

Workforce & Rates Meeting

September 14, 2020

Agenda Items	Summary Meeting Notes
<p><b>Workforce</b> Review proposed priorities</p>	<ol style="list-style-type: none"> <li>1. EDI training – Moving forward Melanie: Last year’s rec – put in continuing ed requirements on an ongoing basis when license renewal happens for all BH professionals. Details: how we define this training in statute. Suggest pulling together a group of providers; happy to do that. Question: Would this apply to physicians? Only BH realm. 5-6 years ago –WAMA was against it, however, they are relooking at their position. There was general agreement that the requirement should include all health/BH professions; however, the small group will further discuss and come back with a recommendation. Race equity, cultural. Who to target in primary care – lots of licenses?</li> <li>2. Apprenticeships Moving forward. It was agreed that it would be beneficial to have the CYBHWG play a major role in this issue. There hasn’t been a strong focus on apprenticeships for children and youth so having the Workgroup involved would be value add. Melody, Laura and Lindsey are the leads.</li> <li>3. Incentives for supervisors – Moving forward The recommendation was reviewed and generally supported. It was acknowledged that we will want to be consistent with the Workforce Board’s recs. The recommendation we reviewed was developed by the BH Council, which is also working with the Workforce Board. Some of the questions raised included What does the WAC/RCW say about supervision; what is competency? How would Medicaid billing for that work? How do Child MH specialists designation fit in? Huge gap in funding for supervisors. How do teaching hospitals do it (can’t be an admin process that’s too cumbersome)? – Some federal funding for residents...seen as inadequate; quite complex. FYI, the 1109 workgroup is recommending including a 15% enhancement in the base rate for the teaching hospital. I think we might need a similar workgroup staffed by HCA to develop a methodology for community behavioral health agencies that recognizes their training role. Budget proviso – enhancing BH reimbursement. Report being worked on. Something related to barriers?</li> <li>4. Conditional grants/loan repayment. – Moving forward The pros and cons of conditional grants and loan repayment were discussed, including barriers associated with both. It was agreed that we should better understand the barriers and perhaps focus on those, particularly given the budget situation. Leave on; flesh out or join with other groups later. Needs further discussion.</li> <li>5. Background checks – Legislation passed in 2019 (sponsored by Rep. Davis) passed that focused on working with vulnerable adults. The bill reduced time before you could work if had a MH/SUD issue and have been in remission at least a year. The Workforce Board is addressing background check issues as well and it was agreed that we need to work closely with them. Needs further discussion.</li> </ol> <p>It was agreed that we would submit these preliminary recs to the full Workgroup on the 18<sup>th</sup> particularly the 1<sup>st</sup> two.</p>

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<p><b>Rates</b> Revisit position around rate increases from 2020</p>	<ul style="list-style-type: none"> <li>• We continue to support this item.</li> <li>• Need data that shows rates are impacting access.</li> <li>• Keep it on the radar, even though there is not money right now.</li> </ul>
<p>Mental health Referral Assist Line</p>	<ul style="list-style-type: none"> <li>• Majority of inquiries are by people with private, commercial insurance.</li> <li>• Funding required to retain program is \$850K/yr – market share based contribution from the private plans. Budget ask for HCA clients alone could be half that. GF-State share.</li> <li>• Stakeholder process launching soon on implementation of 2728 to establish a sustainable funding model (shared HCA and commercial carriers) for all PAL affiliated programs– with Mary Fliss.</li> </ul>
<p>Network adequacy update</p>	<ul style="list-style-type: none"> <li>• Lack of detail in data to help us understand the needs and gaps in services available and provided</li> <li>• May want to change what data is collected – more specificity around services collected, received.</li> <li>• More to come...</li> </ul>
<p>Update: Partial hospitalization/ IOP pilot</p>	<ul style="list-style-type: none"> <li>• Seattle area/Spokane area</li> <li>• HCA meeting with Seattle Children’s and Providence Sacred Heart to figure out staffing, reimbursement, # of children served.</li> <li>• Work underway.</li> <li>• By end of year, will have a clear plan.</li> <li>• Funding in 2021 and appears to be carry forward.</li> <li>• May want to ask for additional funding for more time to explore the pilot.</li> <li>• 3 years – carry-forward budget. Preserve the funding.</li> </ul>
<p>Bidirectional/Integrated BH</p>	<ul style="list-style-type: none"> <li>• Kristin and Sarah Rafton – draft proposal for a subgroup to look at what the barriers to integrated BH in pediatric primary care. Startup costs, initial hiring, data./tech; where is it now – in certain programs; what are the criteria, where are the funds going, billing under the collaborative care codes – issues around documentation needs, etc.?. Look at it – come up with proposal for administrative, etc. Rep. Davis/Laurie/Diana – tying in</li> <li>• Beth Harvey, Lucy Berliner, others...</li> </ul>

**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)

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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)

## Proposed Priorities Regarding Workforce

### Priorities for budget and/or policy:

1. Require ongoing training and education regarding equity, diversity, cultural humility – Policy ask

[NOTE: The issue of supporting professionals of color in the workforce came up in the school-based subcommittee. Perhaps that could be further explored and included in the recommendation.]

Leads: Melanie Smith, Danie Eagleton, Laurie Lippold

2. Apprenticeships – Launch BH apprenticeships in collaboration with the Behavioral Health Institute for non-baccalaureate positions – Budget ask; Possible policy ask (TBD)

Leads: Melody McKee, Lindsey Grad, Laurie Lippold

3. Incentives for supervisors – Establish a reimbursement rate for enhanced clinical supervision of students and those seeking their certification/license. Allow for Medicaid reimbursement for this approach -- Budget ask

Leads: Philanthropic partnership, others?

4. Conditional grants/Loan repayment – Continue to explore with WSAC any changes that need to be made in order to effectively administer conditional grants. Additionally, develop a plan to transition from time-limited increases in funding from philanthropy for conditional grants to an increased public investment – Budget ask

Leads: Alicia Ferris, Philanthropic partnership

5. Background Checks – Recommend one or more of the policy items from the Workforce Board straw proposals document

Leads: Mary Stone-Smith, Laurie Lippold

### Support:

1. Telehealth – Strongly support. We will have a statement to take to the Workgroup.

Lead: Lindsey Grad will write the statement

2. Availability of childcare/school age care – Strongly support. Will have a statement to take to the Workgroup.

Lead: Mary Stone-Smith will write the statement

**Waiting for more information:**

1. Advanced peer support credential – Will recommend strongly support if the peer specialist decide to advance this.

Lead: Rep. Davis