

Workforce and Rates subgroup meeting

October 13, 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	10/7 – Joan on track to complete 10/12
3	Distribute article on access issues (Nowhere to Go)	HCA staff	9/30		Incomplete (connect w/ Hugh if needed)
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		Shared 29 Sep
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	?	To discuss (HE)

Agenda Items	Summary Meeting Notes
Review Timeline	<p>The last meeting the full workgroup is next Wednesday (10/21)</p> <ul style="list-style-type: none"> • Submit final recommendations by Monday (10/19) at 9:00 a.m. • Possibility of having another meeting prior to session. <p>There have been edits to the template, please make sure you're using the most up-to-date template.</p>
Rates Review priorities	<p>Rate boost</p> <p>Decision: Advance as written in proviso.</p> <p>Discussion: How is this years request different from last years?</p> <ul style="list-style-type: none"> • CYBHWG orginally requested 8% or the Mediciad rate – whichever was higher. The proviso that ended up in the budget acutally and that increase up to 15%. • There were some differences in the billing codes that were specified in the original request & in the proviso. • The codes for intake, assessment, medication management, treatment planning were not included in the proviso. • Leg. Staff: there were some challenges last yeat as we were trying to draft languge – there are two provisos; (1) BH providers, (2) medical providers. There is some overlap in between the two - we were trying to avoid duplication. Also issues related to what is implentable per CNS, • Other state have processes for rate setting that include the actuaries and BH researchers working together to help set the rates with the payers. Those states seem to be happy with the rates they are getting as a result of that. For example, University of Maryland (UOM) has a long standing relatonship with the Hill Top Center (research shop inbeded within the UOM) and they have medicaid data - they are running research and they are accessing the evidnce base and then they are wokring with the actuaries. • EBPI hosting a webinar with the State University Learning Partnershp Network - researchers working with their state Medicaid agencies. <p>Network Adequacy: Defer to next interim.</p>
Making the case for a rate increase	<p>What impact does the rate increase have on access?</p> <ul style="list-style-type: none"> • This will be an incremental step forward; a rate increase of this level will not result in meaningful changes in access in the near term. We will have to keep coming back to it for at least a few years before we see a meanigful change in access.

	<ul style="list-style-type: none"> • This is not a direct access issue. Part of access is successful engagement and continuing services: The stability of the mental health workforce will contribute to higher quality and should then lead to better engagement. • Evidence: EBPI to send an evidence review showing that increasing salaries leads to less workforce turnover, higher satisfaction, and quality. • The majority of the cost of operating a community mental health agency is our clinical staff. An increase in rates is directly correlated with increasing salaries. • Last year's small increase in WISE rates the MCO's received allowed the MCO's to give providers a little bump resulting in WISE numbers jumping significantly. • From the referral assistance team: Difficulties in King County finding therapists who will accept the commercial rates.
<p>Update regarding the OFM rate setting proviso</p>	<p>Christy Vaughn:</p> <ul style="list-style-type: none"> • Finalizing some assumptions that were necessary related to the public health emergency. Hope to complete process soon. • We've provided the all the feedback that was received that was gathered by the HCA through that process – those have all been communicated to the actuaries. Anything that was relevant and could be incorporated in to the analysis they were doing 2021 rate – they have been working on. <p>Discussion:</p> <ul style="list-style-type: none"> • Hugh to share information regarding Sarah Walkers webinar with Christy.
<p>Workforce Review priorities/ templates</p>	<p>Prioritized recommendations <i>Establish a work group to develop a teaching clinic supervision enhancement rate for supervision</i></p> <p>Discussion:</p> <ul style="list-style-type: none"> • Complete work by Nov. 2021 to be ready for legislative ask in 2022. • Determine whether Medicaid/Medicare funds are available for rate enhancement. • This recommendation is very much aligned with the workforce board is doing. • Tie to children, youth and families: They are highly represented in the BH system; by incentivizing the training role, we can improve more upstream services, trainings, and intervention for youth that will result in stability and reduced turnover, greater access and improved quality of care. Most therapists coming out of masters programs are not educated on children and youth; significant coaching is needed to build these skill sets. • Leg staff: For the CYBHWG to weigh in on this topic already being worked on – a value add would be to ask for some kind of focus on children and youth. • Include as part of this report will include the development of standards to clarify a BH agency as a teaching clinic – they have to have a certain portfolio of children that they serve. We can add more specify like that. • Kids really don't know how to say this is not working for me – they do not have the same power in making decision about the treatment that adults have or find new treatment, I think it is really important to call out the quality of supervision issues because some of the care can be invisible to grownups who may be able to help and say this is not working. They do not have the same power as adults to find a new option. • Valuable to identify those different sections in the children, youth, and young adult serving resources? I know for sure P-5 wants to make sure we remind people that there are services for P-5.

	<ul style="list-style-type: none"> • Also helpful in addressing adaptation in adult services for unique needs of those 18-25. • If agencies share info on who they are serving, that may help us gather data and determine gaps. <p><i>Expand BH loan repayment program and address existing program barriers.</i></p> <ul style="list-style-type: none"> • Funding proposal; might not require RCW or WAC changes. • I do not think loan repayments are among the five priorities the Workforce Board is looking into under the BH workforce proviso. • Limit conditions to retention (2-3 years). • Julia O’Connor: Loan forgiveness and additional scholarships come up in the straw proposal. It would be helpful to make sure- we do have some loan forgiveness language; it is not as advanced as our teaching enhancement language but I would want to make sure no more wheel reinvention than absolutely necessary is happening. • Be careful with the “preference” language we want more diversity but if we do not have diverse people to offer it to – make sure the funding still goes out. • “Applicants of diverse, ethnic cultural backgrounds will be given preference.” <p>Support:</p> <p><i>Continuing education requirements for all licensed and certified BH provides include the provision of culturally and linguistic responsive treatment.</i></p> <ul style="list-style-type: none"> • Support/contribute to WSMA’s proposed legislation. <p><i>Development of a registered apprenticeship model for BH professions serving children, youth, and adults.</i></p> <ul style="list-style-type: none"> • Laura Hopkins: <ul style="list-style-type: none"> ○ Health Care Apprenticeship consortium (6 different employers + 3 different union). (Past dvpt of other apprenticeships - medical assisting, pharmacy tech, etc. ○ Partner with Clover Park Community College; looking to partner with other community colleges, too. Courses are virtual. ○ Consortium’s legislative ask : support to facilitate the building of the BH apprenticeship programs. ○ Our goal is to have these programs articulate into universities – feed into higher education. • Lindsey Grad: 3 issues: rates, hours threshold vs. competencies, startup funds. <p><i>Continue expanded telehealth options; ensure efficacy and appropriateness for particular groups, conditions, situations. (Cross-cutting, workgroup-wide)</i></p> <p><i>Access to child care.</i></p> <p><i>Advanced peer support credential.</i></p>
<p>Next steps</p>	<p>Finalize priorities</p> <ul style="list-style-type: none"> • Tentative meeting schedule for the 19th I think we need it. • Complete a survey monkey to determine priorities. • Discuss post-10/21 meeting.

Attendees

Endalkachew Abebaw, HCA
Kevin Black, Legislative Staff
Rachel Burke, HCA
Mary Clogston, Legislature
Diana Cockrell, HCA
Hugh Ewart, Seattle Children's
Anusha Fernando, Molina Healthcare
Alicia Ferris, Community Youth Services
Nova Gattman, Workforce Training and Education
Coordinating Board
Lindsey Grad, SEIU
Kimberly Harris, HCA
Dr. Robert Hilt, Seattle Children's and University of
Washington Psychiatry
Laura Hopkins, Health Career Fund
Marissa Ingalls, Molina Healthcare
Avreayl Jacobson, King County Behavioral Health
and Recovery
Representative Mari Leavitt, Washington State
House of Representatives

Cameron Long, Legislative staff
Melody McKee, UW
Jessica Mikesell, HCA
Joan Miller, Washington Council for Behavioral
Health
Devon O'Connor-Green, Workforce Training and
Education Coordinating Board
Steve Perry, HCA
Sarah Rafton, WCAAP
Em Rose
Melanie Smith, NAMI
Mary Stone-Smith, Catholic Community Services
Suzanne Swadener, HCA
Andy Toulon, Legislative staff
Christy Vaughn, HCA
Sarah Walker, UW
Mandy Weeks-Green, OIC
Michele Wilsie, HCA