



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

July 23, 2025

Glossary of Terms

AAC: Agency Affiliated Counselor
BHC: Behavioral Health Catalyst
BHI: Behavioral Health Integration
CCBHC: Certified Community Behavioral Health Clinic
CMS: Centers for Medicare & Medicaid Services
DOH: Department of Health
EBP: Evidence-Based Practice
HCA: Health Care Authority
LICSW: Licensed Independent Clinical Social Worker
LMFT: Licensed Marriage and Family Therapist
LMHC: Licensed Mental Health Counselor
MCO: Managed Care Organization
MSW: Master of Social Work

Meeting Topics

Welcome & Agenda
Drafts Review and Feedback
Legislative Session Recommendations Planning
Next Steps & Close

Discussion Summary

Welcome & Agenda

Hugh Ewart, W&R Lead, opened the meeting, outlining the agenda for the 90-minute session. The meeting was structured to spend approximately 55 minutes reviewing draft submissions and gathering feedback, followed by 20 minutes discussing 2026 advocacy and legislative recommendations.

Renee Fullerton, W&R Lead, provided context on the group's current phase, noting they are transitioning from focused work on Washington Thriving to preparing for 2026 policy advocacy work. Six write-ups have been submitted by various pen holders, with additional drafting support from Rachel Burke to help synthesize the pieces into a cohesive final product.

Drafts Review and Feedback

The group reviewed the current drafts of recommendations for the Washington Thriving Strategic Plan, with a discussion on what needed to be further developed and what is ready for submission.

1. Licensure, Training and Credentialing Complexities
Author: Amanda Saxton (not present)
 - a. Key Discussion Points:
 - i. Strong agreement this recommendation fits strategic planning level



- ii. Department of Health Processing Delays: Julia O'Connor highlighted consistent provider concerns about 5–6-month processing times for credentials, despite legislative funding for DOH improvements
 - iii. Legislative Acknowledgment: Laurie emphasized importance of acknowledging previous legislative efforts (bills 1724 and 2477) and their outcomes
 - iv. Coursework Requirements Disparity: Mary Stone-Smith detailed challenges with differing requirements between license types, particularly the burden of obtaining historical syllabi for equivalency determinations
 - v. Testing Disparities: Discussion of ongoing issues with social work licensing exams and potential alternative pathways
 - b. Feedback: Generally well-received with requests for additions regarding DOH accountability and processing timeframes.
2. Audits and Accelerated Pathways
- Author: Jess Emsley*
- a. Key Discussion Points:
 - i. Payment Integrity vs. Clinical Audits: Libby Hein clarified the important distinction between payment integrity audits (required for Medicaid compliance) and clinical audits that require extensive chart review
 - ii. Provider Burden: Mary Stone-Smith distinguished between "desk audits" that can be done electronically versus labor-intensive audits requiring manual chart extraction
 - iii. MCO Requirements: Discussion of various audit types required for accreditation and compliance purposes
 - b. Feedback: Strong support with request for clearer differentiation between audit types and their respective purposes.
3. Accelerated Pathways to the Workforce
- Author: Bill O'Connell (not present)*
- a. Key Discussion Points:
 - i. Clarity Concerns: Multiple participants found this concept confusing as presented
 - ii. Accreditation Constraints: Libby Hein raised questions about how accelerated pathways would work within existing accredited program requirements
 - iii. Retention vs. Attraction: Julia O'Connor emphasized need to focus on workforce retention, not just attraction
 - iv. Educational Efficiency: Renee Fullerton supported concepts that reduce redundant training and create smoother pathways between credential levels
 - b. Feedback: Needs significant development and clarification of implementation mechanisms.
4. Behavioral Health Training in Other Professions
- Authors: Renee Fullerton and Dan Ferguson*
- a. Key Discussion Points:
 - i. Integration Benefits: Marissa Ingalls supported the concept as fundamental to clinical integration
 - ii. Implementation Approaches: Discussion of whether to pursue through accreditation standards (soft approach) or regulatory requirements (enforcement approach)



- iii. Interprofessional Training: Emphasis on team-based care preparation during educational phase
 - b. Feedback: Generally supportive with recognition that implementation could occur through multiple pathways.
- 5. Embedded Clinical Coaching Models
 - Author: Anna Duncan*
 - a. Key Discussion Points:
 - i. Reframing Need: Anna acknowledged feedback that the proposal felt too much like a specific example rather than a system-level change
 - ii. Provider Agency Integration: Mary Stone-Smith and Paul Davis discussed how this could reduce external training requirements by leveraging existing internal expertise
 - iii. Competency Standards: Discussion of maintaining quality while reducing external training burden
 - b. Feedback: Positive reception with request to reframe as broader system infrastructure change.
- 6. People-Powered Workforce and Community Learning
 - Author: Nucha Isarowong*
 - a. Key Discussion Points:
 - i. Trauma-Informed Approach: Emphasis on how policy recommendations should be evaluated through trauma-informed lens
 - ii. Values Integration: Discussion of how this framework could influence all other recommendations
 - iii. Systems Relationship: Focus on how policies affect workforce relationships and experiences
 - b. Feedback: Recognized as important values framework that could influence strategic plan development approach, and that does not fit as a stand-alone strategic initiative in and of itself.
- 7. Value-Based Payment Models
 - a. Key Discussion Points:
 - i. Cost of Living Adjustments: Esperanza Ocegueda suggested implementing automatic rate adjustments based on annual cost of living changes
 - ii. Coordination with BHI: Noted that Behavioral Health Integration subgroup is also reviewing this proposal
 - iii. Legacy Item Status: Discussion of how this relates to existing payment model initiatives
 - b. Feedback: Support for concept with request for additional detail on implementation mechanisms.
- 8. Elements Missing from the current write ups:
 - a. Educational Debt Burden: Acknowledged as important topic not captured in current write-ups
 - b. Wage Issues: Recognition that low wages drive workforce challenges but not explicitly addressed in submissions
 - c. Coordination Needs: Several write-ups overlap with ongoing legislative and regulatory work



9. Implementation Considerations
 - a. Need to distinguish between examples and system-level changes
 - b. Importance of acknowledging previous legislative efforts
 - c. Balance between state policy solutions and private sector initiatives

Legislative Session Recommendations Planning

Hugh Ewart provided guidance on 2026 legislative recommendation development:

1. Recommendations need to take into consideration the fiscal reality. Challenging state fiscal conditions mean proposals must be no-cost or very low-cost
2. Priority Areas for 2026:
 - a. Initiatives identified in the Washington Thriving strategic plan
 - b. Proposals that protect and preserve legacy items
 - c. Policy changes aligned with strategic plan goals that require minimal funding
3. Next co-chair and leads meeting: August 6 (focused on Washington Thriving)
4. Final subgroup legislative recommendations due: October 6
5. Legacy Items Review:
 - a. Questions raised about legacy items, including educational debt relief proposals. Renee Fullerton indicated the group should systematically review previous initiatives early in the upcoming meeting cycle to determine which meet the 2026 criteria.
6. Action Item: Hugh and Renee will reach out to co-chair Rep. Allen and other legislative members to clarify the definition of "low cost" for budget proposals.

Next steps

1. Thank you to everyone who volunteered 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.
2. The subgroup will next meet on Wednesday, August 6th from 10:00-11:30am. *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.*