Children and Youth Behavioral Health Work Group – Workforce & Rates Subgroup

CYBHWG Workforce & Rates subgroup

Leads: Hugh Ewart and Laurie Lippold

Respite for youth with behavioral health issues
Tina Burrell, Health Care Authority (HCA)

Highlights
- HCA is consulting and working with Mercer to develop an option paper and authority options paper around behavioral health respite, which will offer possibilities as to how decision makers might move forward.
- Legislative language directs HCA to work with DDA and DCYF and consult with Mercer to make sure the options or decisions that might move forward for funding for behavioral health respite do not impact respite services that are currently provided.
- Mercer provided HCA a final draft paper on June 30th.
- HCA has forwarded the final draft paper to DDA and DCYF, with a July 15th deadline for review.
- The final draft will then be shared externally for feedback on the document language (no major edits), with a target of July.

Families and provider access survey update
Hugh Ewart, Jr. Day (Intern), Neila Agarwal (Intern), Seattle Children’s
See page 4 for slides

Highlights
- Overall, across all regions families said that wait times are longer than reasonable for all forms of service in all regions (rural, suburban, urban).
- Putting out a call for anyone on the subgroup interested in volunteering for further supporting and developing the survey. Contact Hugh Ewart

Discussion Q/A
- Would like to see data overlapped with data from Emergency Department visits across the state.
- The survey went out to providers across different pediatric networks, not just Seattle Children’s Clinics/providers.
- The survey data was insurance blind.
- Do we have demographics for caregivers and providers?
  - No, demographics are not available.
- Do we know how many services these families needed to access but couldn’t access?
  - There were broader buckets as described in the slides but did not get any more specific than that for this data.
  - Survey includes questions that asks if they did not receive services why they were not able to, or those who said the services weren’t helpful. This data will take longer to review.
- Did the survey ask about access to transportation?
  - No, the survey did not ask about transportation.
- Is there any regular assessment of system users especially in HCA funded services?
  - We did not ask about diagnosis or condition. Next iteration possibility!
- Was there a question for families about where residential treatment is accessed (in WA vs outside of WA)?
No, they were not asked where they received residential treatment.

- If WISE was included, which category would it be in?
  - WISE was not a category of its own but likely included in intensive outpatient care.

**Chat:**

**Gaps Analysis of Research/Evidence-Based Treatment for Children’s Public Mental Health in Washington State.**

**Other updates**

**Nova Gattman, Workforce Training Board (WTB)**

**Highlights**

- Analyzing all the recommendations since 2016 to report on the status of those recommendations to understand what has been done and what is left to be done.
- Breaking the recommendation information into five categories; reimbursement, expanded training, recruitment and retention, regulation of behavioral health profession, and supervision.
- Next steps are estimated to take place in August and include developing a visualization and starting to hold some small focus groups and interviews.
- Will use the information gathered to inform what is introduced in upcoming legislation.

**Chat:**

**Behavioral Health careers marketing campaign Update:**

- We are preparing for phase II of the BH careers marketing campaign.
- As a reminder, the purpose is to encourage more people to join the BH workforce by raising awareness of the many rewarding career opportunities.
- In phase II:
  - We’re going to tape 3 to 4 employee testimonials from people doing the work.
  - Interviews will require 1-2 hours of commitment.
  - Filming will be the first week of Aug. in Seattle.
- We’re looking for workers that represent diversity in terms of age, ethnicity, language, and other factors.
- We will also be hosting a discovery session with stakeholders in Mid-July that will inform campaign strategy.

**Children and Youth Behavioral Health Work Group (CYBHWG) Update:**

- July 11th workgroup meeting will present implementation updates for 2021 and 2022 legislation from various agencies. Recording link here.
Attendees

Neela Agarwal, Seattle Children's intern
Vaughnetta Barton, University of Washington (UW)
Kelsey Beck, Kaiser Permanente
Rachel Burke, Health Care Authority (HCA)
Tina Burrell, HCA
Phyllis Cavens, Child and Adolescent Clinic
Donna Christanson
Thalia Cronin, Community Health Plan of Washington (CHPW)
J.R. Day, Seattle Children's Intern
Gabe Evenson, HCA
Hugh Ewart, Seattle Children's
Kiki Fabian, HCA
Nova Gattman, WA Workforce Board (WTB)
Elias Hawa, CHPW
Robert Hilt, Seattle Children's
Kristin Houser, Parent
Marissa Ingalls, Coordinated Care
Barb Jones, Office of the Insurance Commissioner (OIC)
Terry Lee, CHPW

Joe LeRoy, HopeSparks
Laurie Lippold, Partner's for Our Children
Julia O'Connor, Washington Council for Behavioral Health
Avery Park, Advocate
Kathy Patterson
Steve Perry, HCA
Sarah Rafton, WCAAP
Sharon Shadwell, Department of Children, Youth and Families (DCYF)
Mary Stone-Smith, Catholic Community Services
Suzanne Swadener, HCA
Andy Toulon, Legislative Staff
Sarah Walker, UW
Monica Webster, HCA
Cindi Wiek, HCA
Larry Wissow, UW
Sherry Wylie, HCA
Cesar Zatarain, HCA
Results of Mental Health Provider Access Survey

Service Availability Based On Location
A Big Thank You To:

Rachel Burke with HCA for all your work on the survey
Marie Augustine with Seattle Children’s for data analysis
Background:

• Workforce and Rates Subgroup created a survey on access to mental health services.
• Survey was sent to caregivers and providers.
• Asked questions about wait time to access care as well as travel time to access care
• A common desire to understand access issues in Washington
Background:

• 208 caregiver responses
• 176 mental healthcare provider responses
A Few Things to Remember:

- Small sample size
- Convenience sampling
- Multiple choice options for responses varied by service
Word Cloud of Themes
Travel Time:

How would you describe the travel time reasonability based on where you live?

Total Responses: 57
Family Responses to Inpatient Travel Time

Travel Time:
How would you describe the travel time reasonability based on where you live?

Total Responses: 23

Family Responses to Residential Tx Travel Time

Total Responses: 31
Family Responses to Crisis Services Travel Time

Total Responses: 50
Family Responses to Outpatient Wait Times

- 89%: 149 Responses
  - Waiting Time Shorter than Reasonable
  - Waiting Time at Reasonable
  - Waiting Time Longer than Reasonable

- 3%: 5 Responses

Family Responses to Intensive Outpatient Wait Times

- 85%: 52 Responses
  - Waiting Time at Reasonable
  - Waiting Time Longer than Reasonable

- 15%: 9 Responses
Family Responses to Inpatient Wait Times

- 92% (22 responses) Waiting Time at Reasonable
- 8% (2 responses) Waiting Time Longer than Reasonable

Family Responses to Residential Tx Wait Times

- 69% (24 responses) Waiting Time at Reasonable
- 26% (9 responses) Waiting Time Shorter than Reasonable
Family Responses to Crisis Services Wait Times
How would you describe the wait time for the desired service?

- 82%: 40 Responses
- Waiting Time Shorter than Reasonable
- Waiting Time at Reasonable
- Waiting Time Longer than Reasonable

2%: 1 Response
Family Responses to Wait Times by Region:
How would you describe the wait time for the desired service based on where you live?

- Wait Shorter than Reasonable: 3% (Rural), 2% (Suburban), 4% (Urban)
- Wait at Reasonable: 9% (Rural), 7% (Suburban), 9% (Urban)
- Wait Longer than Reasonable: 88% (Rural), 90% (Suburban), 87% (Urban)

Total Responses: 168
Discussion:

• What surprised you?
• What did not surprise you?
• What can we learn from this information?
Thank You!