



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

June 10, 2025

Glossary of Terms

CCBHC: Certified Community Behavioral Health Clinic

CHW: Community Health Worker

CYBHWG: Children and Youth Behavioral Health Work Group

DCYF: Department of Children, Youth and Families

DSHS: Department of Social and Health Services

ECEAP: Early Childhood Education and Assistance Program

HCA: Health Care Authority

IECMH-C: Infant and Early Childhood Mental Health Consultation

MCO: Managed Care Organization

PAL: Partnership Access Line

WSAC: Washington Student Achievement Council

Meeting Topics

Washington Thriving process and timeline + W&R progress to date

Breakout Groups - Continued discussion to align on key inputs to P-25 Strategic Plan

Next steps

Discussion Summary

Washington Thriving process and timeline + W&R progress to date

Renee Fullerton- Workforce Training and Education Coordinating Board, Hugh Ewart- Adduna Health Partners

1. The Workforce & Rates Subgroup is in the development phase of inputs to provide Washington Thriving for the Strategic Plan.
2. The three main priorities have been identified: pathways to the workforce, administrative burden, and retention combined with financial sustainability and compensation.
 - a. Each priority area is being developed separately with the understanding that all areas are interconnected and will ultimately be tied together with the drafting of the write-ups for the Strategic Plan.
 - b. Breakout groups utilized a digital whiteboard to capture ideas and connect topics.
3. Timeline update:
 - a. June 26 – Breakout groups discuss write-up outlines
 - b. July 9 – Breakout groups workshoping draft write-ups
 - c. July 23 – Review and align final write-ups to submit July 25 & continue discussions on 2026 priorities



Breakout Groups - Continued discussion to align on key inputs to P-25 Strategic Plan

Breakout rooms discussed the intersections of challenges and solutions within the topic areas of Pathways to the Workforce, Administrative Burden, Retention + Compensation and Financial Stability.

Themes from the Pathways conversation continued with:

1. K-12 Career Pipeline development
 - a. Do we make conversation about non-traditional students/career-switchers more explicit?
 - i. Post-High School
 1. Create more access to information on academic and career paths between High School, Higher Ed, and outside careers.
 - ii. Barrier: Perception around financial challenges
2. Competency Framework
 - a. Avoid redundant training
 - b. How to align with academic requirements, life experience, previous education (associate's degrees/apprenticeships/BH related 4-year degrees/BH related master's degrees)
 - c. Can we incorporate MSW advanced standing program model into other fields of Behavioral Health?
 - i. Examples: Marriage and Family Therapy, Clinical Mental Health Counseling, UW's Masters of Adolescent Psychology.
 - ii. Possible for Behavioral Health Support Specialists?
 - iii. Exploring Apprenticeship to Masters career development
 - d. It's important to make use of what structure we already have in place for these ideas instead of taking away from community resources. Reinforce what's already there by increasing utilization.
3. Career Advancement Pathways
 - a. Continue working with schools for co-occurring training.
 - i. Bring BH into Substance Use Disorder (SUD) Associate Programs and vice versa (bring SUD into BA/MA BH programs)
 1. How can we better bridge those pathways?
 - ii. This has been flagged as an area where we can make the most progress as other areas (competency frameworks) can run into safety challenges.
4. Training and certification gaps- are most relevant to role specialization.
 - a. Can we better train our primary care workforce to serve in behavioral health?

Themes from Retention and Reimbursement conversation included:

1. Capacity and Staffing—the group highlighted the following factors that drive challenges faced by the workforce as it related to the supply and preparedness of the workforce
 - a. Supportive Work Environment
 - i. Workers do not broadly feel they are supported adequately in terms of training, workload, and ability to process and reflect on secondary trauma experienced in the workplace
 - ii. Supported integration of bachelor's level and alternative workforce with best practices could improve staffing and capacity



- b. High caseloads
- c. High turnover
 - i. Impacts continuity of care and level of experience among colleagues
 - ii. Capacity and staffing map to community for practice/teams to support families
 - 1. Will require a billing and payment system that allows for flexibility
- 2. Workforce Wellbeing—highlighted the importance of the workforce feeling and experiencing wellbeing to maximize their success and retention
 - a. Scope issues including scope creep
 - i. Maps to example of agency – affiliated counselors
 - ii. Maps to financial sustainability
 - b. Mentorship and supportive work environment
 - i. Teach professionals how to care for self and ways to be in healthy working relationships
 - ii. Relational focus will help support/strengthen the workforce
 - c. Integrating therapeutic alliance into training
 - d. Multi-systemic therapy emphasizes training/supervision, intensive community-based training.
 - i. This could be a solution for preventing burn out and retaining talent
- 3. Financial Sustainability and Capacity
 - a. Adequate Medicaid reimbursement writ large across the age setting and acuity continuums
 - b. Medicaid reimbursement for supervision time
 - i. This concept overlaps with cost and supervision

Themes from the Administrative Burden discussion group:

- 1. Redundant and Inconvenient Training Requirements for Agencies and Providers:
 - a. Agency on-boarding trainings, WISE trainings and Crisis trainings are time consuming and costly and there needs to be coverage for the programs while staff are being trained.
 - b. No process for approving agency provided trainings for WISE and Crisis staff
 - i. In-person state trainings are often redundant to in-house trainings
 - c. Amanda Saxon and Mary Stone-Smith volunteered to work on this topic for the Admin Burden section of the WT recommendations
- 2. Auditing Issues in Intensive Services
 - a. Agencies are audited by all MCOs, BH-ASOs, and Commercial Insurance
 - i. Audit tools and information requirements are not standardized
 - b. Example from Catholic Community Services: 14 audits within 16 months, with only 1 corrective action, maybe those with lower corrective actions could be exempt?
 - c. Could a tool or standardized audit be developed that would be more consistent and used across MCOs?

Next steps

- 1. Thank you to everyone who volunteered to help with drafting our inputs for Washington Thriving. If you're interested in assisting and have not yet volunteered, please email info@bhcatalyst.org, hugh.ewart@addunahealth.com, and renee.fullerton@wtb.wa.gov.



Notes

2. The subgroup will next meet on Wednesday, June 26th from 12-1:30pm. *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.*