

Behavioral Health Workforce Advisory Committee

Preliminary Recommendations

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Legislative Charge & Process

- BHWAC charged to *"monitor and report on the progress of recommendations from the board's previous behavioral health workforce assessments, and continue to develop policy and practice recommendations on emerging issues in the behavioral health workforce."*
- Stakeholders convened for virtual meetings in August 2021 and October 2021.
- Existing recommendations prioritized via stakeholder survey.
 - 70+ respondents from across Washington & various BH occupations.
- Identified "Highest Priority" themes:
 - Increased Medicaid reimbursement rates.
 - Increased financial support/incentives for students/workers.
 - Increased ability of, and incentives for, community BH agencies to supervise and train students/early-career workers.
- Recommendations developed and stakeholder input solicited.
- Final report due to Governor & Legislature by December 1, 2022.



Reimbursement Rates

Recommendation: Adjust reimbursement rates to better support competitive recruitment and retention of a skilled behavioral health workforce. (2017, Recommendation 1)

a) Updated Policy Action:

- Implement a minimum 7% increase to Medicaid reimbursement for licensed and certified community behavioral health agencies contracted through managed care organizations, to be effective January 2022. HCA shall continue mechanisms such as directed payment or other options allowable under federal Medicaid law to assure the funding is used by the MCOs and/or BH-ASOs for a seven percent provider rate increase.
 - The rate increase shall prioritize staff compensation in all behavioral health non-hospital inpatient, residential, and outpatient providers receiving payment for services contracted through the MCOs and/or BH-ASOs.
 - HCA shall provide an annual report to the Governor and the appropriate committees of the Legislature detailing how the rate increase was used to improve employee recruitment and retention; and where data is available, information on recruitment and retention of underrepresented populations.



Retention Incentives – Employers

Recommendation: Increase the ability of behavioral health agencies to accept students/trainees by incentivizing and supporting clinical and registered apprenticeship training sites. (2017, Recommendation 3d)

- a) *Updated Policy Action*: Develop and implement a readiness assessment to support clinics providing behavioral health services to evaluate their capacity and ability to implement behavioral health training programs. This should include considerations regarding the agency's ability to recruit, support, and retain clinicians/students from underrepresented communities, with potential for sharing best practices among employers.
- b) *Reissued Policy Action*: Promote increased collaboration between universities/colleges and clinics for clinical training of behavioral health professions.
- c) *Reissued Policy Action*: Review opportunities to provide additional incentives, possibly loan repayment & stipends, for clinical training sites to send preceptors to become trained as supervisors and provide clinical training.



Retention Incentives – Employers

Recommendation: Develop and implement a funding mechanism that recognizes and supports community behavioral health agencies for performing a significant training function required for behavioral health workers to obtain their educational degree or completion of a registered apprenticeship and their clinical licensure. (2020, Recommendation 1.1)

- a) *Updated Policy Action*: HCA was directed by proviso 74a from ESSB 5092 (2021) to develop a recommended teaching clinic enhancement rate for behavioral health agencies training and supervising students and those seeking their certification or license.
- Following the issuance of the recommendations as charged in proviso to HCA, the WCBH should further develop the rate via pilot site testing, as previously funded by private philanthropy.
 - HCA must coordinate with WCBH throughout the pilot site testing process WCBH and HCA may seek supplemental funding appropriated by the Legislature as determined necessary.



Retention Incentives – Workers

Recommendation: Provide financial support and other incentives to those pursuing careers in behavioral health. (2017, Recommendation 5a)

- a) *Updated Policy Action*: Funding should be appropriated for grants providing pandemic-specific retention bonuses to be allocated to community behavioral health workers. Funding should be allocated to licensed and certified behavioral health agencies for distribution to their workers.

- b) *Updated Policy Action*: With funding previously allocated by the Legislature, local government, and private philanthropy, behavioral health apprenticeships developed for entry-level roles should be implemented throughout the state using a pilot site testing model.



Retention Incentives – Workers

Recommendation: Strengthen and fund loan repayment programs, including the established Washington Health Corps model, that incentivize direct BH service provision. (2020, Recommendation 1.3)

- a) *Reissued Policy Action*: Increase funds allocated to the BHP to expand the number of behavioral health workers in Washington who receive loan support through the BHP. Additional funding sources should be explored, including private philanthropy and the private sector, and a dedicated funding source should be established.

- b) *Reissued Policy Action*: WSAC should modify the existing BHP model to increase access for eligibility and participation in the program. This should include:
 - a) Increasing the number of workers able to receive BHP loan repayment funds per profession type, per site, from two to at least three.
 - b) Increasing the percentage of FTE allotted to administrative work to 30% to increase the ability of individuals providing clinical supervision to participate.

Recommendation: Assess the impact of current supervision requirements on size, distribution, and availability of select occupations in the behavioral health workforce. Provide recommendations on ways to reduce or standardize the number of supervised hours required for licensure, while assuring clinical competency. (2020, Recommendation 2.2)

- a) *Updated Policy Action*: Develop a workgroup to identify discrepancies in the number of supervised hours required for certain clinical licenses and to make recommendations regarding standardizing the number of supervision hours required for clinical licensure across these occupations.
- Should include behavioral health professional associations (social workers, mental health counselors, and marriage & family therapists); relevant state agencies; employers; individuals with clinical supervision experience; and individuals pursuing clinical licensure.

Recommendation: Anticipate a possible increase in behavioral health workers in emergency services/first responder roles. (Recommendation 5.2, 2020)

a) *Reissued Policy Action:* Expand the role for certified peer counselors in Washington to address any potential increase in demand for workers, as behavioral health workers are needed to support emergency services/first responder departments.

Recommendation: Reduce paperwork requirements for established professionals. (2020, Recommendation 4.2)

a) *Reissued Policy Action:* Update DOH's recently-adopted rule providing a behavioral health professional who has been licensed for five consecutive years in good standing (no discipline and no criminal history), to state that a professional who has been licensed for two consecutive years in good standing, is deemed to have met the required post-graduate supervised hours without providing formal documentation, regardless of the base number of supervised hours required in the other state at licensure.



2022 BHWAC Outlook:

- BHWAC staff and stakeholders will advocate for these recommendations during the current legislative session.
- Following sine die, BHWAC will resume stakeholder meetings.
 - Anticipate at least five meetings throughout 2022 to individually review each existing recommendation, by categorized priority level.
 - Additional meetings to develop and provide feedback on updated recommendations.
- Final report due to Governor & Legislature by December 1, 2022!

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