C H R T

CREATING A PATH FORWARD

Policy trends impacting behavioral health workforce development

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Defining public policy

- The influence of government action on citizens

- Statement of governmental intent

- Political decisions that shape programs to achieve social goals

- Behavioral health workforce policy - one type of public policy

Longest, 2010

Types of policy

1. Laws, rules and regulations
   - Both levels important
2. Decisions
   - Operational and judicial
3. Allocative
   - Distributive and redistributive
4. Regulatory
   - Competitive and protective

Simplistic typology

Policy with a big "P"

- Laws, regs, court rulings, administrative rules, budgetary rules, entitlement programs
- Consequences for not following or violating
- Impact on large numbers of people

policy with a little "p"

- Professional association guidelines, recommendations of expert panels, institutional rules
- Smaller scope, less formal
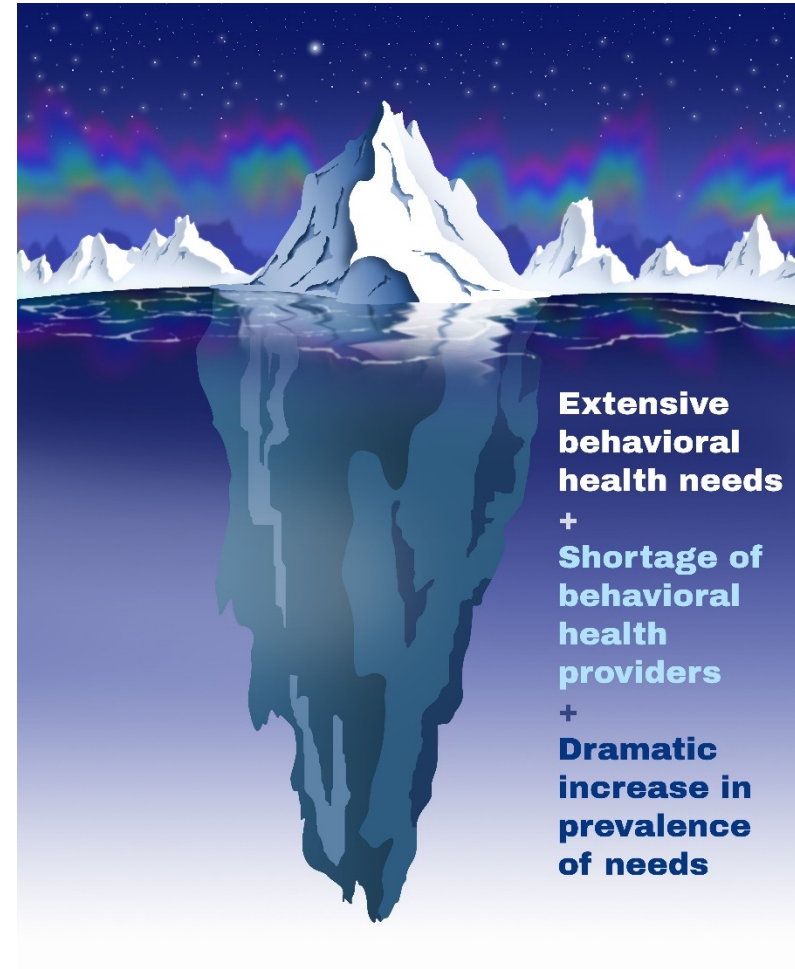- Weak or no consequences for not following

1. Guidelines, recommendations
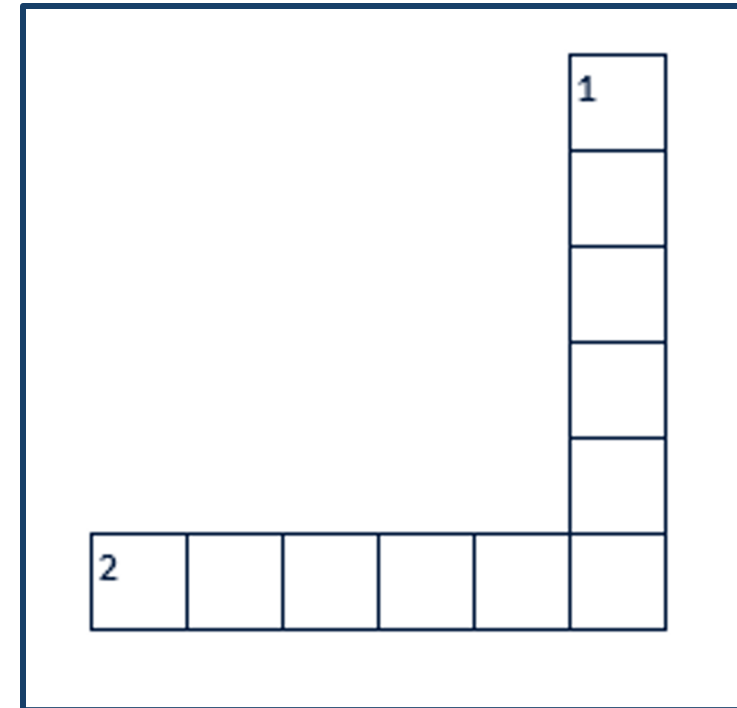
2. Laws, regs, and rules

Magnitude of the problem

- Community health needs assessments all over U.S. show behavioral health as one of the highest needs

- Insufficient numbers and maldistribution of behavioral health providers

  - By 2030: Florida is expected to have a shortage of 1,000 psychiatrists

- Rise in the prevalence of behavioral health needs in the population

- Leads to behavioral health crises, particularly in rural communities

Extensive behavioral health needs
+
Shortage of behavioral health providers
+
Dramatic increase in prevalence of needs

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County	Measures							
	Poor mental health days[1]	Poor or fair health[2]	Frequent mental distress[3]	Excessive drinking[4]	DUA deaths[5]	Premature death[6]	Mental health provider ratio[7]	Drug overdose mortality rate[8]
Hillsborough	4.9	15%	15%	18%	26%	6,900	475:1	24
Pinellas	4.9	14%	16%	20%	23%	8,500	400:1	41
Manatee	4.7	15%	16%	19%	23%	7,800	816:1	29
Pasco	5.4	16%	17%	20%	18%	9,200	1018:1	40
Hernando	5.3	17%	17%	18%	20%	9,200	1085:1	29
Polk	4.9	18%	16%	17%	25%		875:1	23
Florida overall	4.2	13%	13%	17%	22%	7,500	514:1	27

Source: Countyhealthrankings.org 2023 Measures using mainly 2020 data.

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Various approaches to bolstering the behavioral health workforce

Short-term actions

- Loan repayment
- Tax credits
- Visa waivers
- Telehealth expansion
- Scope of work changes

Medium/longer-term actions

- Support for primary care providers delivering BH services
- Increasing residency slots
- Pipeline programs
- Scholarships

Innovative Approaches

- Financial incentives for delivering MAT tiered certificates

- Complex systems modeling at county level

- Public/private partnerships

- Statewide strategic planning

- Non-traditional providers as team members – CHWs, peers

Telehealth coverage policy

- Can be a terrific extender
  - Helps with otherwise high no-show rates for BH
  - Not reaching rural populations at same rates
- Medicare policy – some permanent, some temporary
- Individual insurers – some policies in place, some still in development
- Some equity concerns:

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Additional, underused approaches

- Focus on primary care!

- Focus on non-traditional workers

Recent policy actions to improve access to BH services

Federal

- Consolidated Appropriations Act 2022
- Bipartisan Safer Communities Act 2022 – suicide prevention, early intervention in schools, expands CCBHCs to all states, other
- 2022 HHS Roadmap for BH Integration; 9-8-8 hotline
- Funding to bolster Mental Health Parity laws (MHPAEA) and Stronger oversight through Consolidated Appropriations Acts of 2023, 2021
- American Rescue plan 2021 – mobile crisis services
- Crisis Response guidelines – SAMHSA 2020

1	Crisis mental health and addiction services
2	Screening, assessment, and diagnosis
3	Person and family-centered treatment planning
4	Outpatient mental health/substance use services
5	Outpatient screening/monitoring key health indicators
6	Targeted case management
7	Psychiatric rehabilitation services
8	Peer support, counselor services, family supports
9	Community-based care for veterans, particularly in rural areas

Figure 1

Key Medicaid Strategies to Address Behavioral Health Workforce Shortages in place or planned as of FY2022

Increasing Rates

Nearly two-thirds of responding states reported rate increases

Reducing Burden

Most responding states reported at least one strategy to reduce provider administrative burden

Extending Workforce

Almost all responding states report at least one strategy to extend the workforce

Incentivizing Participation

For example, most responding states reported prompt payment policies.

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Rate Increase in FY 2022 and/or FY 2023 (27 states + D.C.) No Rate Increases in 2022 and 2023 (16 states)
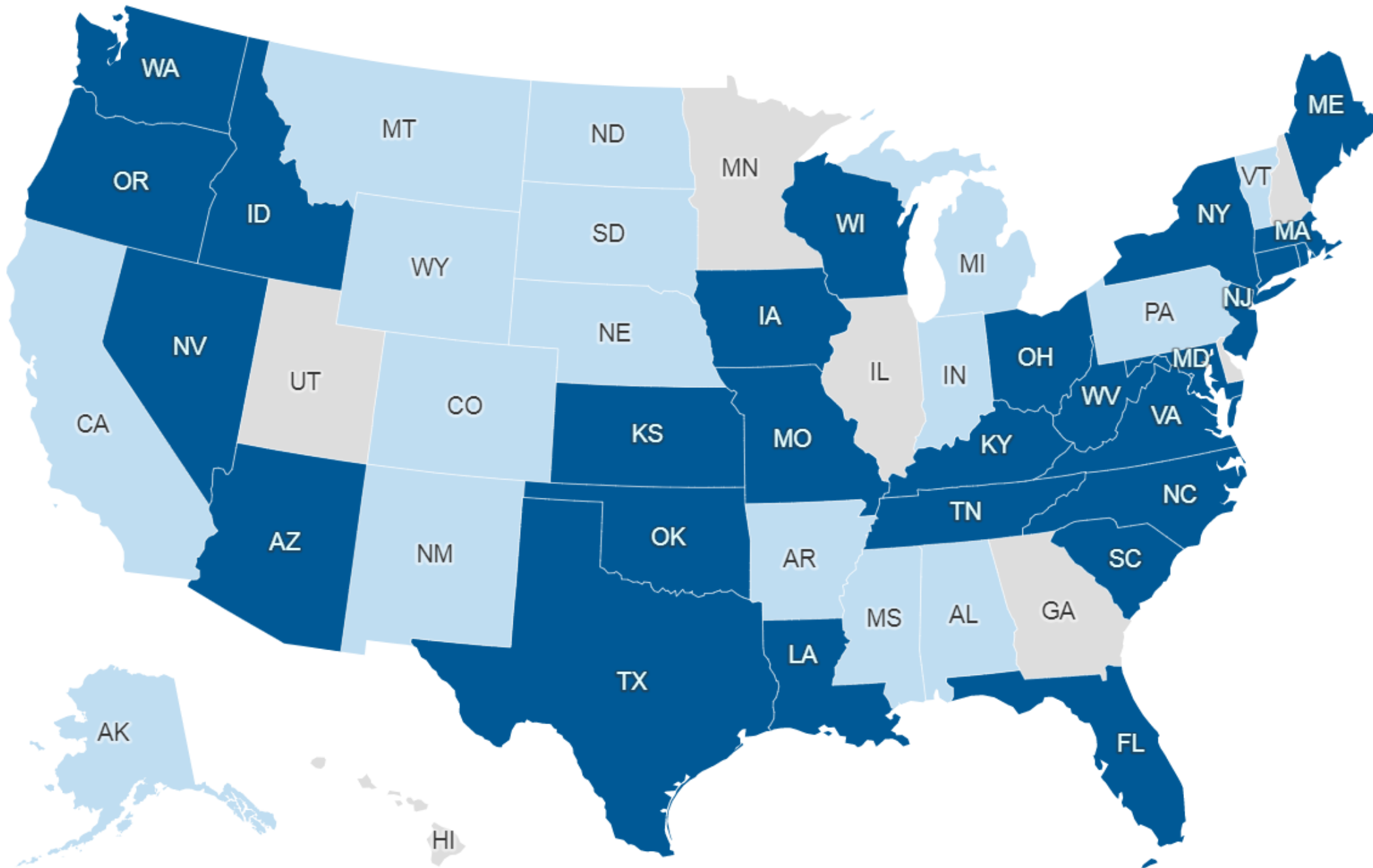
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Recent policy actions to improve access to BH services

States

- Medicaid – largest payer of BH; 39% of those covered have BH needs
  - Medicaid Health Plan contracting – Network Adequacy requirements
- Scope of Practice changes
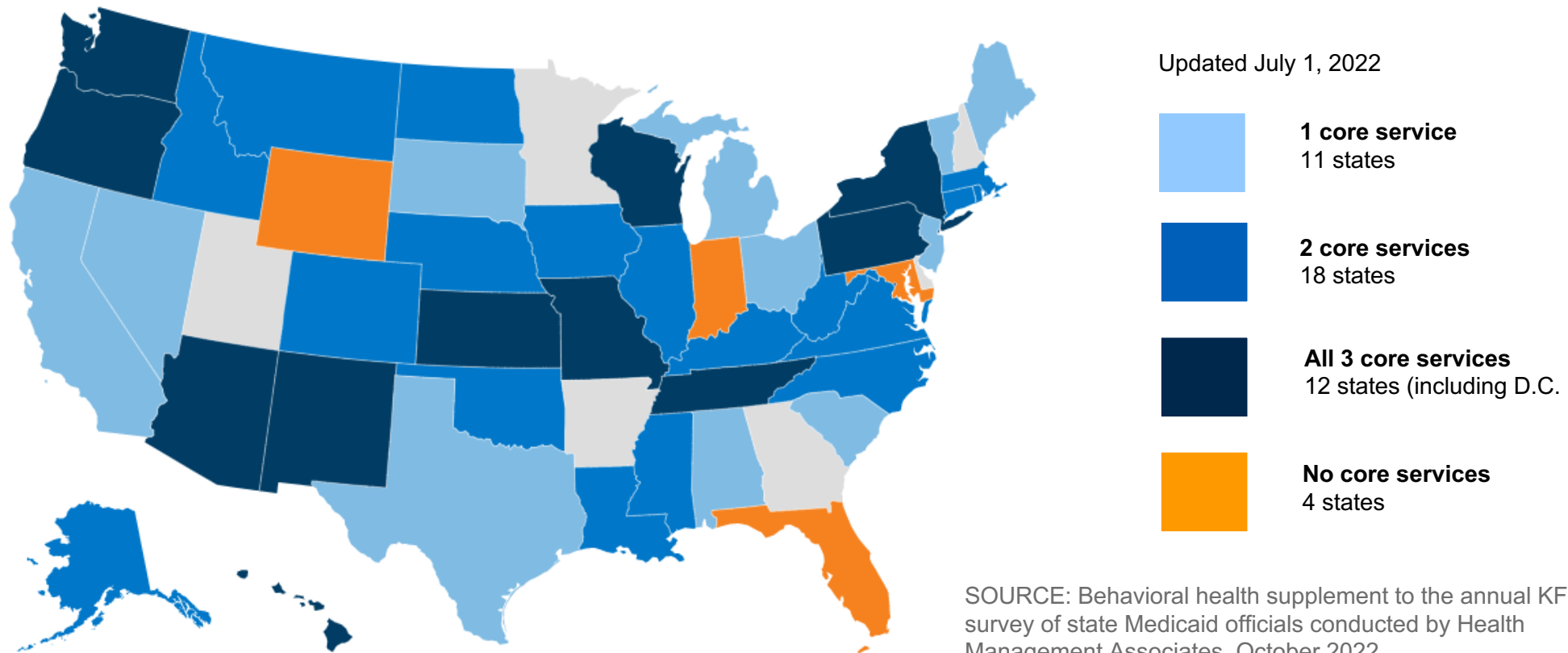- Enforcement of Parity Laws (MHPAEA)

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Fee for service Medicaid coverage of core crisis services

Three core crisis services: 1) Crisis hotline   2) Mobile crisis unit   3) Crisis stabilization services

Updated July 1, 2022

1 core service
11 states

2 core services
18 states

All 3 core services
12 states (including D.C.

No core services
4 states

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Want to have impact? Back to policy basics!

- Know your state legislative processes and budget cycles to know when decision-making really takes place
  - Health policy AND appropriations
- Truly a bipartisan issue, so talk with both sides
- Learn how to write an effective one pager
  - Truly one page, white space, graphics
  - Include local data, personal stories
- Get an influencer to write a well-crafted op-ed
- Practice forming an effective sound bite for work with media

THIS IS HARDER THAN IT SEEMS

Discussion

One specific thing you are trying to do to increase BH workforce?

- What policy levers can you pull to make that happen?

- Who controls those levers?

- How will you know when you've made progress?

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