

Workforce and Rates subgroup meeting

September 30, 2020

Action Items/Decisions					
#	Action Item	Assigned To:	Date Assigned:	Date Due:	Status
1	Schedule presentation from HCA for next meeting.	HCA staff	9/30		Completed
2	Rate increase recommendation: Completed template to Laurie, Hugh, and cybhwg@hca.wa.gov by end of day Monday, Oct. 12.	Joan Miller/ Hugh Ewart	9/30	10/12	Also ask Sarah Rafton and Mary Stone-Smith?
3	Distribute article on access issues (Nowhere to Go)	HCA staff	9/30		
4	Continuing education recommendation: <ul style="list-style-type: none"> • Work with Sarah Walker on revising with EBP lens. • Share and get feedback from other associations • Completed template to Laurie, Hugh, and cybhwg@hca.wa.gov by end of day Monday, Oct. 12. 	Melanie Smith	9/30		
5	Referral Assist Line recommendation: Completed template to Laurie, Hugh, and cybhwg@hca.wa.gov by end of day Monday, Oct. 12.	Bob Hilt	9/30		
6	Supervision incentives recommendation: Completed template to Laurie, Hugh, and cybhwg@hca.wa.gov by end of day Monday, Oct. 12.	Joan Miller	9/30	10/12	
7	Conditional grants/loan repayment recommendation: Completed template to Laurie, Hugh, and cybhwg@hca.wa.gov by end of day Monday, Oct. 12.	Alicia Ferris	9/30	10/12	
8	Background Checks recommendation – Laurie will write up ask for JJ workgroup to take the lead.. Diana will take to the work group.	Laurie Lippold/ Diana Cockrell	9/30	?	
9	Background Checks recommendation Write up statement of support	?	9/30	10/12	
10	Background Checks recommendation Follow up with Rep. Davis – Clean Slate/New Hope.	Laurie Lippold	9/30	?	
11	Reach out to WSAC re loan repayment Talk with Claudia Shanley at DOH re Rural Health loan repayment	Alicia Ferris	9/30	?	Contact from Laurie

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

12	Send all recommendations to subgroup members	HCA staff	9/30	10/13 a.m.	
13	Set up conversation with Rep. Leavitt about network adequacy	Laurie Lippold/ Hugh Ewart	9/30	?	

Agenda Items	Summary Meeting Notes
Deadline reminder	<ul style="list-style-type: none"> Recommendations due to cybhwg@hca.wa.gov by 8 a.m. on Monday, Oct. 19. Final 2020 work group meeting – Wednesday, Oct. 21, 1 – 5 p.m.
Legislative updates	<ul style="list-style-type: none"> Budget deficit All the recommendations coming from subgroups are important; prioritizing what to move forward will be difficult. Need to be very mindful and strategic in the recommendations we make. <p>Discussion/chat:</p> <ul style="list-style-type: none"> Q: Rep. Leavitt What are your top 3 priorities moving forward or top 3 critical issues? <ul style="list-style-type: none"> WCAAP: <ol style="list-style-type: none"> Payment for behavioral health counseling on Medicaid is critical. <ul style="list-style-type: none"> Payment for kids' counseling on Medicaid in WA is 55% of Medicare reimbursement for the same service or about 37% of typical commercial reimbursement for the same service. WA Medicaid pays \$39 for 30 min psychotherapy. Medicare pays \$70, and commercial insurance is typically 150% of Medicare or \$106 for the same service. Continue the PAL Referral Assist Program with the state paying only for Medicaid kids and commercial insurance contributing for the kids they insure. <ul style="list-style-type: none"> Parents cannot manage the multiple calls needed to get access and will have to delay care. Referral Assist is critical to kids getting timely help. UW Evidence-Based Practice Institute: <ol style="list-style-type: none"> Ensuring the competence of the workforce through adequate training and organizational practices Equity in the delivery of care Workforce and rates subgroup priorities below...
Rates Review likely priorities	<p>Child Referral Assist Line</p> <ul style="list-style-type: none"> Budget ask: \$850K – half will be paid by private insurers paying Let m ¾ of requests for Referral Assist Line are private, but approximately ½ of calls for all PAL lines are private insurers. System issues – providers don't take cash because commercial insurers don't pay or it's so hard to get paid. Access is available for Medicaid, but there is staff turn-over, quality of care issues. So much connects to challenges around payment processes – not an issue for this session but one to address in the future.

	<ul style="list-style-type: none"> • What we really need is an accurate way to have a provider directory. Systemic way to capture provider universe. • Referral Assist experience – providers’ availability changes day to day. A lot of times providers share info with the Referral Assist Line than they will post publicly. <p>DECISION: Move recommendation forward; but cross-cutting, not just Workforce & Rates rec.</p> <p>Discussion/chat</p> <ul style="list-style-type: none"> • We need a way to keep an active provider directory in real time. <p>2020 Rate increase recommendation (therapy and care coordination) <i>Passed in 2020 session; vetoed.</i></p> <p>DECISION: Move recommendation forward.</p> <p>Discussion/chat</p> <ul style="list-style-type: none"> • What places are there capacity issues (specialties, etc.)? That could help us figure out what system changes are needed. Are there ways to share across resources. For further discussion... <p>Network Adequacy</p> <ul style="list-style-type: none"> • Not able to provide update today. Waiting for more information, trying to figure out where gaps are and where to make policy recommendations about how network adequacy is measured and shown, and what we can do as a group to improve access. <p>Discussion/chat</p> <ul style="list-style-type: none"> • Network adequacy is NOT defined and is used as a scapegoat to deny the expansion of contracting in the regions. It is preventing scale of integrated managed care, creating many more silos across the care delivery system, and driving providers away. MCOs must be help accountable to network adequacy and it must be clearly defined for them.
<p>Workforce Review likely priorities</p>	<p>Continuing education</p> <ul style="list-style-type: none"> • Draft language shared – 3 hrs of continuing ed in cultural competence. • Next steps: Melanie to work with Sarah Walker on revising with EBP lens. Share agreed-upon language with other BH professions. • Focus specifically on BH professions, not other medical professions. <p>DECISION: Move recommendation forward (policy ask).</p> <ul style="list-style-type: none"> • Start work group to talk about how to implement teaching clinics and provide compensation for supervision. • Workgroup – Council, HCA, Workforce Board, Colleges and Institutions – how to create standards and rate methodology <p>Discussion</p> <ul style="list-style-type: none"> • 3 hrs important symbolic gesture more than effective with EBP lens. Most effective – having providers from the same cultural background. Practice changes occur only when values are continually reinforced within organization.

	<ul style="list-style-type: none">• Organizational change – diversity alone doesn’t change organization if new hires are expected to just comply with existing culture; becomes a retention problem. <p>Behavioral Health Apprenticeships</p> <ul style="list-style-type: none">• Melody working on proposal. <p>DECISION: Advance/support.</p> <p>Discussion/chat</p> <ul style="list-style-type: none">• Will there be coordination with the State Board for Technical and Community Colleges?• Postsecondary education will likely be hit hard and, with the Washington College Grant assisting more folks, the fiscal note will certainly inform consideration. <p>Supervision incentives</p> <ul style="list-style-type: none">• Create work group with HCA, Workforce Board, and colleges to come up with standards for a teaching clinic• Compensate BH agencies providing training, similar to how teaching hospitals are compensated. <p>DECISION: Advance.</p> <p>Conditional grants/loan repayments</p> <ul style="list-style-type: none">• Document from Alicia sharing suggestions – Have recommendations for public service agencies – focused on retention. For licensed staff and those working for Medicaid ages 0-24. Non-conditional. Conditional only on population served and retention – in the field, not the agency. Reduce timeline from 10 years to 4-5 years. (Turnover rate typically 2-3 years) (Effectively no federal loan forgiveness now.)• \$ limited right now; perhaps focus on barriers rather than new programs.• Efforts going on in philanthropic world. <p>Discussion</p> <ul style="list-style-type: none">• If rates proposal does not go through, do something like this to in some way address retention issues.• Removing barriers – across the board! <p>DECISION: Keep on list, focus on removing barriers.</p> <p>Background checks</p> <ul style="list-style-type: none">• Workforce Board (Julia) – Very productive discussion; 5 straw proposals brought to work group.• Having an evidence based review of DSHS’ list of disqualifying crimes and actions.• Discrepancy between DOH qualifying review process for licenses and DSHS hiring process. There is a gap in who can actually get hired.• Still looking into this. Workforce shortage – need for BH in first responders – looking at possibility of hiring trained peers for crisis response.• CROP – people who are eligible don’t know it exists. Identify aspects that aren’t working; decided to pase. Pilot – comms campaign for people being released from incarceration with non-violent SUD offenses.
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Children and Youth Behavioral Health Work Group – Workforce and Rates Subgroup

	<ul style="list-style-type: none"> • Clean Slate (record wiped clean after serving time) and New Hope may be a better path forward than CROP. • Looking at task force to identify and address legal issues – state agencies, AG, Governor’s office, those with lived experience. • Ask JJ work group to take lead on this? <p>DECISION: Develop statement of support</p>
Wrap Up/Next Steps	<p>Next meeting: Prioritize recommendations Recommendations on template and sent to cybhwg@hca.wa.gov by end of day Oct. 12.</p>

Attendees

Rachel Burke (HCA)
 James Chaney (DOH)
 Diana Cockrell (HCA)
 Devon Connor-Green
 Jessica Diaz (HCA)
 Hugh Ewart (Seattle Children’s)
 Anusha Fernando (Molina Healthcare)
 Alicia Ferris (Community Youth Services)
 Kimberly Harris (HCA)
 Dr. Bob Hilt (Seattle Children’s)
 Avreayl Jacobson (King County Behavioral Health and Recovery)
 Representative Mari Leavitt

Joe LeRoy (HopeSparks)
 Laurie Lippold (Partners for Our Families)
 Joan Miller (Washington Council for Behavioral Health)
 Julia O’Connor (Workforce Training and Education Board)
 Sarah Rafton (WCAAP)
 Melanie Smith (NAMI)
 Suzanne Swadener (HCA)
 Amber Ulvenes
 Sarah Walker (UW Evidence-Based Institute)
 Alex Wehinger (WSMA)