Notes

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

May 15, 2025

Glossary of Terms

CHW: Community Health Worker
CYBHWG: Children and Youth Behavioral Health Work Group
EHR: Electronic Health Record
HCA: Health Care Authority
SUDP: Substance-Use Disorder Professional
WA Thriving: Washington State Prenatal through Age 25 (P-25) Behavioral Health Strategic Plan
WISe: Wraparound with Intensive Services

Meeting Topics

Review Washington Thriving process, timeline, and subgroup progress to-date
Discussion of emerging priorities
Next steps & close

Discussion Summary

Washington Thriving process, timeline, and subgroup progress to-date

1. Washington Thriving (P-25 Behavioral Health Strategic Plan) is seeking synthesized input from the Workforce & Rates Subgroup to shape the developing Strategic Plan, focusing on system-level challenges and proposed improvements in workforce and rates. This includes exploring new ideas and building off existing work to inform a high-level narrative and potential strategic solutions.
2. The subgroup's input will guide Strategic Plan language, serve as a foundation for workforce and rate-related assertions, and contribute to supplemental issue briefs.
    a. The aim is to address core problems such as underinvestment and system complexity through actions that sustain the workforce and improve efficiency.
        i. Priority areas include workforce pathways, administrative burdens, retention and supervision, and financial sustainability.
        ii. Due to fiscal constraints and a projected budget deficit, there is a high bar for recommendations that require funding.
        iii. Work aligning with Strategic Plan priorities and/or preserving existing legacy items will be prioritized when considering recommendations for 2026 session.
3. Timeline
    a. The subgroup will be focused on developing narrative frameworks and actionable roadmaps for input to the Strategic Plan now through July.
    b. CYBHWG legislative recommendations and support items for 2026 will be developed between July and September.
    c. Initiatives being championed by external entities will be considered as support items for inclusion in the CYBHWG legislative report.

Group Reflection on Scope and Areas of Focus

1. Scope
    a. Goal: Establish a clear, vision-oriented narrative, building off existing work and illuminating/aligning pragmatic strategies to create and sustain a thriving behavioral health workforce in Washington State.
        i. The subgroup will prioritize operationalizing goals where subgroup expertise is most poised/needed to move from aspirational to actionable plans
        ii. Greater focus is needed on foundational, core workforce development efforts.
        iii. A structured document aligning narrative with strategy is preferred, regardless of how the final input is used by others.
        iv. The subgroup acknowledges they may not control final decisions but aims to provide well-developed recommendations that are ready for integration into broader plans.
2. Focus areas
    a. Pathways to the workforce
        i. Information about behavioral health roles is insufficiently disseminated and lacks clarity on pathways and stack ability between roles
        ii. Awareness gaps persist about educational program availability, especially at community colleges.
        iii. Entry-level positions often have no formal credentials, making career advancement and system coherence difficult.
        iv. Career pathways often appear stagnant, leading to lack of motivation for training or professional development.
        v. Emergent Behavioral Health technician roles, Substance Use Disorder Professionals (SUDPs), and apprenticeships show promise but need clearer and concerted integration with systems like K–12.
        vi. There is concern that important aspects like cultural competency and developmental attunement are not well reflected in existing scope statements
            1. There is a need to analyze barriers to diversity, training quality, and workforce sufficiency in concrete terms
    b. Retention & reimbursement
        i. Funding is insufficient, and infrastructure overly complex, to support appropriate compensation for behavioral health professionals, quality training and supervisory opportunities, and the operational capacity of their supporting organizations.
            1. There is a need to explore the system-level narrative behind low reimbursement rates and the policy motivations that hinder retention
            2. Collective care practices should be explored to improve retention, such as lowering caseloads and enhancing relational and community-based support.
        ii. Workforce often feels undervalued, which impacts retention and must be directly addressed
            1. Feeling valued is strongly linked to retention, and this includes fair compensation and recognition of workforce contributions

iii. Supervision should be evaluated not only as a requirement but for its policy purpose and contribution to care quality and patient outcomes
    1. Strategies should include identifying which supervision models are effective and why
iv. Reimbursement reforms should be comprehensive and prioritize all aspects, not just specific populations or roles
v. The narrative must go beyond workforce perspectives to include systemic motivations behind policy and administrative requirements
    1. There is a call to question why systems impose certain burdens (e.g. high caseloads, excessive paperwork) when they negatively impact the workforce
vi. The group expressed a unified stance that reimbursement reform must address funding for high-need populations, new and alternative roles, and other approaches simultaneously.
vii. Participants discussed a new Community Health Worker (CHW) benefit available. The benefit is not specific to mental health or P-25.

c. Administrative Burden
    i. Families face significant administrative strain, such as having to repeat behavioral health histories across unconnected systems, which is both emotionally and financially taxing (e.g., Wraparound with Intensive Services (WISe) program experiences).
    ii. Providers are overwhelmed by duplicative requirements, including extensive training, credentialing, and data collection processes that consume time and resources.
        1. Licensing visibility, gaps in oversight and system accountability.
    iii. Data collection can be perceived as invasive, adding to provider and family frustration, reduced trust and coordination, and contributing to burnout.
    iv. Billing responsibilities at the practitioner level creates additional stress and diverts attention from client care.
    v. Information silos across systems hinder coordination and increase redundancy, especially when no shared behavioral health record exists.
        1. There is a strong need for a universal behavioral health system or a requirement for Electronic Health Records (EHRs) to provide native integration to streamline communication, reduce duplication, increase provider/patient visibility, and ease burden.
    vi. A shared narrative should focus on reforming regulatory, training, and reporting systems to reduce inefficiencies and better support both providers and families.

Next steps & close

1. Volunteers are needed to continue discussion in-between subgroup meetings on the narrative and strategy for priority areas: Workforce Pathways, Retention and Reimbursement, and Administrative Burden. Please email if you're interested in participating.
    a. Pathways: renee.fullerton@wtb.wa.gov
    b. Retention and Reimbursement: hugh.ewart@addunahealth.com
    c. Administrative Burden: dboggess@bhcatalyst.org

2. The subgroup will meet next on Wednesday, May 28th from 10-11:30am. *If you are not already on the W&R mailing list and would like to be added, you can email cybhwg@hca.wa.gov indicating your preference.*