Expanding the Behavioral Health Workforce

Policy Levers to Expand the Behavioral Health Workforce & Provider Participation Rates in Medicaid & the Children’s Health Insurance Program (CHIP)

Behavioral health workforce shortages are contributing to a deepening mental health crisis among children and adolescents. These challenges are particularly acute among children who live in rural areas and who identify as Black, Indigenous, or otherwise as people of color (BIPOC) and were exacerbated by the disproportionate health and economic impacts of the COVID-19 pandemic. Numerous interrelated policy challenges influence the current shortage of master’s-level behavioral health practitioners (Licensed Marriage and Family Therapists, Licensed Clinical Social Workers, and Licensed Professional Counselors), which, along with other factors, contribute to many families’ persistent inability to access timely, effective care. Potential policy levers to address these workforce shortages are introduced in this document and addressed in greater detail in two accompanying resources that describe the current landscape of state and managed care organization (MCO) policies for state legislators, licensing board members, and changemakers working with children and families: Addressing Children’s Behavioral Health Workforce Shortages Through State Licensure Systems and Addressing Children’s Behavioral Health Workforce Shortages Through Medicaid and the Children’s Health Insurance Program.

Potential Policy Levers

- **License Portability Processes**: State-determined processes by which a provider who holds a license in one state can practice in another state (often called reciprocity) or can obtain a license to practice in another state (often called endorsement)

- **Incentives to Expand & Improve the Workforce**: Monetary or other incentives at federal, state, or managed care organization (MCO) levels to draw new providers into behavioral health professions or to encourage Medicaid and CHIP MCOs to expand the number of providers participating in health plans

- **Networking Adequacy Requirements**: Federal, state, or MCO requirements to ensure that the population served has sufficient timely access to behavioral health care

- **Licensing Board Structure, Composition & Scope of Authority**: State-defined characteristics such as which professions are regulated by a particular licensing board, the types of individuals who must be represented on the licensing board, and which authority appoints licensing board members

- **Provider Credentialing Processes**: State or MCO processes that determine whether a provider is qualified to offer services to their health care enrollees

- **Postgraduate Training Requirements**: Requirements set forth by state licensing boards to ensure a qualified behavioral health workforce, including supervised clinical experience or specialized training after graduation before an individual can provide services independently

Learn more: changelabsolutions.org/product/expanding-behavioral-health-workforce
What Can Be Done?

**LICENSE PORTABILITY PROCESSES**
- Provide expedited applications, temporary licenses, or license reciprocity for military spouses\(^4\)
- Establish interstate compacts that streamline portability requirements and lower licensure fees\(^5,6\)
- Use full endorsement portability models for licensure in multiple states\(^7\)

**INCENTIVES TO EXPAND & IMPROVE THE WORKFORCE**
- Establish scholarships and loan repayment programs\(^8,9\)
- Increase Medicaid reimbursement rates for behavioral health services\(^10\)
- Direct or incentivize state Medicaid and CHIP programs to undertake quality improvement projects specifically to improve behavioral health for children\(^11\)
- Use alternative payment models, capitation rates, or other monetary incentives to increase participation of behavioral health providers in Medicaid and CHIP\(^12\)

**NETWORK ADEQUACY REQUIREMENTS**
- Implement provider-to-enrollee ratios, wait-time limits, and distance and travel time limits\(^13\)
- Optimize telehealth access and provider participation to promote access while ensuring robust in-person networks for children who benefit more from in-person behavioral health appointments\(^14,15,16\)
- Enforce requirements for updated and accurate provider directories\(^17\)

**LICENSING BOARD STRUCTURE, COMPOSITION & SCOPE OF AUTHORITY**
- Include members of the public (e.g., parents) on licensing boards\(^18\)
- Require state senate approval of gubernatorial appointments to licensing boards\(^19\)

**PROVIDER CREDENTIALING PROCESSES**
- Address gaps in staffing and support to remove delays in credentialing\(^20,21\)
- Set requirements for maximum turnaround times for credentialing decisions\(^22\)
- Use the Council for Affordable Quality Healthcare’s universal credentialing application to streamline provider applications, reduce administrative delays, and reduce burdens on credentialing organizations\(^23\)
- Exempt licensed providers from paying re-credentialing fees\(^24\) and lengthen the required time before re-credentialing\(^25\)

**POSTGRADUATE TRAINING REQUIREMENTS**
- Provide incentives and supports for professionals who provide clinical supervision to trainees\(^26\)
- Permit fulfillment of clinical supervision hours from an array of qualified interdisciplinary behavioral health professionals\(^27\)
- Leverage state funds to provide reimbursement for the cost of supervision for providers seeking licensure\(^28\)
- Establish university partnerships to match recent graduates with qualified supervisors\(^29\)
- Provide grants to pay experienced providers to supervise recent graduates who are Black, Indigenous, people of color, or residents of rural areas of the state\(^30\)
- Support competency-based clinical supervision models\(^31\)
References


7. MFT license portability. American Association for Marriage and Family Therapy. Accessed December 2023. aamft.org/AAMFT/ADVANCE_theProfession/LicensePortability/Advocacy/MFT%20License%20Portability.aspx?key=a6f8a8e4-4a0d-ba09-9b4a144692f.


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