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***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

Bipartisan Policy Center

## 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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# 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

# 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 CIPC service needs & health-related social needs (HRSN)

Align BHSS and CIPC 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, clinical-community collaboration)

Introduce and adopt payment model in partnership

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

# 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 patient-provider 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!



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