as Overarching recommendations or Support Items of the CYBHWG

# 2025 Overview



# The Strategic Plan will address these areas



# The Strategic Plan will likely be structured as follows

SECTIONS	CONTENT
Section 1: Introduction	<ul style="list-style-type: none"><li>• Executive summary &amp; letter from co-chairs</li><li>• Washington State context &amp; legislative charge</li><li>• Summary of plan structure</li><li>• Methods &amp; approach (high level)</li></ul>
Section 2: Current State	Summaries of: <ul style="list-style-type: none"><li>• current landscape (supply &amp; demand)</li><li>• bright spots in Washington's system</li><li>• gaps, barriers, &amp; challenges</li></ul>
Section 3: Vision for Washington's P-25 BH System of Care	<ul style="list-style-type: none"><li>• Washington Thriving's purpose &amp; vision</li><li>• Thesis statement: Ideal vision for the P-25 BH system</li><li>• System of Care components and principles</li></ul>
Section 4: Strategic Recommendations <i>Relevant to today's discussion</i>	<ul style="list-style-type: none"><li>• Early prototype currently includes 17 recommendations &amp; 52 sub-recommendations under 7 categories</li></ul>
Section 5: Next Steps	<ul style="list-style-type: none"><li>• High level roadmap (sequence, pace, where to start)</li><li>• Measuring success over time: indicators &amp; data dashboard</li></ul>
Annexes	<ul style="list-style-type: none"><li>• Activities undertaken in SP planning process</li><li>• Inputs to SP</li><li>• Register of involved parties with heat maps/disaggregation</li><li>• Backlog of specific recommendations</li><li>• Bibliography, relevant literature references</li><li>• Definitions &amp; acronyms</li></ul>

WORK IN PROGRESS  
NOT FOR CIRCULATION

# Work-in-Progress: Recommendation Areas (1/2)

WORK IN PROGRESS  
NOT FOR CIRCULATION

## I. STRATEGIC SYSTEM LEVEL

- A. **Establish Clear System Leadership & Coordination:** Create defined leadership and coordination requirements at state, regional, and local levels
- B. **Develop Comprehensive System Infrastructure:** Support P-25 Behavioral Health system with data integration, service standardization, technology, and quality management

## II. UNIVERSAL EDUCATION, PROMOTION, & PREVENTION

- A. **Invest in Behavioral Health Promotion, Education, & Universal Prevention:** Invest in population-level education, promotion, wellness, and prevention

## III. AGE/STAGE-SPECIFIC SERVICE DEVELOPMENT

- A. **Support Prenatal to Age 5:** Focus on early development, prevention, intervention, and holistic family supports
- B. **Enhance School-Age Services (6-17):** Build behavioral health literacy, wellness, and resilience through school-based services
- C. **Create TAY-Specific Service Set (18-25):** Develop comprehensive transition age youth service set

## IV. SERVICE CONTINUUM DEVELOPMENT

- A. **Strengthen Early Identification Systems:** Develop comprehensive early identification and support systems with pre/post-diagnosis support
- B. **Expand Service Array Options:** Build comprehensive System of Care addressing specific gaps and needs
- C. **Strengthen Crisis & Acute Care:** Enhance crisis response infrastructure and stabilization services
- D. **Build Recovery & Support Services:** Provide sustained community-based support post-treatment/crisis

# Work-in-Progress: Recommendation Areas (2/2)

WORK IN PROGRESS  
NOT FOR CIRCULATION

## V. FAMILY WELLBEING SUPPORTS

### A. Provide Familial Support through Young Person's BH Journey:

Provide comprehensive support through the diagnosis, treatment, and recovery journey

### B. Support Overall Health & Wellness of Family & Caregivers: Address the needs of caregivers and the whole family

## VI. CROSS-CUTTING SYSTEM REQUIREMENTS

### A. Develop a Diverse, Well-Trained Workforce in Sufficient Number:

Invest in diverse, well-trained workforce meeting P-25 population needs

### B. Transform Financing & Payment Mechanisms: Redesign funding ecosystem with sustainable revenue sources and payment models

## VII. CROSS-CUTTING SERVICE REQUIREMENTS

### A. Ensure Cultural & Linguistic Competency: Build culturally and linguistically competent services across the continuum

### B. Ensure Trauma-Informed Care: Implement comprehensive trauma-informed strategy throughout system

### C. Health Equity Focus: Reduce/eliminate disparities across demographic factors through system design and service delivery

# Key themes emerging for W&R -specific Strategic Plan recommendations

**SCOPE:** *Develop and Sustain a Diverse, Well-Trained Workforce in Sufficient Number: Invest substantially in a diverse, well-trained, geographically distributed, thriving workforce in sufficient number to meet the needs of Washington's P-25 population.*

Address Prevention Issues & Reduce Burnout	Address P-25 BH workforce retention issues by ensuring that the most significant problems that prevent this population from thriving in their profession and/or place of employment are alleviated, such as administrative burden.
Multi-level BH Professional Pipeline Development	Develop a Washington State behavioral health professions strategy and programs, with pathways, incentives and investments focused on diversification to underserved areas and providers who represent traditionally underserved populations.
Alternative Workforce Development	Expand peer support specialist pathways, enable community health worker roles, create cultural broker positions, support parent partner programs, and build career advancement opportunities.
Training Supports and Professional Development	Prioritize training supports and professional development opportunities that provide growth paths in chosen career trajectories and professions, and increased mobility within the P-25 behavioral health system
Geographic Distribution Strategies	Address geographic disparities in workforce -- and in particular for high demand positions for P-25 BH -- in Washington State.