

# Washington's Behavioral Health Workforce Assessment

## Summary of Recommendation and Actions



RECOMMENDATIONS	POTENTIAL ACTIONS FOR IMPLEMENTATION	BY WHOM
<b>1. Adjust reimbursement rates to better support competitive recruitment and retention of a skilled behavioral health workforce</b>		
	<ul style="list-style-type: none"> <li>• Make the placement of Medicaid rates at the bottom of the rate bands as per ESSB 6052, Sec. 204(1)(q) a one-time response to excess Regional Support Networks reserves, rather than ongoing policy.</li> <li>• Adjust Medicaid capitation rates from the bottom of the rate bands to a level sufficient to positively influence wages.</li> </ul> <p><i>* In the Behavioral Health Workforce Assessment Phase II, the University of Washington Center for Health Workforce Studies (UW CHWS) plans to conduct a behavioral health workforce study to examine the salaries/wages and other employment incentives of behavioral health providers in different employment settings to assess the range and variability of these incentives in order to assess possible impact on workforce recruitment and retention.</i></p>	<ul style="list-style-type: none"> <li>• <b>Policymakers</b></li> <li>• Department of Social and Human Services</li> <li>• Health Care Authority</li> </ul>
<b>2. Promote team based and integrated (behavioral and physical health) care</b>		
2-a. Support the use of/expansion of the Healthier Washington Practice Transformation Hub efforts to promote adoption and training of team-based integrated behavioral health and primary care.	<ul style="list-style-type: none"> <li>• Examine payment incentives to make sure they are properly aligned to support workforce integration efforts. If the Hub identifies misalignments, there will need to be a state-level discussion about how to shift payments to incentivize integrated behavioral and primary care.</li> <li>• Ensure practice coaches located in each region of the state.</li> <li>• Support training of team-based integrated care in behavioral health as well as in primary care settings.</li> <li>• Create a sustainability plan to support the practice integration support work needed after the conclusion of the Healthier Washington initiative and funding period.</li> </ul>	Washington Department of Health through the Practice Transformation Hub, as part of "Healthier Washington" initiative
2-b. Consider expanding the list of professions eligible to bill as mental health providers.	<ul style="list-style-type: none"> <li>• Policymakers could request that the Department of Health conduct a Sunrise Review of the professions able to bill for mental health services.</li> </ul> <p><i>* The Behavioral Health Workforce Assessment Phase II could assist with research as requested to determine whether additional efforts are needed to expand the supply of occupational therapists and other professions impacted by this recommendation that may be listed in short supply.</i></p>	<ul style="list-style-type: none"> <li>• <b>Policymakers</b></li> <li>• Department of Health</li> </ul>

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<p>2-c. Train and deploy entry-level providers in both primary care and behavioral health to support health team efforts in community health settings.</p>	<ul style="list-style-type: none"> <li>Assistance with outreach to the behavioral health community to recruit for, and support, staff in the use of the apprenticeship and incumbent worker trainings once they are complete, assist with curriculum review and sharing of expertise to ensure cross-coordination in model dissemination, as well as collaboration with the University of Washington AIMS Center to develop appropriate curriculum.</li> </ul>	<ul style="list-style-type: none"> <li>Washington Association of Community and Migrant Health Centers (WACMHC)</li> <li>Behavioral health stakeholders</li> </ul>
<p><b>3. Increase access to basic and clinical training for students entering behavioral health occupations</b></p>		
<p>3-a. Recognize and compensate the function that community-based settings play in training new behavioral health professionals and paraprofessionals in their first year of practice.</p>	<ul style="list-style-type: none"> <li>Charter/convene a work group of community mental health agencies and federally qualified health centers to determine which incentives would be useful, and identify the level of funding needed if financial incentives were recommended.</li> <li>Once the work group has concluded its review, the next step would be to work with policymakers to establish and obtain funding for incentives for community mental health agencies and federally qualified health centers with existing training programs.</li> </ul>	<ul style="list-style-type: none"> <li>Washington Association of Community and Migrant Health Centers (WACMHC)</li> <li>Washington Council of Behavioral Health (WCBH)</li> <li><b>Policymakers</b></li> </ul>
<p>3-b. Increase the ability of behavioral health clinical training sites to accept students/trainees by incentivizing and supporting clinical training sites.</p>	<ul style="list-style-type: none"> <li>Develop and implement a readiness assessment to support clinics in assessing their capacity and ability to implement long-term residency and training programs.</li> <li>Promote increased collaboration between universities/colleges and clinics for clinical training of behavioral health professions. Examine the approach used by Clinical Placements Northwest as a potential model for expanding coordination across the state.</li> <li>Consider legislative and funding support that provides financial incentives for current and potential clinical training sites to make up for time and money lost while training new healthcare workers.</li> <li>Review opportunities to provide additional incentives for clinical training sites to send their preceptors to get training as supervisors.</li> </ul>	<ul style="list-style-type: none"> <li>Policymakers, Washington Association of Community and Migrant Health Centers (WACMHC)</li> <li>Universities and colleges with behavioral health programs</li> <li>Clinical training sites such as Federally Qualified Health Centers</li> </ul>

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<p>3-c. Encourage payers (MCOs/health plans and BHOs) to contract with licensed community behavioral health agencies, as well as individual licensed clinicians.</p>	<ul style="list-style-type: none"> <li>• HCA could lead a process to work with payers to update/create contracts with licensed community behavioral health agencies in addition to individual licensed clinicians.</li> <li>• Alternately, policymakers could direct HCA to move toward renegotiating the current contracts, and consider requiring future payer contracts to include licensed community behavioral health agencies, in addition to individual licensed clinicians.</li> </ul>	<ul style="list-style-type: none"> <li>• Health Care Authority (HCA)</li> <li>• <b>Policymakers</b></li> </ul>
<p>3-d. Increase funding to expand behavioral health education programs and graduate more professionals.</p>	<ul style="list-style-type: none"> <li>• One suggested approach would be for policymakers to create a grant program for universities with psychiatric ARNP programs in Washington state to apply for and receive funds to pay for faculty positions and preceptorship placement. A pool of \$5 million would allow universities to apply for single or multiple \$400,000 grants for a 2-3 year cycle to educate and train additional psychiatric ARNPs. A minimum number of student slots, above previous enrollment, should be identified for grants (for example, eight students per grant award). This proposal would result in an approximately 80 additional psychiatric ARNPs to be educated and clinically trained over the next two to three years.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Policymakers</b></li> <li>• Universities</li> </ul>
<p><b>4. Expand the workforce available to deliver medically-assisted behavioral health treatments</b></p>		
<p>4-a. Increase primary care providers' (physicians, ARNPs, PAs, pharmacists) confidence to use their full prescriptive authority for psychiatric medications</p>	<ul style="list-style-type: none"> <li>• Adjust the Medicare, Medicaid, PEBB, commercial insurance, and other relevant payment models to provide greater support for and sustainability of telepsychiatry and other consultation methods to support primary care providers via tele-consulting services with a psychiatrist.</li> <li>• Continue funding beyond 2018 for the University of Washington Integrated Care Training Program (ICTP) and Psychiatry and Addictions Case Conference (PACC), and the University Washington's Project ECHO program that provides weekly didactic education and case consultation to any primary care provider in Washington.</li> <li>• Expand MCOs/BHOs providing telepsychiatry networks for contracted provider networks, by supporting options such as the model being developed by North Sound BHO.</li> <li>• Consider removing the 100 patient cap for telemedicine.</li> <li>• Continue support for psychiatrist training through the UW Integrated Care Training Program (through the UW AIMS Center), and consider expansion of this program to support all psychiatric prescribing providers (e.g., ARNPs), with a plan for ongoing investment in such training beyond 2018.</li> </ul>	<p><b>Policymakers</b></p>
<p>4-b. Expand telehealth reimbursement to include any site of origination and consultation services.</p>	<ul style="list-style-type: none"> <li>• Update telemedicine RWCs to allow access and reimbursement from any site of origin.</li> <li>• Update telemedicine RCWs to allow reimbursement for consultation services.</li> </ul>	<p><b>Policymakers</b></p>

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5. Increase diversity in the behavioral health workforce		
<p>5-a. Improve behavioral health literacy as a foundation for healthcare careers.</p>	<ul style="list-style-type: none"> <li>• Policymakers could enhance funding for mental/behavioral health literacy education; using models such as the programs listed in the report, and emphasize support for programs which include training and resources for educators.</li> <li>• The Professional Educator Standards Board, OSPI, and selected teacher preparation programs could provide mental health literacy for pre-service instructors in teacher preparation programs, as well as in-service mental health literacy training for teachers and school staff.</li> <li>• Policymakers could consider funding a program manager for mental health literacy efforts at OSPI.</li> <li>• The OSPI Health Science Program Supervisor, Workforce Board, Educational Services Districts, and local districts, in collaboration with OSPI content specialists and the Health Science Program Supervisor could create and implement a Behavioral Health career pathway curriculum, based on promising practices in Washington, Nevada, Alaska and Nebraska and others, especially in areas that include rural, underserved, and diverse populations</li> <li>• Policymakers could increase emphasis in state funding for Washington AHECs to continue and expand their health career pathway programs, particularly those focused on behavioral health careers.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Policymakers</b></li> <li>• Professional Educator Standards Board</li> <li>• OSPI, and selected teacher preparation programs</li> <li>• Workforce Board</li> <li>• Educational Services Districts</li> <li>• Local districts</li> </ul>
<p>5-b. Increase the use of peers and other community-based workers in behavioral health settings.</p>	<ul style="list-style-type: none"> <li>• Division of Behavioral Health and Recovery (DBHR) would need to increase the number of training sessions throughout the year, and could consider use of video or virtual training and examination to increase access to the certification.</li> </ul>	<p>DSHS Division of Behavioral Health and Recovery</p>
<p>5-c. Expand access to the I-BEST core curriculum, and encourage additional programs that include behavioral health occupations.</p>	<ul style="list-style-type: none"> <li>• Increased funding support of policymakers for the I-BEST program. The State Board for Community and Technical Colleges has a funding request that would increase access to I-BEST programs for an additional 900 students, which includes healthcare programs.</li> </ul>	<p><b>Policymakers</b></p>
<p>5-d. Reduce care worker turnover and improve diversity by creating career pathways and opportunities for certification of behavioral health and other paraprofessional roles.</p>	<ul style="list-style-type: none"> <li>• The Workforce Board, with funding from the state budget to support 1.5 FTE, could work with the Health Workforce Council to establish a Care Worker Task Force and develop a care worker career lattice over the next 18-24 months.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Policymakers</b></li> <li>• Workforce Board</li> <li>• Health Workforce Council</li> </ul>

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## Summary of Recommendation and Actions



<p>5-e. Support continued funding for the state's health professionals loan repayment program, and consider strategies to expand the program and its applicability to behavioral health occupations.</p>	<ul style="list-style-type: none"> <li>the Student Achievement Council (WSAC), which administers the program, should be encouraged to increase outreach to sites and graduates to access the program.</li> <li>Expansion of loan repayment awards would require policymakers to increase the program's appropriation.</li> <li>The Department of Health could consider convening a workgroup or task force to explore a new direct incentive program, since the current loan repayment program doesn't directly target providers with educational debt.</li> </ul>	<ul style="list-style-type: none"> <li><b>Policymakers</b></li> <li>Washington Student Achievement Council (WSAC)</li> </ul>
<p>5-f. Expand the state Work Study program.</p>	<ul style="list-style-type: none"> <li>Policymakers would need to appropriate additional funding to the program.</li> </ul>	<p><b>Policymakers</b></p>
<p>6. Increase the number of dually certified behavioral healthcare providers - <i>no recommendations at this time.</i></p>		
<p>7. Address barriers to licensing and credentialing - <i>no recommendations at this time.</i></p>		
<p>8. Increase the efficiency of the behavioral health workforce by streamlining paperwork and reporting requirements - <i>no recommendations at this time.</i></p>		
<p>9. Additional items for further study - <i>no recommendations at this time.</i></p>		