

# Rural Insights from Washington's Behavioral Health Workforce Assessment

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Northwest Rural Health Conference

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strategy | implementation | facilitation

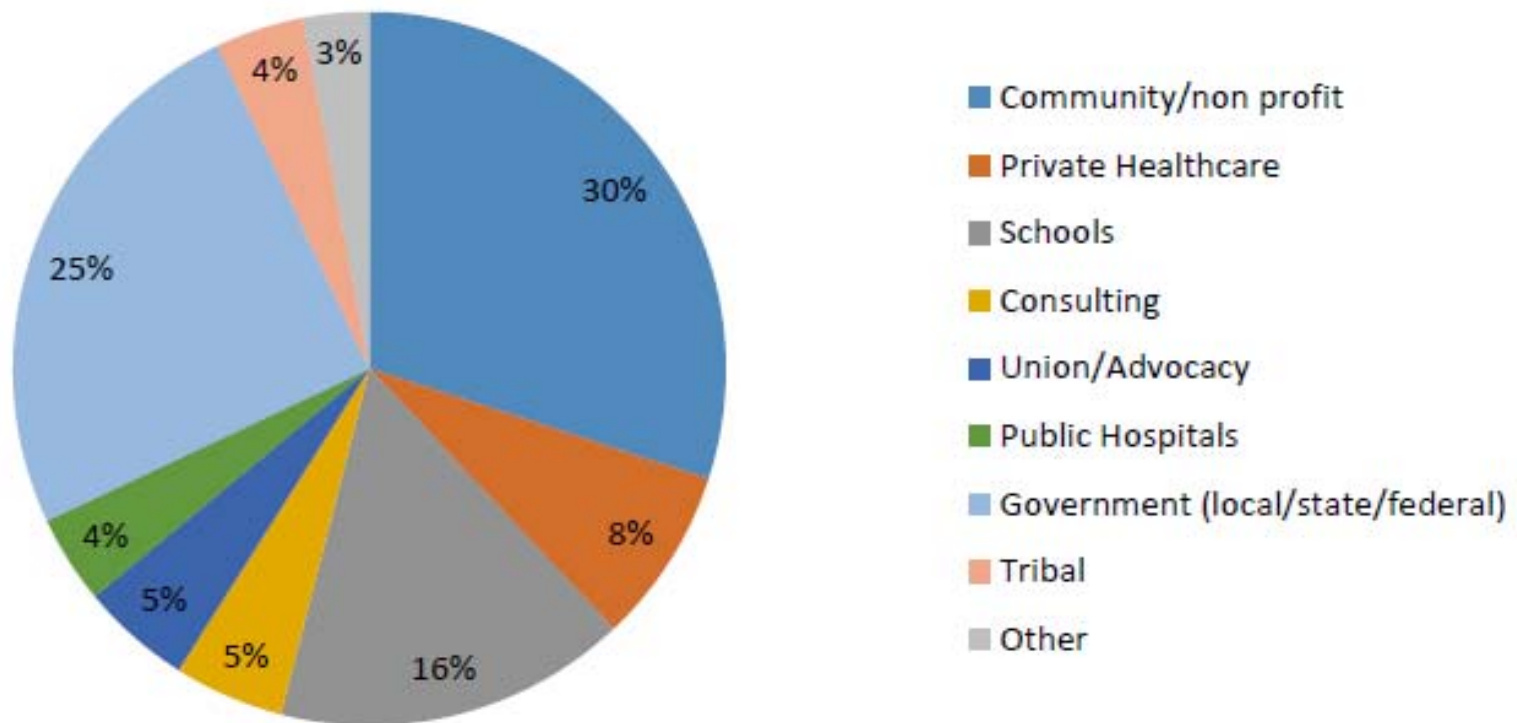


Washington State  
Workforce Training  
And Education  
Coordinating Board

# Who are the Behavioral Health Workforce?



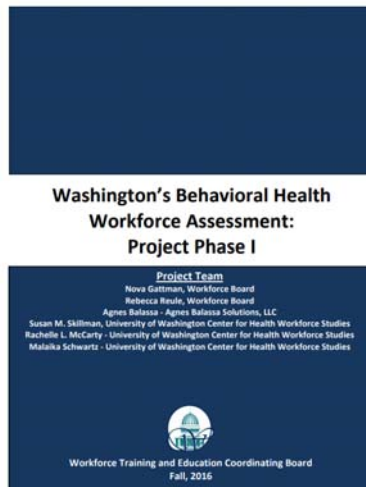
# Diverse Group of Stakeholders



# Phase 1 Report

Submitted to the Governor's office November 4<sup>th</sup>, 2016

*A number of underlying systemic, structural, and perceptual challenges affect the ability to recruit, educate, train, certify, and retain a sufficiently large and adequately skilled workforce to provide access to behavioral health services for those who need these most.*



## Key findings related to:

- *Recruitment and retention*
- *Skills and training*
- *Credentialing, licensing and related policy issues*
- *Paperwork and documentation burdens*

# Phase II: Monitor, Testify, Count, and Revisit

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## 2017 Legislative Session

- WTECB monitored legislation where our recommendations were pertinent
- Provided in-person testimony and information support to staffers to promote recommendations

## Example:

- Recommendation #4-b: Expand telehealth reimbursement to include any site of origination.  
**Passed!**
- Rec #8: Increase the efficiency of the behavioral health workforce by streamlining paperwork and reporting requirements.  
**Passed!**



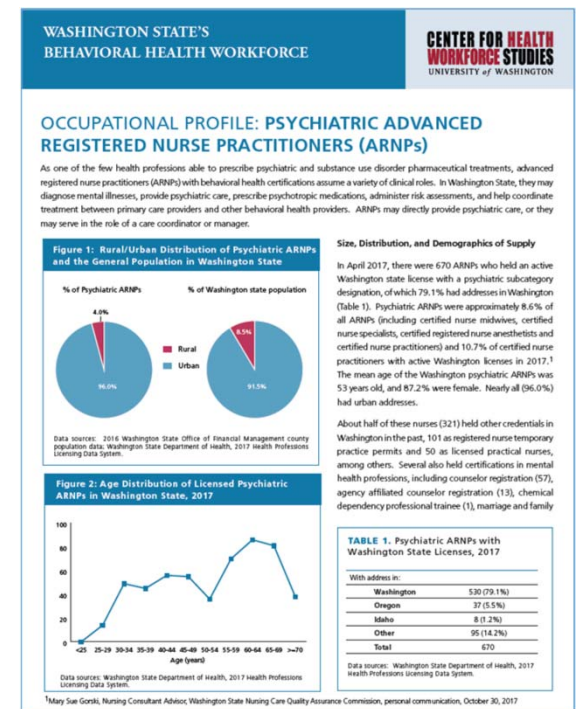
# Phase II: Monitor, Testify, Count, and Revisit

## Background and Framing of Key BH Workforce Issues

- Supply, distribution, demographics, and demand
- Education and training
- Credentialing
- Practice characteristics
- Relevant skills needed for integration
- Retention and turnover
- Policy impacts (e.g., new billing codes)

## Produced occupation profiles for leading BH professions

- Psychiatrists, psychologists, social workers, psychiatric ARNPs, mental health counselors, marriage and family therapists, chemical dependency counselors, peer counselors, community health workers





# Select Behavioral Health Professionals in WA

**TABLE 2.** Distribution, Age, and Sex of Select Behavioral Health and Related Occupations in Washington, 2017

Occupation	Number Credentialed with Addresses in Washington	Rate per 100,000 State Population	Mean Age	Percent Age >55 years	% Female	% Rural
Psychiatrists*	727	10.1	55	55.6%	40.7%	3.3%
Psychologists	2,295	31.9	52	45.8%	62.6%	3.8%
Licensed Advanced Social Worker	77	1.1	49	31.2%	89.6%	0.0%
Licensed Independent Clinical Social Worker	3,619	50.4	52	44.7%	82.0%	3.8%
Psychiatric ARNP	530	7.4	53	51.9%	87.2%	4.0%
Mental Health Counselors	5,923	85.5	52	45.5%	76.2%	4.1%
Marriage and Family Therapists	1,387	19.3	51	44.3%	76.9%	2.7%
Chemical Dependency Professionals	2,629	36.6	51	44.1%	64.9%	5.1%
DBHR-Certified Peer Counselors	2,346	32.7	NA	NA	NA	NA
Community Health Workers†	1,473	20.5	NA	NA	86%	NA

Data source: Washington State Department of Health, 2017 Health Professions Licensing Data System

NA – not available

\* Data from 2016 AMA Physician Masterfile

† Washington Department of Health Training Program only

# Example from Occupational Profile

**TABLE 2.** Distribution, Age, and Sex of Psychiatric ARNPs in Washington by Accountable Community of Health

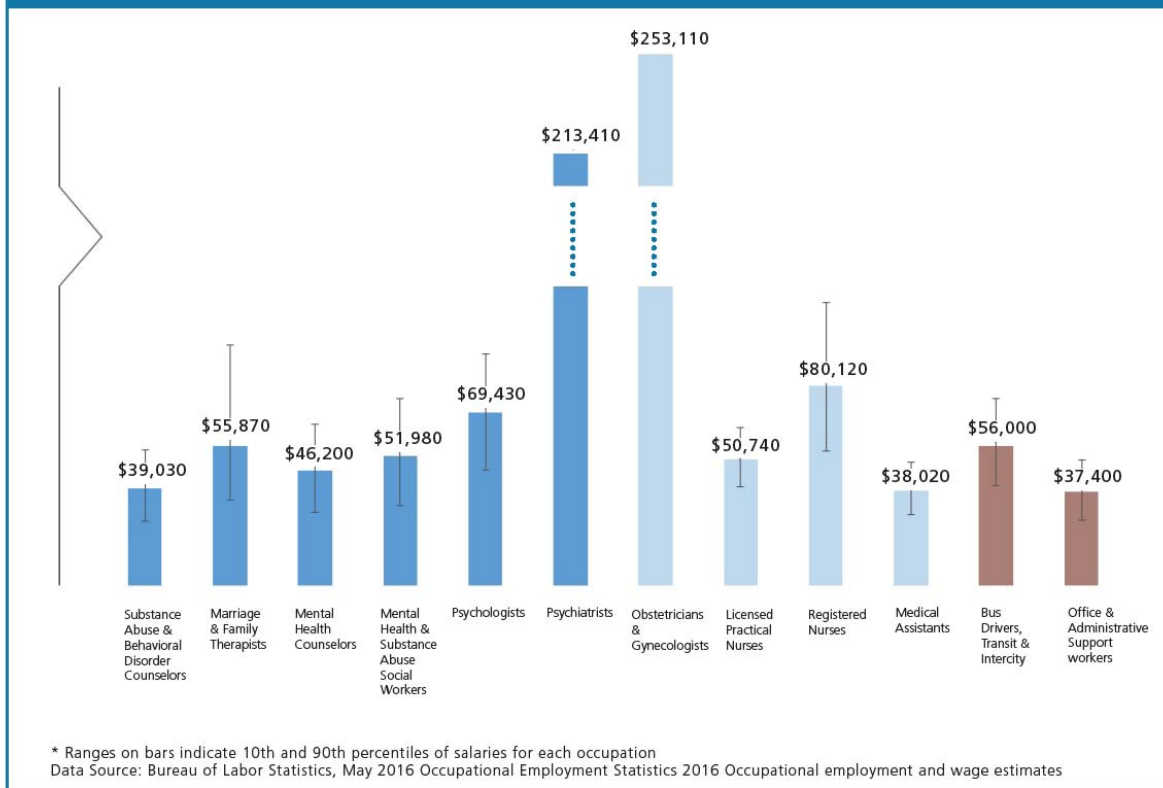
Advanced Registered Nurse Practitioners	N	Population	Rate per 100,000	Mean Age	% (N) >55 Years	% (N) Female
<b>Statewide*</b>	530	7,183,700	7.4	53	51.9 % (275)	87.2% (462)
<b>Accountable Community of Health (ACH) †</b>						
Pierce County	60	844,490	7.1	53	58.3% (35)	86.7% (52)
North Sound	61	1,206,900	5.1	57	67.2% (41)	90.2% (55)
King County	214	2,105,100	10.2	50	44.4% (95)	89.7% (192)
Better Health Together	41	587,770	7.0	54	53.7% (22)	87.8% (36)
Cascade Pacific Action Alliance	38	614,750	6.2	57	65.8% (25)	86.8% (33)
Greater Columbia	43	710,850	6.0	52	46.0% (20)	86.0% (37)
Southwest Washington	31	493,780	6.3	53	48.4% (15)	77.4% (24)
Olympic Community of Health	25	367,090	6.8	55	60.0% (15)	88.0% (22)
North Central	17	252,970	6.7	50	41.2% (7)	64.7% (11)



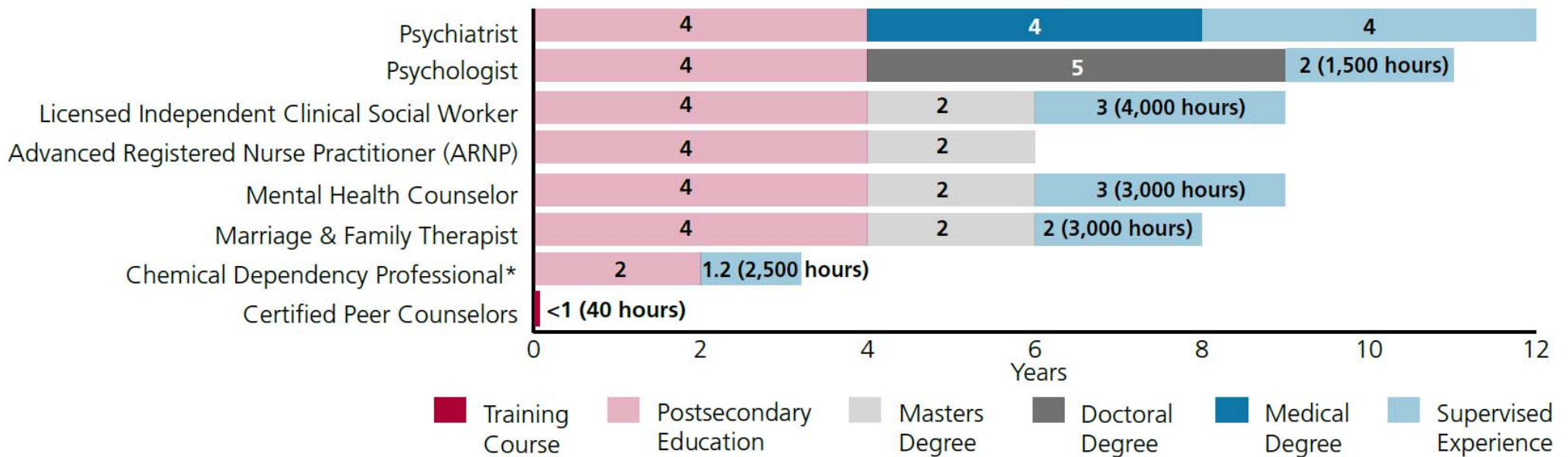


# Example from Report: Salary Comparisons

Figure 3. Full Time Salaries of the Behavioral Health Occupations & Comparison Occupations in Washington State in 2016

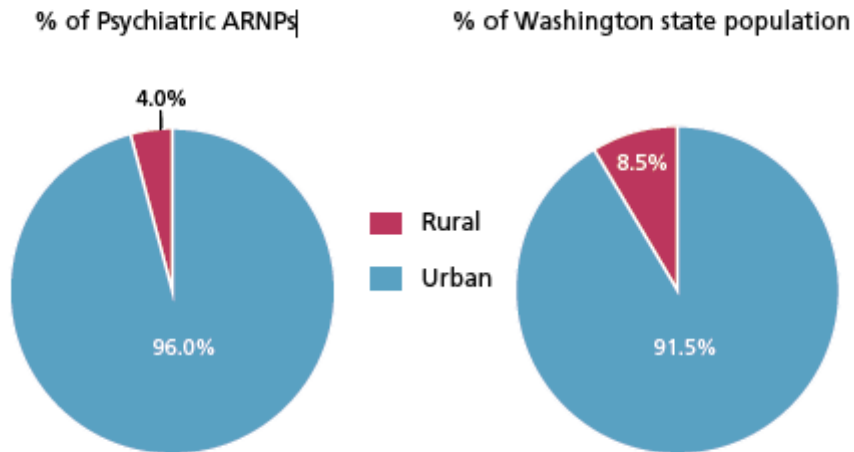


# Summary of Typical Education and Supervised Experience Requirements



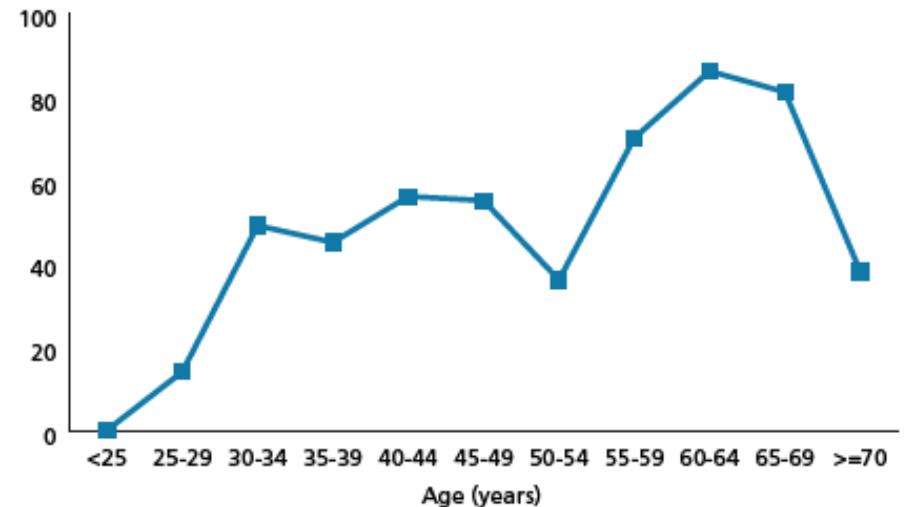
# Example from Occupational Profile

Figure 1: Rural/Urban Distribution of Psychiatric ARNPs and the General Population in Washington State



Data sources: 2016 Washington State Office of Financial Management county population data; Washington State Department of Health, 2017 Health Professions Licensing Data System.

Figure 2: Age Distribution of Licensed Psychiatric ARNPs in Washington State, 2017



Data sources: Washington State Department of Health, 2017 Health Professions Licensing Data System.



# Phase II: Monitor, Testify, Count, and Revisit

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## Stakeholder Focus Group Topics

- Integrated care delivery and medication-assisted behavioral health treatment
- Reimbursement
- Clinical training and increasing workforce supply, distribution and diversity
- “C-suite” – executive level leaders from behavioral health agencies

Updates from the last round of stakeholder activity

Updates on recommendations based on changing landscape

## Analysis Approach

- Consensus? Repetition? “Landmine”? Reality checks.

# Phase II: Connections, Stories, and Lessons

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Examples of Workforce  
Retention Resources

Occupations and Roles: Example from  
Washington State's Mental Health  
Integration Program

Volk Court Ruling

Training as an Ongoing Need:  
Washington's SBIRT Primary Care  
Integration Project

Who are "Prescribers", and why do they  
matter?

Lessons from the Early-Adopter Region:  
Integration in Southwest Washington

# Phase II: Final Recommendations

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1. Adjust reimbursement rates to better support competitive recruitment and retention of a skilled behavioral health workforce.
2. Promote team-based and integrated (behavioral and physical health) care.
3. Increase access to clinical training and supervised practice for those entering behavioral health occupations.
4. Expand the workforce available to deliver medication-assisted behavioral health treatments.
5. Improve workforce supply, distribution and diversity.



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**REIMBURSEMENT**



**\* Especially in safety net settings**

https://depts.washington.edu/fammed/chws/

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## Studies

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### Washington State Behavioral Health Workforce Assessment

**Description:**

This study is being conducted in collaboration with the Washington State Workforce Training and Education Coordinating Board. The purpose of this study is to identify workforce-related issues that affect access to behavioral health care services in Washington. From this study's findings, we will develop and recommend strategies to address current behavioral health workforce needs as well as future demand for services prompted by primary care and behavioral health integration efforts. Recommendations will consider workforce distribution, pipeline, education/training, and recruitment/retention.

**Funder:**

U.S. Dept. of Labor, Workforce Innovation and Opportunity Act

**Status:**

In Progress

**Publications/Presentations**

Authors	Title	Type	Documents/Media
McCarty RL, Skillman SM	Washington State's Behavioral Health Workforce	PUBLICATION	Chemical Dependency Counselors Community Health Workers Marriage and Family Therapists Mental Health

