Response to America's Behavioral Health Crisis: Recommendations for Addressing Workforce Shortage and Advancing Integrated Care

Since its founding in 1979, the College for Behavioral Health Leadership (CBHL) has served as a non-partisan thought leader, convening cross-sector leaders to share expertise, foster new collaborations, and apply innovative strategies grounded in equity to address mental health, substance use, trauma-related conditions (hereafter referred to as behavioral health) and other complex health needs. CBHL members reflect diversity of experience, expertise, and perspective from public and private organizations representing local, state, and federal government, peer-led organizations, service providers, academia, advocates, community-based organizations, associations, and more.

CBHL members have led the way in all aspects of behavioral health and the social determinants[i] of health as aspects of a person's whole health. CBHL has been credited with helping the nation champion leaders with lived experience, identifying the behavioral health workforce shortage and establishing the Annapolis Coalition, incubating the Coalition for Whole Health, and fostering equity-grounded leadership in behavioral health.

CBHL is releasing this white paper in response to President Biden's plan to address America's behavioral health crisis. While the plan is commendable and appropriation of funding is critical, it is not enough. The attached set of practical recommendations were developed by CBHL members through the lens of addressing the workforce shortage and advancing integrated care. They support and are intended to bolster current proposals by the Biden administration and congressional subcommittees to strengthen the capacity of the behavioral health system, enhance connections to care, and create healthy environments.

The current spotlight on behavioral health reform is a critical opportunity to think differently about wellness and behavioral health care. Despite broad support from the White House and Congress, success requires actual legislation -- especially using the lived experience of those working in and experiencing the behavioral health system -- and funding for transformational strategies.

The recommendations to follow are grouped into two separate areas of focus. The first section spotlights access to services, health equity, network adequacy and parity. The second section spotlights strategies for addressing the behavioral health workforce emergency. These recommendations are intended to support leaders' local, state, and federal advocacy efforts to ensure legislation and funding appropriations consider these critical factors as major, transformational investments are made in the behavioral health system.

Section 1: *Strategies for Ensuring Health Equity, Access to Services, Network Adequacy and Parity*

1. Achieve Health Equity

Address health equity and eliminate disparities through targeted initiatives.

- **Eliminate disparities**
  - Require providers and health systems to systematically identify and eliminate disparities through equity assessments. [ii]

- **Improve data collection**
  - Emphasize data collection that includes race, ethnicity, age, sexual and gender identity (LGBTQIA+), culture, and language in all quality and reporting data (recognizing that some individuals may not wish to report specific items).

- **Target equity initiatives**
  - Implement Equity-Grounded Fellow Programs to train current and future leaders to advance equity and eliminate disparities for behavioral health systems transformation.

2. Provide Rapid Access and Connection to Services

Support recent and emerging service models that emphasize early and rapid access to behavioral health care.

- **Integrate behavioral health care into community-based health care settings**
  - Expand access to behavioral health screening and intervention in health care settings, including primary care and pediatric care, using such best practices as the screening, brief intervention, and referral to treatment (SBIRT) for common behavioral health concerns, such as suicidal thoughts and behaviors, anxiety, depression, as well as alcohol and substance misuse.[iii]
    - Provide resources to train primary care physicians and pediatricians on implementing evidence-based behavioral health screening tools.
  - Integrate behavioral health into primary care and pediatric practices.
    - Expand use of the Collaborative Care Model (CoCM)[iv] by encouraging states to consider CoCM as part of their Medicaid expansion.
    - Waive out-of-pocket expenses and allow use of the CPT billing code 99494[v] more than one time per month.
    - Coach primary care physicians, pediatricians, and behavioral health clinicians on the roles, treatment, and billing strategies.

- **Support telehealth growth**
  - Continue reimbursement of telehealth appointments by Medicaid, Medicare, employer-sponsored and other commercial health insurance plans. Payments should be the same as for in-person services.
  - Increase access to internet and other technology-based applications that use evidence-based practices to promote behavioral health wellness.

- **Expand same day access to behavioral health care**
  - Provide incentives for providers to organize schedules so that appointments can be offered on the same day of the request.
  - Support and expand Certified Community Behavioral Health Clinics (CCBHCs). Over 450 CCBHCs throughout the nation have certification standards that require better access and payments that improve staff retention[vi].
  - Discourage same day billing limitations and allow providers to bill for 1-3 sessions before an intake.
  - Open access to deliver services in non-traditional settings (communities, schools, etc.).

3. Enforce Behavioral Health Network Adequacy and Parity

Implement Strategies to Improve Provider Network Adequacy and Parity

- **Ensure all commercial health plans adequately cover behavioral health care**
  - Employer-sponsored and other commercial health plans should cover the cost of evidence-based services that promote behavioral health in the same way they cover all necessary evidence-based services that promote physical health. For example, plans should cover:
    - Supportive Services such as peer support, case management, and outreach.
    - Medication-Assisted Treatment (MAT) should be the first line of treatment for addiction, subject to client preference. Health plans should provide incentives for primary care physicians to prescribe MAT and eliminate criteria that require members to fail other programs before prescribing medications.
    - First Episode and Early Psychosis programs, which intervene early and reduce the harm of untreated psychosis among young adults and adults.
    - Evidence-based in-home, family- and school-based services, such as multisystemic therapy, functional family therapy and high-fidelity wraparound, should be covered to prevent children from leaving families and entering state custody.

- **Improve behavioral health care appointment access**
  - Require health plans to provide better behavioral health appointment access for their members by updating their online Provider Network Directories monthly, identifying providers that have open appointments and those with no availability.
  - Clean up ghost networks[vii] that create barriers for individuals seeking care.

- **Improve health plan parity reporting**
  - Implement Measurement Based Care (MBC)[viii] practice improvement tools for children and adults.
  - Increase funding for information technology to support behavioral health information exchange (HIE) and expand interoperability or common electronic health record systems.
  - Require commercial health plans to adopt and use the Model Data Request Form (MDRF), supported by the National Alliance of Health Care Purchaser Coalitions, the HR Policy Association, and The Path Forward[ix] to regularly report on key metrics related to mental health parity.

Section 2: *Strategies for Addressing the Behavioral Health Workforce Emergency*

1. Enhance Workforce and Working Environment

Enhance workforce and working environment to attract and retain workforce.

- **Develop infrastructure to take action**
  - Create a national infrastructure to understand deficiencies, review current evidence-based practices, and develop strategies to address the workforce crisis.
  - Identify both short-term/immediate actions and long-term strategies to enhance the behavioral health workforce and implement both simultaneously.

- **Expand workforce capacity**
  - Leverage peers, community health workers, unlicensed staff, and other trusted community partners in the delivery of a core set of supports to enhance treatment.
  - Fund recruitment, creation of scope of practice and/or certification. and training of non-traditional and unlicensed providers (e.g., peers, CHWs, non-degreed professionals, and other direct care workers, etc.) to support an expanded workforce, alternative forms of care, and non-traditional community-based locations.
  - Fund and develop requirements for alternative clinical models to create high quality, accessible, person-centered, culturally relevant mental health care inclusive of non-traditional care team roles.

- **Compensate competitively**
  - Create parity in professional reimbursement for behavioral health services.
  - Create alternative payment structures including bundled rates, prospective and value-based payments that provide more robust and sustainable funding for providers to deliver care *and* support retention of the workforce.

- **Prevent burnout**
  - Adopt strategies to improve mental wellbeing within the workplace culture.[x]
  - Establish realistic timelines and resource allocation for implementing and accomplishing transformation initiatives, with ongoing training, and equitable distribution of resources.

- **Reduce administrative burden that impedes access to care and innovation in care**
  - Create parity of behavioral health intake materials with physical health and other parts of healthcare.
  - Remove the requirement for service planning or provide for flexibility such as allowing payment for 1-3 sessions without a service plan.
  - Align data requirements across funding streams to reduce providers needing to count the same metric in different ways for different payers.
  - Improve accountability through development of more robust quality measures focused on outcomes rather than process measures (such as having a service plan in place).
  - Minimize intake requirements and streamline documentation requirements that reduce access to care and create administrative burden.
  - Shift oversight from process measurement to outcome measurement.
  - Address regulation resulting in an imbalance between time spent on administrative paperwork and clinical care.

- **Develop uniform competencies for behavioral health leadership**
  - Draw from established healthcare leadership competencies with a focus on equity.
  - Establish comprehensive and ongoing leadership development training and fellowships.

2. Improve Data and Outcome Measures

Improve current environment of behavioral health data and outcome measures to ensure the effectiveness and continuous improvement of results.

- **Increase funding for information technology**
  - Expand the use of electronic health records through all behavioral health providers.
  - Require electronic health record vendors to develop interoperability with physical health data and between vendors to allow sharing out outcomes and key performance indicators.

- **Measure the effectiveness of services, staff, and environments**
  - Adopt use of Measurement-Based Care (MBC)[xi].
  - Fund the expansion and development of robust measurement tools for specific diagnoses and needs in behavioral health.

- **Increase accountability of workforce through use of data and outcome measures**
  - Establish meaningful quality measures and key performance indicators (mezzo-level outcomes), and fund accordingly to support regulation and enforcement.
  - Request a national review of network adequacy for behavioral health and create a more tailored measurement of adequacy for behavioral health which requires adequacy for multiple service levels, service types, and competencies for specific populations.
  - Raise accountability for States and health plans to meet network adequacy through data and measurement.
  - Develop and promote the expectation that clinicians will be an integral part of a continuing process for improving results.

- **Require data and outcome measures to address health equity and end disparities**
  - Include race, ethnicity, age, sexual and gender identity (LGBTQIA+), ethnicity, culture, and language in all quality and reporting data (recognizing that some individuals may not wish to report specific items).
  - Analyze behavioral health to identify disparities and to highlight progress or lack thereof in obtaining equity.
  - Ensure the service user voice in all levels of data collection from planning to analysis and reporting.

3. Decrease Stigma

Address stigma to ensure behavioral health is viewed as equally important to physical health.

- **Increase public understanding that behavioral health is an integral component of health**
  - Decrease stigma around behavioral health that has extended to the workforce and has impacted the ability to recruit, retain, and pay.
  - Leverage public awareness around the importance of behavioral health.
  - Train the workforce how to respond to multiple forms of stigma and discrimination.

- **Treat the behavioral health workforce as equally valuable, compensated, and credible members of one's whole health.**
  - Compensate licensed clinicians, peers, CHWs, non-degreed professionals, and other direct care workers, etc., adequately as credible members of one's wellness and recovery team.

- **Create environment of open communication to ensure workforce feedback is considered.**
  - Enforce routine and standardized data collection to understand levels of job satisfaction, burnout, intent to leave, and other factors to monitor workforce nationally and inform solutions

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[iii] Substance Abuse and Mental Health Services Administration. (2022). *Screening, brief intervention, and referral to treatment (SBIRT).* https://www.samhsa.gov/sbirt.

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