



Behavioral Health Partnership Oversight Council

Child/Adolescent Quality, Access & Policy Committee

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www.cga.ct.gov/ph/BHPOC

Co-Chairs: Steve Girelli & Jeff Vanderploeg

Wednesday, July 20, 2022

2:00 PM - 4:00 PM

MEETING AGENDA

You are invited to a Zoom Meeting

When: July 20, 2022 02:00 PM Eastern Time (US and Canada)

Topic: Child/Adolescent QAP Meeting

1. Comments and Discussion from May 2022 Meeting

There were no comments or discussion of the May 2022 meeting.

2. Workforce Challenges and Access to BH Services

- Craig Mosbaek & Jessie Eagan, Oregon Health Authority
- Alice Forrester, Clifford Beers
- Chris Andresen & Jill Kennedy, CT Department of Public Health

Craig Mosbaek and Jessie Eagan from the Oregon Health Authority discussed a wage study conducted in Oregon and the recommendations and funding provided in Oregon to address the behavioral health (BH) workforce crisis. The presenters noted that this crisis extends across the country and that workforce issues have direct and critical implications for individuals in need of services. They identified culture and language as additional significant needs, noting that Oregon had adopted a goal of eliminating health inequities by 2030. The Oregon legislature appropriated funds for a wage study conducted through the Oregon Health Authority. Workforce issues identified included low wages, low reimbursement rates, workforce shortages, high caseloads, system complexity, provider burnout and turnover, and harm to people needing services. Other factors related to burnout included administrative burdens and lack of advancement opportunities. They identified that equity and engagement of individuals with lived experience have been at the center of system development including workforce. Presenters identified the multiple stakeholder groups and key informants that were engaged in the information and data gathering process. Additionally, the influx of new telehealth programs into state markets has negatively impacted the community BH system, for reasons related to salary, benefits, and administrative burdens. Presenters noted that workforce challenges have negatively impacted the care experiences among individuals with BH needs.

In Oregon, the study found that social workers in medical environments were paid 40% less than social workers in community BH. Peer specialists were identified as among the lowest compensated professionals in Oregon, but the presenters shared some successes among peer specialists in advocating for significant increases to their compensation through increased rates. In Oregon, Medicaid was found to cover more services than commercial insurance, but often at lower rates. Coordination and consistency in billing and reimbursement systems between the mental health and substance use systems was also found to be a significant concern in Oregon. Burnout was also identified as a major concern, driven by high caseloads, high level of need, and burdensome administrative requirements (e.g., paperwork).

Oregon's House Bill 2949 provided \$80 million to address workforce challenges for workforce initiatives such as career pipeline programs, tuition reimbursement, loan repayment, and training opportunities for culturally specific care. There were additional funds from other sources as well (e.g., \$425 million from the Ballmer Institute for Children's Behavioral Health) supporting various areas of the BH system, including workforce. Across these various investments, initiatives that are or will be funded include:

- equity and redistributing power to the community
- increased Medicaid rates for BH services (on average a 30% increase)
- directly increasing wages among BH workers
- incentives to build the "pipeline" to add more people to the BH workforce
- initiative to address training and reimbursement relating to dual diagnosis

- 988, residential capacity, and decriminalizing drug use/abuse
- reducing administrative burdens
- system of care advisory council

The presenters suggested that CT put all the workforce challenges and recommendations in one place, rather than working on the issues piecemeal. They also suggested that Connecticut show state policy makers what has been achieved in other states (in this instance, Oregon). Participants highlighted the importance of policy decisions concerning rates and grant funds as underlying the workforce crisis. A participant asked about parent and youth engagement in leadership and employment opportunities. The presenters responded that, historically, youth and families were built into certain councils; however, about five years ago there was a large push to put youth and families at the forefront of prominent committees and councils. A unit was created at the state agency authority tasked with outreach to youth, families, and community members. Finally, the presenters noted that centering equity and youth/family engagement were critical to the success of the initiative. A participant asked if the rate and funding increases eliminated financial operating losses at the provider level. The presenters noted that the significant Medicaid increases are yet to go into effect, but they plan to investigate whether those increase end up eliminating operating losses. Another participant noted that corporate and private philanthropy (e.g., Ballmer) really stepped up in Oregon to address the issue and that Connecticut could use the same kind of investment from philanthropy.

Alice Forrester from Clifford Beers presented on racial/ethnic profile of BH workers across various licensure types. Connecticut's data indicates that 80% of the licensed BH workforce is White, 15% are Black/African-American, and 6% are Hispanic/Latino/a. Licensing test wait times, pass rates, and the ability to reimburse for unlicensed staff were also mentioned as barriers for building and supporting the workforce. Alice noted that the Governor's Workforce Alliance has been working on these issues for health care workers including nursing and behavioral health. Steps being considered include tuition reimbursement and loan forgiveness programs as incentives. It is yet to be determined whether care coordinators and community health workers will be included in the 1115 substance use waiver initiative. Within the Integrated Care for Kids (InCK) initiatives led by Clifford Beers and DSS, they are designing an alternative payment methodology to reimburse care coordinators based on a per person/per month rate.

Chris Andresen and Jill Kennedy from the CT Department of Public Health presented on changes to licensure passed in the most recent legislative session. They presented an overview of the professions that DPH licenses, how individuals apply for licensing, and the number of professionals licensed in CT in each professional category. Public Act (PA) 22-47 included several provisions related to licensing such as waiving licensure requirements for out-of-state telehealth providers, expediting licensure for out-of-state health care providers, and extension of temporary master social worker permits to one year. Another provision established a needs-based program that waives application and licensure fees for children's BH providers. PA 22-81 requires establishing a pilot program to expand behavioral health care to pediatric primary care providers, license reciprocity for speech/language and occupational therapists providing services in Birth to Three, and a temporary extension of telehealth reimbursement. Other provisions included entering CT into the Psychologist Inter-Jurisdictional Compact (effective 10/1/22) which allows them to provide telehealth to states that are part of the compact.

3. CFAC Update

Ellender Mathis reported a recent presentation from Family First. The iCAN conference will be on September 22. Individuals are invited to participate in the CFAC virtual community meetings and can register by contacting David Kaplan.

4. Other Business, Announcements, and Adjournment- Steve Girelli & Jeff Vanderploeg

Steve Girelli noted that Jeff Vanderploeg has decided to step down as Co-Chair of this Committee and thanked him for his service on the committee. Girelli reminded participants that CAQAP will not meet in August; the next meeting will be September 21, 2022. There being no further business, the meeting was adjourned at 4:00 p.m.

Join Zoom Meeting

Topic: Child/Adolescent Quality, Access & Policy Committee Zoom Meeting
 Time: Jul 20, 2022 02:00 PM Eastern Time (US and Canada)
<https://zoom.us/j/94557341229?pwd=TE9FWEdrSXJTekJFdVhZOWxVV3BLZz09>
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Purpose Statement: This committee brings together family members, advocates, providers, state agencies, and other partners to maximize the combined impact of services and supports funded by Medicaid and managed by the Behavioral Health Partnership (BHP), and other grant funded services within the children's behavioral health service system. The CAQAP identifies and addresses key issues of concern to consumers and providers with a focus on enhancing quality and access to services. The committee reviews data that measure the effectiveness of the initiatives, policies, and services of the behavioral health system under the BHP and addresses the needs, strengths, and gaps in the behavioral health service system. The committee reports to the Council on findings and issues and makes recommendations within the purview of the Council's authority. The CAQAP, in collaboration with the Adult QAP Committee, also works through the Council to provide input to the State's plan for federal health care reform and other emerging mental health policy and program developments.

***NOTE: NO August Meeting**

Link to full report: <https://www.oregon.gov/oha/ERD/SiteAssets/Pages/Government-Relations/Behavioral%20Health%20Workforce%20Wage%20Study%20Report-Final%20020122.pdf>

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Next Meeting: Wednesday, September 21, 2022, 2:00 – 4:00 PM via ZOOM