Workforce & Rates Meeting August 24, 2020

Agenda Items	Summary Meeting Notes

Introductory Discussion: **Digital Health**	**Sarah Walker (UW Behavioral Health Institute)**
	• UW BHI is interested in looking at issues around access and alleviating workforce burden in some clinical categories.
	• Looking into asynchronous digital therapeutic support that could be used by a therapist or non-therapist– these could be direct to client, online, and/or workshop formatted products (some examples are already in the market place or can be developed).
	• These are exploratory efforts aimed at taking pressure of the workforce – as we're seeing mental health needs increasing and a potential of workforce shrinkage.
	• UW BHI will do more exploration and come back with a specific ask.
	• The impact of this work on behavioral health rates and workforce depends on how rates are defined (how clinics can bill for time that clients spend on these platforms; would not work against the bottom line of the clinics staying open and their ability to pay staff).
	• Providers could have multiple clients working through these platforms simultaneously – this in turn might help with outcomes, sustaining engagement, less turnover, and increased access.
	• Work is in early stages; need to ensure it does not undermine the financial solvency of community mental health centers.
	• Acknowledge the concerns around the advantages and disadvantages associated with telehealth; important to decide what clinical areas and clients are appropriate.
	  ○ May not be suitable for clients with complex needs.
	  ○ Could support access for lower severity clients and serve as a stopgap or bridge between primary care and specialty mental health care.
	• There is evidence to indicate you can transfer skills through these platforms and clients have been satisfied.
	• The platforms have a psycho-educational component to them; would focus on coaching skills that parents could apply at home.

Network Adequacy Super Submarine Group	**Hugh Ewart (Seattle Children's)** • Follow-up discussion from super submarine group: Are there some things that can be done through the policy making process that we could consider endorsing as a group for the next session? • Some gaps in terms of finding providers in specialty areas that have availability in their panels (i.e., clients under the age of 12, clients on the autism spectrum [ABA certification], intellectual and developmental disabilities, eating issues, compulsive disorders, substance abuse, psychosis, co-morbidities, foster care, etc.) • Family and primary provider education has been identified as a potential area to explore. The Community Mental Health Referral Assist Program is one place this happens. • One best practice observed: connecting a carrier with a staff member who can work with them to find the right place; this can facilitate a more efficient, quicker placement. • Potential improvement: Standardized website for all carriers.

	• Identifying where telehealth is helpful and where it is not. Very challenging for kids on the autism spectrum.
	• Length of service/time early career providers have at community behavioral health agencies.
	
	Discussion:
	• Important to coordinate efforts that intersect with P–5 subgroup (i.e., autism assessment & center of excellence issues)
	• Wages are critical in our ongoing efforts to diversify the field, especially around recruitment.
	• From a policy perspective on workforce, we need to look into:
	  ○ How long people do stay in their initial jobs?
	  ○ How does that compare to people in relatively similar circumstances? (i.e., how long do people stay in rural areas who get loan forgiveness/scholarships, how long do community & mental health centers with similar types of rates stay in those jobs)
	  ○ Is there anything we can learn - what are retention strategies considering the tough budget session ahead?
	  ○ How does the group want to address the behavioral health career ladder/growth opportunities?
	• Are rates the primary driver for the behavioral health workforce?
	  ○ Both rates and availability of appropriate providers who can deliver the service (i.e., very young children, DD, specialized areas).
	• Do we have an inadequate number of providers primarily because of rates?
	  ○ Yes – pay/rate is the primary driver!
	  ○ There are opportunities for specialty trainings once they get are hired to provide care for the populations we serve. Additionally, there are tuition reimbursement programs to support continued education (co-occurring therapists, substance use disorders professionals, and mental health professionals) .
	  ○ The pool to choose from is very small – all we are asking for is a Master's degree.
	• All carriers don't have case managers to help with referrals. It is very important to parents to have this kind of help navigating the system. We really need the referral assistance team to help fill this role!

Rates Super Submarine Group	**Hugh Ewart (Seattle Children's)** • Rates are determined retrospectively – 2021 rates will be based on 2018-2019 data, looking at trends in rates and specifics in how many of the services are Medicaid eligible. • Follow-up discussion w/ Christy Vaughn to understand HCA's process with the actuaries, the role of CMS, and the impact on behavioral health providers. • The process is driven by the CMS regulations. HCA contracts with managed care organizations (MCOs), not providers, and can only set rates for MCOs (per member per month). It cannot influence the rates that MCOs pay providers (set in contracts between MCOs and providers). • The Legislature can appropriate funds to HCA to distribute with the purpose of paying rates (as with 2020 rate increases that were later vetoed). This is the avenue that this work group could pursue. **Christy Vaughn (HCA)**

	• MCOs may or may not be aware of the behavioral health issues that need to be address in the managed care rates. Everything that needs to be addressed is not necessarily communicated to HCA by the MCOs. • HCA relies on information from the Behavioral Health Organizations (BHOs) that converted to IMC in 2020 and mid-2019, for the rest of the regions, HCA relies on MCO data. • HCA's official data request is to the MCOs. We expect they are working with their provider group to get us a complete picture of what is going on. • This year's process: We are still gathering information from the MCOs to ensure we have all the information to inform assumptions used in the rate development. If you have information that has not been conveyed, it's worth double-checking. • The process is for us to work with the MCO's and that information to come from them. There is not a direct vehicle for bypassing the MCOs to ensure that all concerns in the rate development are addressed. I do not know if we have a solution for that – but we do have the desire to make sure folks understand exactly what is going into the rate development, and what we can and can't do. • The rate setting process is not a vehicle to change what funding is available to pay for services; rather, it's a vehicle to capture what has been paid and make distinct adjustments to help us determine what is adequate in 2021. • We are working to add transparency to the process so that people understand what we received from the MCOs and what the actuaries are considering in the rate development. **Discussion** • Must ensure that the assumptions the actuaries are using are correct; rates may not be accurate if something is missed. Integrated managed care (IMC) is still new to the MCOs. • Recommend that HCA hold a meeting with providers, agency staff, and MCOs prior to the rate setting process to discuss assumptions that need to be included.

Workforce: Review Survey Results	**Highest priorities**
	• Telehealth (58.8%)
	  ○ Support: Develop value statement and support agenda. (Lindsey Grad to help.)
	• Conditional grants/loan repayment (56.25%)
	  ○ Lead issue
	• Availability of childcare/school age care (50%)
	  ○ Support: Develop value statement and support agenda.
	
	High or medium priority (combined ranking)
	• Required ongoing education and training regarding equity, diversity and inclusion (93.75%)
	• Incentives for supervising interns and those seeking license/certification, and availability of childcare and school age care (87.5% each)
	  ○ Need to determine our recommendation to the Workgroup
	• Apprenticeships (86.67%)
	  ○ Need to determine our recommendation to the Workgroup

Discussion: **Telehealth**	• UW has developed a synopsis of relaxed regulations and recommendations. Focus on providing training and optimizing use of telehealth. • I could see a coordinated effort aimed at accessibility and an on-going implementation plan focused on quality.

	• Telehealth is here to stay! The concern we are hearing is around telehealth impacts on rates and access disparities. • There are concerns around supply and demand (i.e., laptop shortages and supply chain disruptions) . • HCA has in place payment parity; rates are the same with telehealth as in person. For commercial, payment parity has been extended and gets extended every month. Sense is this will continue throughout the pandemic. For commercial, rates may go up or down until the parity law passes in January. • The statewide Telehealth Collaborative is a coalition working as a telehealth advisory group. They have identified the digital divide as a concern. Hugh is a member of this group. Contact Hugh at hugh.ewart@seattlechildrens.org to learn more. • Washington State Workforce Board also wants to support and collaborate with groups that are leading telehealth efforts. • Create a value statement with language that recognizes that there were motivations before and under the pandemic, equity, accessibility, and the digital divide is important. • Telehealth is coming, telehealth is good in some ways, and we want to caution lawmakers to take a slow and methodical approach as we learn more about assumptions that should be un-done and learn in ways that telehealth cannot replace in-person care.
Apprenticeships	• Lindsey spoke about the the value of apprenticeships. There will be a convening at the end of Sept. regarding jobs and competencies. The process is part of the development of a BH apprenticeship program. They plan is to submit an application to Labor and Industries in 2021 and launch the apprenticeship in the fall of '21. The ask is likekly to be $1.6m for start-up and there will be work with stakeholders in the design. There would be a role for the CYBHWG.
Loan Repayment/Conditional Grants	• How the program is structured is key in order to work well for the recipient. There is a need to really amp up the amount being invested. More $ for LR and CGs could help address turnover.
Next Steps	• Laurie will send out draft proposed recommendations related to our top items (both highest and combined highest and medium) prior to the next meeting (a straw poll of sorts). The proposed recommendations will be based on the discussions we have had to date. We will review the recs at our meeting on the 14th and determine which to advance to the Workgroup.

Presentation
Apprenticeships
	Lindsay Grad (SEIU 1199)
	
	• Represent workers at Harborview and community BH workers across Puget Sound.
	• In our experience health care apprenticeships can be transformational.
	  ○ Apprenticeships are a genuine partnership; they only exist when the workforce, industry, and K-12 pipeline actively support and co-design.
	  ○ Apprenticeships can help expedite the equity we need to see in our workforce.
	  ○ Apprenticeships make sure people are getting paid while getting their education.
	• Apprenticeships require a wage floor agreement.They are a way to correct the feedback loops and make sure we are setting the right salary assumptions into rate models, because we are agreeing on them at the front end.
	• Apprenticeships end up with more people in the workforce, increased diversity/equity, professionals will be well trained and experience less economic insecurity.

	• We need to get to a place where stakeholders are agreeing on what jobs should be eligible for an apprenticeships, so we can develop curriculum and competencies. Also need agreement from employer community to be a part of the first wave.
	• We are going to be working with the career & technical colleges, as well as four year institutions to make sure credits and experience are transferable when someone is looking to continued education or climbing the career ladder.
	• Likely to start with non-BA degrees first (agency affiliated counselors, mental health tech, and peers).
	• The apprentice application goes to Labor & Industries; apprenticeships will start next fall, if approved.
	• Will there be any legislative ask in 2021? How can we be of support?
	  ○ It would be good for this group to be part of the design and advocacy work.
	  ○ Not clear yet if grants will be eligible through CareerConnect WA or if we need to ask the Legislature for startup funds.
	  ○ Startup funds for other healthcare apprenticeships have been around $1.6 million.
	  ○ Working with stakeholders to ensure employers are using these apprentices.
	• The Harborview BHI team, King County and, traditionally, the Legislature support apprentices efforts.

Discussion: **Loan Repayment**	**Lindsay Grad (SEIU 1199)** • After spending extensive time trying to push loan repayment, we ultimately found that it has a limited benefit. • Professionals often end up leaving their first job and owing money. • Given the limited number of spots, it actually was not transformative for the field. • We ultimately ended up focusing our work on rates to raise wages and benefits. **Discussion** • Loan repayment is also a recruitment tool for underserved areas, even though they may not increase the workforce. • Conditional grants are likely to have a higher success in diversifying the workforce. • We need to avoid potential minefields in any specific recommendations. • Are there other options that would make these program stick better for BH? • To really consider a loan payment recommendation, we need to have someone from the WA Student Achievement Council present and participate in discussion. • DOH is also closely connected as they determine critical service areas identified by the federal government. • The legislature does an annual investment in this program – a few years back, they were able to invest approximately $8 million in the fund. • Conditional grants – federal and state issue: Often people change their mind about a program or course of study while they are in school. • Potential to collaborate on a recommendation with other groups championing these efforts. • Goal is to have a workforce that is not turning over – if someone changes their mind, there is not a penalty if they leave, they just have a loan to repay. • This should be a lead item as apposed to support because of what we're seeing regarding rates and diversifying the workforce. **Decision Point: Keep as a lead item.** • This is part of the work of philanthropy.

Next Steps – Developing workforce recommendations	• Laurie will send out straw poll recommendation in terms of how we deal with the other items. Next steps will involve calling on some of you to do some things before our next meeting. • May need to convene a small group to sort through where we are and what we want to advance in terms of recommendations.

Attendees

Endalkachew Abebaw (Health Care Authority [HCA])
Kevin Black (Senate Committee Services)
Rachel Burke (HCA)
Mary Clogston (Legislative staff)
Diana Cockrell (HCA)
Devon Connor-Green (Washington Chapter of the American Academy of Pediatrics)
Andrea Davis (Coordinated Care)
Jessica Diaz (HCA)
Jamie Elzea (Washington Association for Infant Mental Health)
Vicky Evans (Molina Healthcare)
Hugh Ewart (Seattle Children's)
Anusha Fernando (Molina Healthcare)
Alicia Ferris (Community Youth Services)
Nova Gattman (Washington State Workforce Board)
Lindsey Grad (SEIU 1199)
Kimberly Harris (HCA)
Dr. Bob Hilt (Seattle Children's)
Libby Hein (Molina Healthcare)
Kristen Houser (Parent)
Avreayl Jacobson (King County Behavioral Health and Recovery)
Joe Le Roy (Hope Sparks)
Laurie Lippold (Partners for Our Children)
Melody McKee (University of Washington [UW])
Julia O'Connor (Workforce Training and Education Board)
Steve Perry (HCA)
Mary Stone-Smith (Catholic Community Services of Western Washington)
Suzanne Swadener (HCA)
Christy Vaughn (HCA)
Sarah Walker (UW)
Mandy Weeks-Green (Office of the Insurance Commissioner)
Alex Wehinger (Washington State Medical Association)