

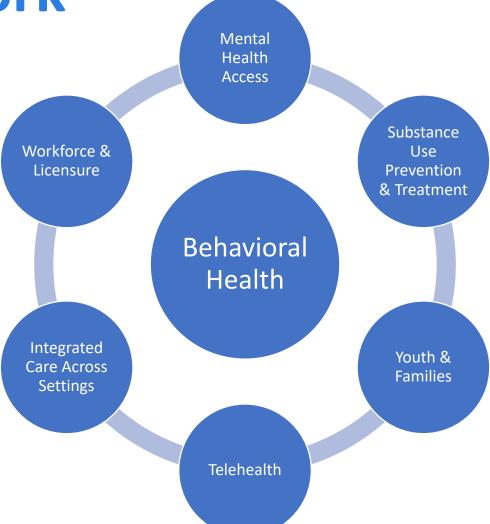
Addressing Workforce Challenges Across the Behavioral Health Continuum of Care Session 5: Different Settings

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Overview of Bipartisan Policy Center's Work

Bipartisan Policy Center's Behavioral

Health Work









Report Spotlight

Filling the Gaps in the Behavioral Health Workforce

Published recommendations aimed to strengthen the nonclinical workforce:

- **Behavioral health support specialists (BHSS):** A segment of the behavioral health workforce that includes peer support and recovery specialists, community health workers, and paraprofessionals.
- Community-initiated prevention and care (CIPC): A process by which community members, including those in other fields (e.g., educators, faith-based leaders) are empowered to assume some behavioral health responsibilities.

How does this help?

- Since the pandemic, behavioral health care in the U.S. faces is in high demand, and a growing shortage of licensed professionals limits access to treatment.
- Strengthening the nonclinical workforce presents short-term solutions that expand access to some behavioral health care and free licensed professionals to focus on complex clinical duties.



Filling the Gaps in the Behavioral Health Workforce

January 2023

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Report Spotlight

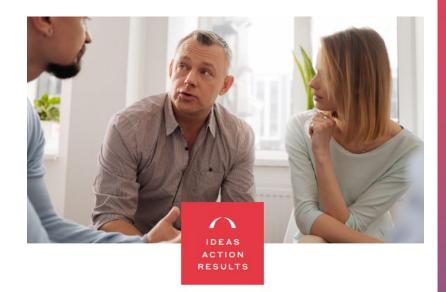
Filling the Gaps in the Behavioral Health Workforce

Recommendations for BHSS

- Build a set of core competencies that would serve as a resource to states as they create their own core competencies.
- · Create pathways for coverage of BHSS within Medicare and Medicaid
- Create a pipeline program to help interested BHSS become licensed professionals

Recommendations for CIPC

- Establish a CIPC-specific demonstration grant
- Integrate existing federal funding streams to support CIPC-related programs and the work of BHSS



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Report Spotlight

Behavioral Health and Primary Care Integration

Three iterations of the federal approach to strengthening care access.

Tackling America's Mental Health and Addiction Crisis Through Primary Care Integration (March 2021)

This report assembled a task force to broadly address barriers to care through coverage, payment, training, and metrics.

Achieving Behavioral Health Care Integration in Rural America (May 2023)

As a follow-up to the March 2021 report, BPC tailored specific recommendations to address the unique behavioral health needs of rural America. This report focuses on optimizing the impact of settings and systems commonly found in rural communities.

Strengthening the Integrated Care Workforce (December 2023)

This report delves into strategies for addressing current workforce needs to achieve behavioral health and primary care integration, focusing on bridging gaps in recruitment and retention.







Key Proposals

Strategic Financing

Optimizing Federal Spending to Support the Behavioral Health Workforce

- "Braiding" federal grant funding for BHSS and CIPC programs
- "Braiding" Medicaid and SAMHSA grant funding
- Leveraging federal Medicaid supports for BHSS and CIPC coverage
- Leveraging alternative payment models to support CIPC







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Federal Collaboration with States

"Braiding" federal grant funding for BHSS and CIPC programs

Identify relevant programs

Monitor funding announcements coordinate applications

Evaluate the impact of grants used for BHSS and CIPC programs on behavioral health outcomes

"Braiding"
Medicaid and
SAMHSA grant
funding

Identify state-level population and patient needs

Identify gaps in Medicaid coverage

Fill service and provider coverage gaps using funding from SAMHSA programs

Align and report shared metrics to enhance patient navigation and workforce program evaluation efforts Leveraging federal Medicaid supports for BHSS and CIPC coverage

> Identify BHSS and CIC service needs & health-related social needs (HRSN)

Align BHSS and CIC needs with Medicaid authorities

Align HRSN with Medicaid waiver authorities

Collaborate with federal partners in CMS

Leveraging alternative payment models to support CIPC

Identify existing payment models that pay for components of CIPC (e.g., health equity, clinicalcommunity collaboration)

Introduce and adopt payment model in partnership

Evaluate the impact of adopting payment model used for CIPC on behavioral health outcomes







Behavioral Health Integration

Integrating Care in Rural Areas

For Health Care • Providers and Systems

- Explore and leverage federal incentives for those practicing in rural communities (Health Professional Shortage Area, or HPSA)
- Introduce training for primary care providers to prescribe buprenorphine to patients with opioid use disorder
- Collaborate with CMS to increase the adoption of Collaborative Care Model (CoCM) codes
- Practice same-day billing exceptions for federally-qualified health centers (FQHCs)
- When appropriate, establish patientprovider relationships and administer patient care via telehealth
- Improve capabilities for "reverse integration" by allocating grants in specialty clinics for primary care services

For States and Tribes

- Collaborate with CMS to introduce integration strategies, such as interprofessional consultations in Medicaid and CHIP
- Weigh options for expanding state Medicaid coverage of eligible providers using existing authorities
- Leverage existing grants to alleviate provider shortages in tribal communities









Takeaways

- States and service organizations can leverage federal funding from both grants and Medicare/Medicaid to comprehensively finance their continuum of care
- Partnerships are essential for enhancing the quality and efficiency of behavioral health care, especially for underserved communities
- A diverse and inclusive workforce builds trust and enhances accessibility, and can improve patient engagement and outcomes regardless of setting







Thank you!





