

Workforce/Rates subgroup meeting  
Notes

April 20, 2020

| Agenda Items                                     | Lead   | Summary Meeting Notes  |
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| Anticipated timeline                             | Laurie | <p>Highlights:</p> <ul style="list-style-type: none"> <li>• Draft recommendations due to HCA – August 19, 2020</li> <li>• Preliminary recommendations due to the CYBHWG – Sept.3, 2020</li> <li>• Final recommendations due to HCA – Sept. 29, 2020</li> <li>• Final recommendations due to the CYBHWG – Oct. 6, 2020</li> <li>• Workgroup recommendations due to the Governor &amp; Legislature – November 1, 2020</li> </ul>   |
| Review of 2020 session                           | Laurie | <p>Highlights:</p> <ul style="list-style-type: none"> <li>• Great successes this session.</li> <li>• Training \$, rate increases, school counselors, and 1-year extension of postpartum Medicaid benefits vetoed as part of COVID-19 response.</li> <li>• HCA has been given the go ahead to hire the person to staff the CYBHWG.</li> <li>• Implementation of HB 2728 (PAL) has not begun.</li> <li>• Side note: The Referral Assist Line is no longer backlogged so can help families find services more quickly. We need to make sure the number is widely available.</li> </ul>  |
| Review of existing BH workforce efforts underway | Julia  | <p>BH Workforce Assessment Report and Recommendations:</p> <ul style="list-style-type: none"> <li>• Making recs based on 5 barriers: reimbursement and incentives for the supervision of interns and trainees, supervision requirements, competency based training, licensing reciprocity including the potential for an inter-state licencing contact, background checks.</li> <li>• Focusing on licensing reciprocity, background checks. Made 5 recommendations: <ul style="list-style-type: none"> <li>- Support competitive recruitment and retention of BH workers by adjusting reimbursement rates.</li> <li>- Promote team-based and integrated behavioral and physical healthcare.</li> <li>- Increase access to clinical training and supervised practice for those entering BH occupations.</li> <li>- Expand the workforce available to deliver medication-assisted BH treatments.</li> <li>- Improve workforce supply, distribution, and diversity.</li> </ul> </li> <li>• Proviso: HCA to work with actuaries to assess whether payments are getting to providers.</li> <li>• Exciting conversations around apprenticeships in April stakeholder meetings.</li> <li>• Next round of meetings on May 12 – Contact Julia to get on distribution list.</li> <li>• Final report due on Dec. 1; adding a COVID-19 section.</li> </ul> |

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*Children and Youth Behavioral Health Work Group*

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|  | Melody  | <ul style="list-style-type: none"> <li>• Health Workforce Sentinel Network (with UW Center for Workforce Studies) – Early notice of changes in the BH workforce. (Survey for employers) – encourage employers to complete survey. The survey is meant to be a qualitative way to help assess what is going on with the BH Workforce.</li> </ul> <p>BH Institute’s Training Workforce and Policy Innovation Center</p> <ul style="list-style-type: none"> <li>• Developing an apprenticeship program and improving pathways into the BH field: creating accessible entry points, career pathways, continued and increasing professionalism in the field.</li> <li>• Helping community-based BH providers access training and resources in light of COVID-19 crisis.</li> <li>• Working to develop a coordinated effort around telehealth training.</li> </ul> |
|  | Sarah   | <p>EBPI holding early stage discussions with MCOs about the possibility of funding a scaleable workforce training for children’s behavioral health – with the goal of closing the gap between research and practice in a way that respects community needs. The focus is on extracting the key principles/components from EBPs and training the providers on incorporating them into their practice.</p>   |
|  | Lucy    | <p>CBT+ - telehealth – kids are still getting access, families are liking it, able to carry out EBPs, more engagement with caregivers. Doing survey now – will be able to share feedback from the workforce about making the transition to telehealth.</p>   |
|  | Emma    | <p>Ballmer group focuses on economic mobility. Includes adequate access to BH healthcare. They are currently in ‘inquiry’ mode, getting a sense of the BH workforce.</p> <ul style="list-style-type: none"> <li>• Identified 3 main lanes where they are looking at issues: <b>training and preparation</b> (increase pipeline of students interested in BH to fill workforce needs, we need students to acquire the skills required to be successful, and much more), <b>compensation</b> (including debt and affordability of education), <b>retention</b> (including supervision focused on training &amp; sustainability).</li> <li>• Still in early stages – thinking about what philanthropy can play and want to be additive and not duplicative.</li> </ul>  |
|  | Suzanne | <p>Greater Columbia ACH – supervision and training support for masters level people. Fund some of the training and supervision costs for the students, including travel to support their participation in their clinical placement.</p> <p>There was also some discussion about the Great Rivers Apprenticeship effort. Melody and Jim from the BHI will connect with them.</p>  |
|  | Kevin   | <p>DOH – 3 sunrise reviews related to licensure: BA level credential (HB 1768), advanced peer support specialist level, and whether the peer</p>   |



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| Other |  | <ul style="list-style-type: none"> <li>• Hopesparks is surveying 25 providers to get a sense of how things are going. He will send the survey results to Laurie.</li> <li>• Some agencies are looking at changing their payment structure to address what is happening related to COVID-19.</li> <li>• The BH Council is also working on payment issues.</li> <li>• Rep. Davis is involved in a variety of discussions related to payment.</li> <li>• Our sub-group should focus on payment issues related to COVID-19.</li> </ul> |
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**Attendees**

Endalkachew Abebaw (HCA-Division of Behavioral Health and Recovery [DBHR])  
 Lucy Berliner (Evidence Based Practice Institute [EBPI], CBT+ Workforce Initiative)  
 Kevin Black (Senate Comm Svcs)  
 Rachel Burke (HCA-DBHR)  
 Donna Christensen (Catholic Charities of WA)  
 Mary Clogston (House Democratic Caucus)  
 Diana Cockrell (HCA-DBHR)  
 Monet Craton (Workforce Development Council – Pierce Co)  
 Rep. Lauren Davis (Legislature)  
 Ben Dunlap (UW Center for Workforce Studies)  
 Jamie Elzea (WA Assoc of Infant Mental Health)  
 Hugh Ewart (Seattle Children’s)  
 Anusha Fernandez (Molina Healthcare)  
 Alicia Ferris (Community Youth Services)  
 Nova Gattman (Workforce Board)  
 Kimberly Harris (HCA-DBHR)  
 Dr. Bob Hilt (UW, Seattle Children’s)  
 Whitney Howard (Molina Healthcare)  
 Marissa Ingalls (Coordinated Care)  
 Avreayl Jacobson (King Co Behavioral Health and Recovery)

Terry Lee (Community Health Plan of Washington)  
 Joe LeRoy (Hope Sparks Family Services)  
 Laurie Lippold (Partners for Our Children)Jill May (Washington Association of Children and Families)  
 Melody McKee (Behavioral Health Training and Workforce Education Center)  
 Joan Miller (Washington Council for Behavioral Health)  
 Julia O’Connor (Workforce Training and Ed Coord Board)  
 Shirley Prasad (Washington State Hospital Association)  
 Georganna Sedlar (UW EBPI)  
 Mary Stone Smith (Catholic Community Services)  
 Suzanne Swadener (HCA-Policy Division)  
 Amber Ulvenes (Washington Chapter of the American Association of Pediatricians)  
 Emma Uman (Balmer Group)  
 Christy Vaughn (HCA-Financial Services)  
 Sarah Walker (UW, EBPI)  
 Alex Wehinger (WA State Medical Association)  
 Michelle Wilsie (HCA-Financial Services)