

# Expanding the Behavioral Health Workforce

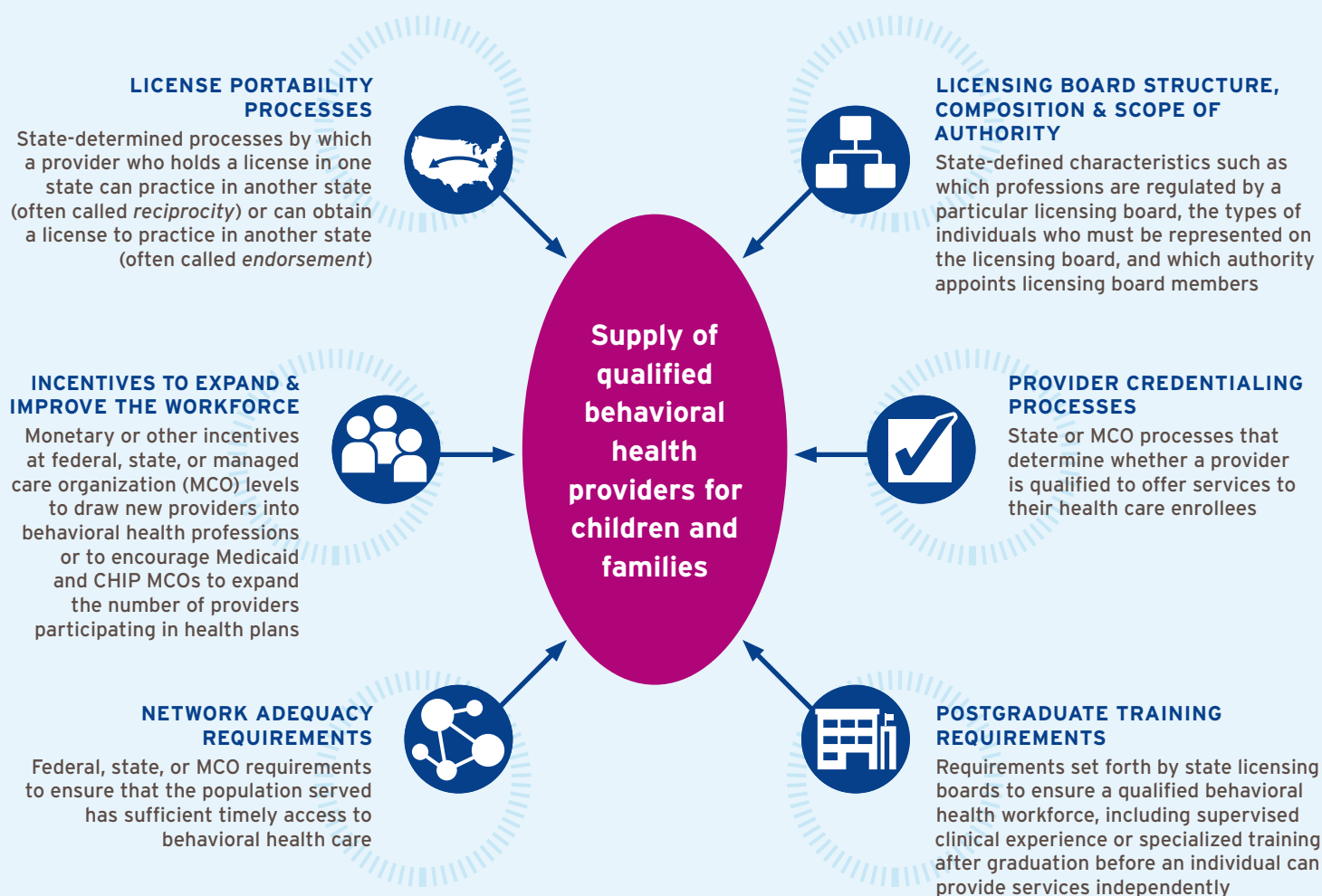
## Policy Levers to Expand the Behavioral Health Workforce & Provider Participation Rates in Medicaid & the Children's Health Insurance Program (CHIP)

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.<sup>1,2</sup> 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.<sup>3</sup> 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



Learn more: [changelabsolutions.org/product/expanding-behavioral-health-workforce](https://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<sup>4</sup>
- Establish interstate compacts that streamline portability requirements and lower licensure fees<sup>5,6</sup>
- Use full endorsement portability models for licensure in multiple states<sup>7</sup>



## INCENTIVES TO EXPAND & IMPROVE THE WORKFORCE

- Establish scholarships and loan repayment programs<sup>8,9</sup>
- Increase Medicaid reimbursement rates for behavioral health services<sup>10</sup>
- Direct or incentivize state Medicaid and CHIP programs to undertake quality improvement projects specifically to improve behavioral health for children<sup>11</sup>
- Use alternative payment models, capitation rates, or other monetary incentives to increase participation of behavioral health providers in Medicaid and CHIP<sup>12</sup>



## NETWORK ADEQUACY REQUIREMENTS

- Implement provider-to-enrollee ratios, wait-time limits, and distance and travel time limits<sup>13</sup>
- 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<sup>14,15,16</sup>
- Enforce requirements for updated and accurate provider directories<sup>17</sup>



## LICENSING BOARD STRUCTURE, COMPOSITION & SCOPE OF AUTHORITY

- Include members of the public (e.g., parents) on licensing boards<sup>18</sup>
- Require state senate approval of gubernatorial appointments to licensing boards<sup>19</sup>



## PROVIDER CREDENTIALING PROCESSES

- Address gaps in staffing and support to remove delays in credentialing<sup>20,21</sup>
- Set requirements for maximum turnaround times for credentialing decisions<sup>22</sup>
- Use the Council for Affordable Quality Healthcare's universal credentialing application to streamline provider applications, reduce administrative delays, and reduce burdens on credentialing organizations<sup>23</sup>
- Exempt licensed providers from paying re-credentialing fees<sup>24</sup> and lengthen the required time before re-credentialing<sup>25</sup>



## POSTGRADUATE TRAINING REQUIREMENTS

- Provide incentives and supports for professionals who provide clinical supervision to trainees<sup>26</sup>
- Permit fulfillment of clinical supervision hours from an array of qualified interdisciplinary behavioral health professionals<sup>27</sup>
- Leverage state funds to provide reimbursement for the cost of supervision for providers seeking licensure<sup>28</sup>
- Establish university partnerships to match recent graduates with qualified supervisors<sup>29</sup>
- 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<sup>30</sup>
- Support competency-based clinical supervision models<sup>31</sup>

# References

- 1 Rodgers CRR, Flores MW, Bassey O, Augenblick JM, Cook BL. Racial/ethnic disparity trends in children's mental health care access and expenditures from 2010-2017: disparities remain despite sweeping policy reform. *J Am Acad Child Adolesc Psychiatry*. 2022;61(7):915-925. doi:10.1016/j.jaac.2021.09.420.
- 2 Panchal N, Kamal R, Cox C, Garfield R, Chidambaram P. Mental health and substance use considerations among children during the COVID-19 pandemic. KFF. May 26, 2021. [kff.org/coronavirus-covid-19/issue-brief/mental-health-and-substance-use-considerations-among-children-during-the-covid-19-pandemic](https://www.kff.org/coronavirus-covid-19/issue-brief/mental-health-and-substance-use-considerations-among-children-during-the-covid-19-pandemic/).
- 3 Whitney DG, Peterson MD. US national and state-level prevalence of mental health disorders and disparities of mental health care use in children. *JAMA Pediatr*. 2019;173(4):389-391.
- 4 License recognition. Veterans' Employment and Training Service, US Department of Labor. [dol.gov/agencies/vets/veterans/military-spouses/license-recognition](https://www.dol.gov/agencies/vets/veterans/military-spouses/license-recognition).
- 5 Department of Defense interstate compact support. National Center for Interstate Compacts, The Council of State Governments. [compacts.csg.org/our-work/ics](https://www.compacts.csg.org/our-work/ics).
- 6 Occupational licensure compacts. National Center for Interstate Compacts, The Council of State Governments. [compacts.csg.org/occupational-licensure-compacts/#:~:text=Occupational%20licensure%20compacts%20represent%20the,act%20and%20initial%20licensure%20process](https://www.compacts.csg.org/occupational-licensure-compacts/#:~:text=Occupational%20licensure%20compacts%20represent%20the,act%20and%20initial%20licensure%20process).
- 7 MFT license portability. American Association for Marriage and Family Therapy. Accessed December 2023. [aamft.org/AAMFT/ADVANCE\\_the\\_Profession/License\\_Portability/Advocacy/MFT%20License%20Portability.aspx?hkey=1faeeab-a780-4add-ba09-9b41a144692f](https://www.aamft.org/AAMFT/ADVANCE_the_Profession/License_Portability/Advocacy/MFT%20License%20Portability.aspx?hkey=1faeeab-a780-4add-ba09-9b41a144692f).
- 8 McBain RK, Eberhart NK, Breslau J, et al. *How to Transform the U.S. Mental Health System: Evidence-Based Recommendations*. RAND Corporation; 2021. [rand.org/pubs/research\\_reports/RRA889-1.html](https://www.rand.org/pubs/research_reports/RRA889-1.html).
- 9 Division of Behavioral Health and Recovery, Washington State Health Care Authority. *Access to Behavioral Health Services for Children*. Report to the Legislature. December 1, 2021. [app.leg.wa.gov/ReportsToTheLegislature/Home/GetPDF?fileName=HCA%20Report%20-%20Access%20to%20Behavioral%20Health%20Services%20for%20Children\\_64a146cc-4348-48d2-b61c-1d82e0f33009.pdf](https://app.leg.wa.gov/ReportsToTheLegislature/Home/GetPDF?fileName=HCA%20Report%20-%20Access%20to%20Behavioral%20Health%20Services%20for%20Children_64a146cc-4348-48d2-b61c-1d82e0f33009.pdf).
- 10 Division of Behavioral Health and Recovery, Washington State Health Care Authority. *Access to Behavioral Health Services for Children*. Report to the Legislature. December 1, 2021. [app.leg.wa.gov/ReportsToTheLegislature/Home/GetPDF?fileName=HCA%20Report%20-%20Access%20to%20Behavioral%20Health%20Services%20for%20Children\\_64a146cc-4348-48d2-b61c-1d82e0f33009.pdf](https://app.leg.wa.gov/ReportsToTheLegislature/Home/GetPDF?fileName=HCA%20Report%20-%20Access%20to%20Behavioral%20Health%20Services%20for%20Children_64a146cc-4348-48d2-b61c-1d82e0f33009.pdf).
- 11 State of Rhode Island Executive Office of Health and Human Services. *Rhode Island Medicaid Managed Care Program: 2021 External Quality Review Annual Technical Report*. April 2023. Accessed June 30, 2023. [eohhs.ri.gov/sites/g/files/xkgbur226/files/2023-04/RI%202021%20EQR%20ATR%20Aggregate\\_F2\\_4.28.23.pdf](https://eohhs.ri.gov/sites/g/files/xkgbur226/files/2023-04/RI%202021%20EQR%20ATR%20Aggregate_F2_4.28.23.pdf).
- 12 Kaye N. Strategies used by states to link Medicaid managed care plan payment to performance in behavioral health service delivery. National Academy for State Health Policy. April 20, 2023. [nashp.org/strategies-used-by-states-to-link-medicaid-managed-care-plan-payment-to-performance-in-behavioral-health-service-delivery](https://www.nashp.org/strategies-used-by-states-to-link-medicaid-managed-care-plan-payment-to-performance-in-behavioral-health-service-delivery).
- 13 Sabini C, Spitzer E, Ahmed O. *Strengthening Federal Network Adequacy Requirements for ACA Marketplace Plans: A Strategy to Improve Maternal Health Equity*. Center for American Progress; March 21, 2022. [americanprogress.org/article/strengthening-federal-network-adequacy-requirements-for-aca-marketplace-plans](https://www.americanprogress.org/article/strengthening-federal-network-adequacy-requirements-for-aca-marketplace-plans).
- 14 Lundt L. No one size fits all: the case for a balanced approach to telehealth and in-person care. *Mental Health America*. August 10, 2021. Accessed July 13, 2023. [mhanational.org/blog/no-one-size-fits-all-case-balanced-approach-telehealth-and-person-care](https://mhanational.org/blog/no-one-size-fits-all-case-balanced-approach-telehealth-and-person-care).
- 15 Attiya A. States focus on behavioral health as they consider the future of telehealth. National Academy for State Health Policy. March 14, 2022. Accessed July 13, 2023. [nashp.org/states-focus-on-behavioral-health-as-they-consider-the-future-of-telehealth](https://www.nashp.org/states-focus-on-behavioral-health-as-they-consider-the-future-of-telehealth).
- 16 Zhu JM, Breslau J, McConnell KJ. Medicaid managed care network adequacy standards for mental health care access: balancing flexibility and accountability. *JAMA Health Forum*. 2021;2(5):e210280.
- 17 US Government Accountability Office. *Mental Health Care: Access Challenges for Covered Consumers and Relevant Federal Efforts*. GAO-22-104597. March 2022. [gao.gov/assets/gao/22-104597.pdf](https://www.gao.gov/assets/gao/22/104597.pdf).
- 18 Graddy E, Nichol MB. Structural reforms and licensing board performance. *Am Polit Res*. 1990;18(3):376-400.
- 19 Graddy E, Nichol MB. Structural reforms and licensing board performance. *Am Polit Res*. 1990;18(3):376-400.
- 20 Wight P. Complaint: mental health professionals face "horrifying" wait times from Maine licensing board. *Maine Public*. March 1, 2021. [mainepublic.org/health/2021-03-01/complaint-mental-health-professionals-face-horrifying-wait-times-from-maine-licensing-board](https://www.mainepublic.org/health/2021-03-01/complaint-mental-health-professionals-face-horrifying-wait-times-from-maine-licensing-board).
- 21 Kaplan A. "A real crisis": license backlogs in some states are preventing health care workers from seeing patients. *NBC News*. February 12, 2022. Updated February 13, 2022. [nbcnews.com/health/health-care/real-crisis-license-backlogs-states-prevent-health-care-workers-seein-rcna14740](https://www.nbcnews.com/health/health-care/real-crisis-license-backlogs-states-prevent-health-care-workers-seein-rcna14740).
- 22 12VAC5-408-170. [law.lis.virginia.gov/admincode/title12/agency5/chapter408/section170](https://www.law.lis.virginia.gov/admincode/title12/agency5/chapter408/section170).
- 23 CAQH Provider Data – list of participating organizations. CAQH. Accessed June 29, 2023. [caqh.org/solutions/caqh-provider-data-list-participating-organizations](https://www.caqh.org/solutions/caqh-provider-data-list-participating-organizations).
- 24 Revalidation. Healthy Connections Medicaid, South Carolina Department of Health and Human Services. Accessed June 29, 2023. [scdhhs.gov/providers/revalidation](https://www.scdhhs.gov/providers/revalidation).
- 25 Virginia Department of Medical Assistance Services. Chapter 2: Provider participation requirements. In: *Physician/Practitioner Manual*. June 30, 2022. Accessed June 29, 2023. [vamedicaid.dmas.virginia.gov/sites/default/files/2022-10/Chapter-2%20Provider%20Participation%20Requirements%20%28Physician-Practitioner%29.pdf](https://www.vamedicaid.dmas.virginia.gov/sites/default/files/2022-10/Chapter-2%20Provider%20Participation%20Requirements%20%28Physician-Practitioner%29.pdf).
- 26 Altschul DB, Bonham CA, Faulkner MJ, et al. State legislative approach to enumerating behavioral health workforce shortages: lessons learned in New Mexico. *Am J Prev Med*. 2018;54(6 suppl 3):S220-S229.
- 27 Altschul DB, Bonham CA, Faulkner MJ, et al. State legislative approach to enumerating behavioral health workforce shortages: lessons learned in New Mexico. *Am J Prev Med*. 2018;54(6 suppl 3):S220-S229.
- 28 Health Management Associates and National Council for Mental Wellbeing. *Behavioral Health Workforce Is a National Crisis: Immediate Policy Actions for States*. 2021. [healthmanagement.com/wp-content/uploads/HMA-NCMW-Issue-Brief-10-27-21.pdf](https://www.healthmanagement.com/wp-content/uploads/HMA-NCMW-Issue-Brief-10-27-21.pdf).
- 29 LCSW supervision matching program. University of Pittsburgh School of Social Work. [socialwork.pitt.edu/researchtraining/lcsw-training-institute-supervision-matching-program](https://socialwork.pitt.edu/researchtraining/lcsw-training-institute-supervision-matching-program).
- 30 Oregon Health Authority. *Key Behavioral Health Investments (21-23 Biennium) Expected to Increase Resources and Improve Outcomes for the Population Needing Intensive Services*. 2022. [oregon.gov/oha/HSD/AMH/docs/1e4247.pdf](https://www.oregon.gov/oha/HSD/AMH/docs/1e4247.pdf).
- 31 Falender CA, Shafranske EP. *Clinical Supervision: A Competency-Based Approach*. 2nd ed. American Psychological Association; 2021.

---

This publication was supported by the Centers for Disease Control and Prevention of the US Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$200,000 with 100 percent funded by CDC/HHS. The contents are those of the authors and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS or the US Government.

ChangeLab Solutions is a nonprofit organization that provides legal information on matters relating to public health. The legal information in this document does not constitute legal advice or legal representation. For legal advice, readers should consult a lawyer in their state.

The Milken Institute School of Public Health is the school of public health of the George Washington University in Washington, DC.

This document was published in April 2024.