

Addressing Workforce Challenges Across the Behavioral Health Continuum of Care: Financing and Payment Challenges

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NATIONAL ACADEMY
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About NASHP



The National Academy for State Health Policy (NASHP) is a not-for-profit nonpartisan organization committed to developing and advancing state health policy innovations and solutions.

NASHP provides a unique forum for the productive exchange of strategies across state government, including the executive and legislative branches.



-  To improve the health and well-being of all people across every state.
To be of, by, and for all states by providing nonpartisan support for the development of policies that promote and sustain healthy people and communities, advance high quality and affordable health care, and address health equity.
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Modernizing Behavioral Health Systems: State Approaches

Getting What You Need, Where You Need It: Major Buckets and Cross-Cutting Principles



**Integrated
Behavioral Health**



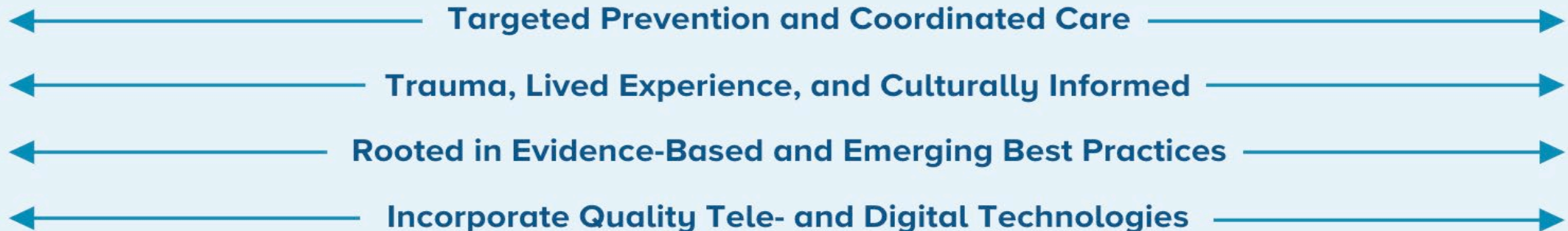
**Crisis/Urgent/
Mobile Response**



**In Home and
In Community**



**Out of Home and
Community**



Workforce & Provider Capacity Building Opportunities: State-Level Strategies

Comprehensive
Reforms

Medicaid
Strategies

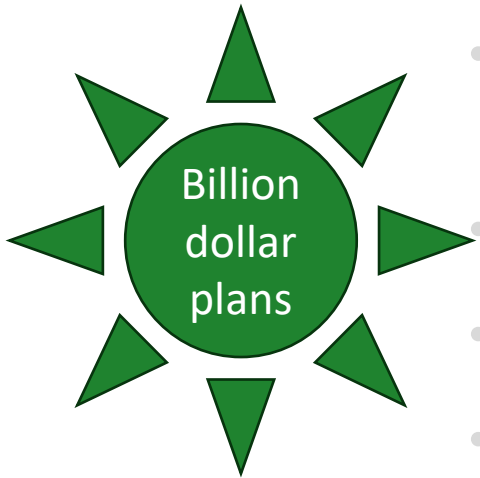
Braided/Aligned
Funding
approaches

Advancing team-
based, evidence-
based models
matched to needs

Telehealth &
Digital Workforce
Extenders

Commercial
insurance &
public-private
opportunities

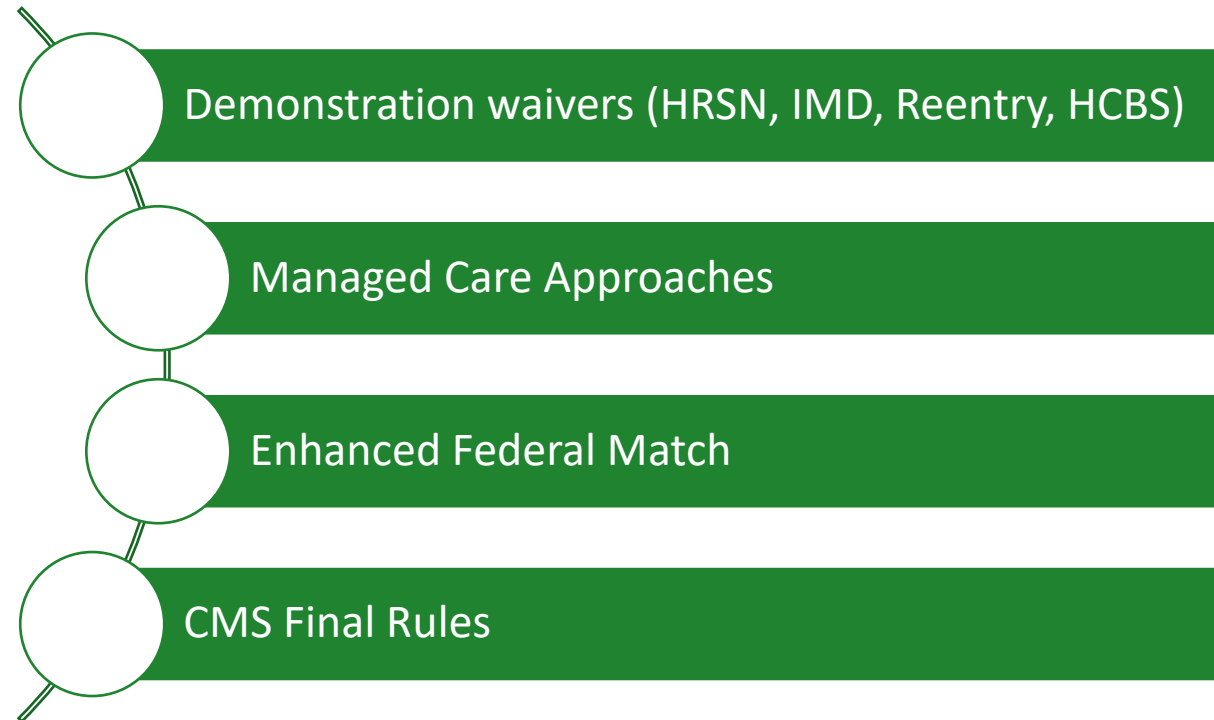
Comprehensive Reforms & Investments



- **Massachusetts:** [Roadmap for Behavioral Health Reform](#) & [Mental Health ABC Act: Addressing Barriers to Care \('22\)](#)
- **North Carolina:** Investing in Behavioral Health and Resilience
- **New York:** Governor's [2024](#) & [2025](#) Investments
- **Texas:** [Statewide Behavioral Health Strategic Plan](#)
- **Idaho:** [Behavioral Health Workforce Plan](#) ('22-'24) - part of a three-branch effort to reform the state behavioral health system.
- **Colorado:** Strengthening the Behavioral Health Workforce in Colorado: An Approach to Community Partnership

Medicaid Strategies & Select Influences

- Increasing reimbursement rates
- Covering new provider types
- Reducing administrative burdens
- Incentivizing provider participation
- Provider capacity building
- Alternative payment approaches



Braided/Aligned Funding Approaches

- **Aligning Insurance Coverage with Grants**

- Alaska's Behavioral Health Aide ([Indian Health Service \\$ + Medicaid SPA](#))
- SAMHSA, HRSA, HUD, DOE, USDA grants +

- **New opportunities in Medicare**

- IBH; Expanded provider types; Community Health Integration/Principal Navigation

- **Opioid Settlements**

- Direct investments and loan repayment (IN, MA, MI, ND, RI, TN)

- **Philanthropic Investments**

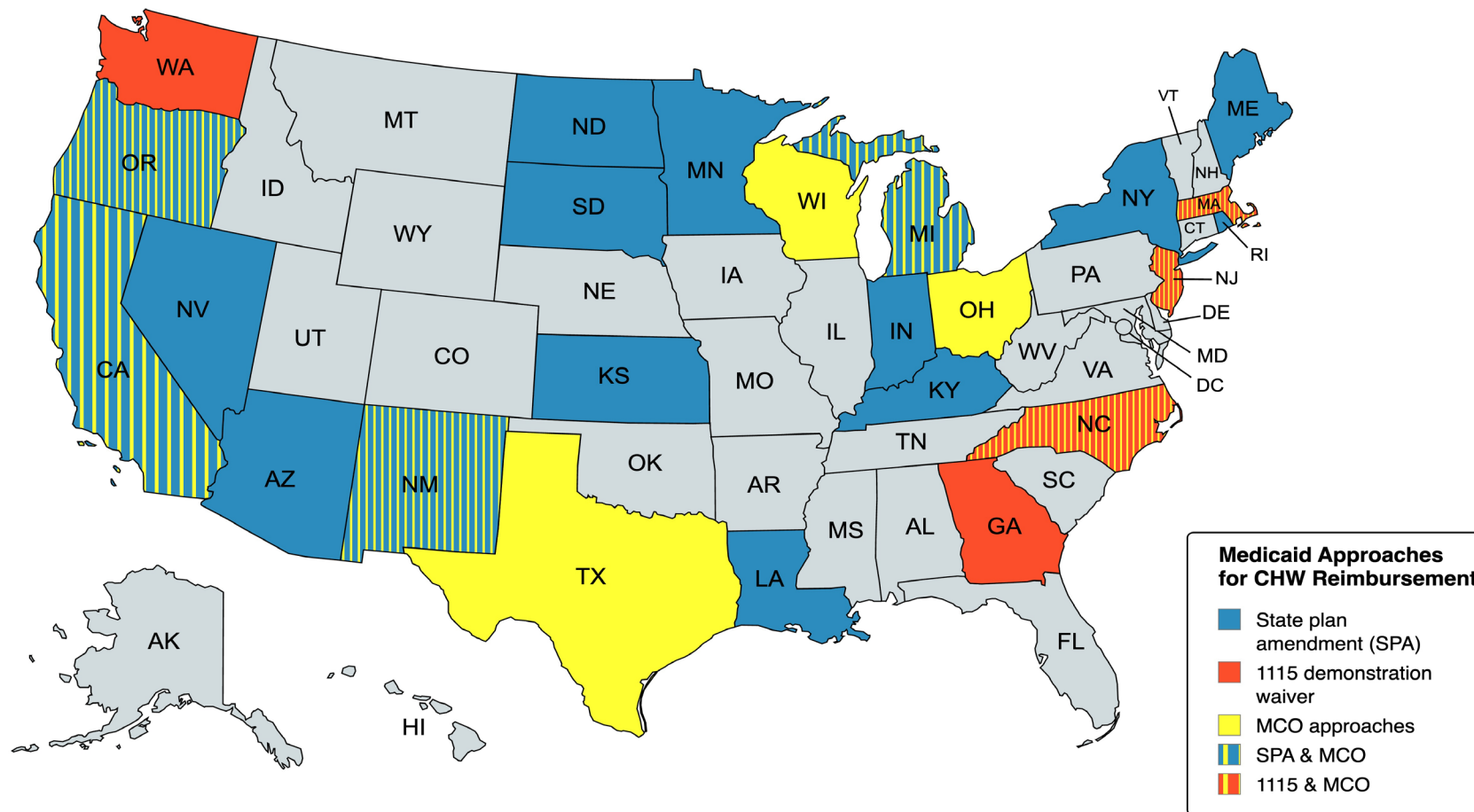
- Capacity building, short-term infrastructure, pay-for-performance, research

Advancing team-based, evidence-based models in community; matched to needs

- **Optimizing team composition and reducing burden**
 - Collaborative Care Model (CoCM)
 - CCBHCs, CMHCS & FQHCs
 - School-based and Systems of Care for children and youth
 - Coordinated Specialty Care
- **Strategically incorporating lived experience**
 - peer & recovery support specialists
 - [48 state reimburse in Medicaid](#) (38 for mental health and substance use)
 - [Georgia's](#) approach – across the care continuum
 - Community based workforce: Community Health Workers/Promotores



Advancing team-based, evidence-based models in community; matched to needs: Medicaid Coverage of CHWs/Promotores



Workforce Extenders: Telehealth & Digital

State Telehealth Reimbursement: [Center for Connected Health Policy](#)

- States moving to broader adoption of permanent telehealth policies – including Medicaid and private payer policies
- Addition of locations and provider types: School-based
- Audio-only reimbursement is more common (tends to include limits to conditions/services)
- About half have an explicit payment parity law
- Behavioral health is behind for various reasons including lack of investment in IT infrastructure –
 - [SAMHSA and ONC Behavioral health Information Technology Initiative](#)

Artificial Intelligence (AI) – optimizing workflows; documentation supports

Digital Therapeutics – new terrain; slow uptake in Medicaid; employed by health plans - triaging based on need

Commercial Insurance and Public-Private Opportunities

- **Parity**
 - Nearly half of states have some form of legislation – waiting for Federal Rule
 - **Washington** and **Massachusetts** examples of robust state approaches
- **Triaging** – matching needs to resources and workforce extenders
- **Capacity building** – for provider participation and workforce development

Select NASHP Resources

- [Behavioral Health System Modernization: Comprehensive Approaches and Cross-Cutting Tools](#). Provides a framework for and examples of state behavioral health modernization approaches.
- [State Opioid Settlement Spending Decisions](#) offers a snapshot of which states have announced awards from settlement funding or published priorities to guide settlement spending, as well as context for how each state has set up their decision making and spending processes.
- [State Strategies for Preventing Substance Use and Overdose Among Youth and Adolescents](#) covers strategies, partnerships and funding.
- [National Care Coordination Standards for Children and Youth with Special Health Care Needs](#) (CYSHCN) outline the core, system-level components of high-quality care coordination for CYSHCN.
- Medicaid Managed Care Contracting. NASHP resources and best practice guidelines are designed to help states implement effective managed care programs that improve quality of care and control costs.
 - [State Use of Behavioral Health Performance Measures in Medicaid Managed Care Contracting](#)
 - [Medicaid Managed Care for Children and Youth with Special Health Care Needs: 50-State Scan](#)

