

# HB 1504 Summary and Learnings

Presented by Sarah Dryfoos, Director of Equity & Collaborative Impact



**SWACH**

# Situational Analysis

The increase in demand for behavioral health, mental health, and substance use disorder services in the United States is well-documented. Over the next 15 years (through 2036), NCHWA projects shortages in many key behavioral health occupations, including:

- **87,630 addiction counselors**
- **69,610 mental health counselors**
- **62,490 psychologists**
- **42,130 psychiatrists**
- **27,450 marriage and family therapists**
- **21,030 school counselors**

**Note:** All data are expressed in full-time equivalents (FTEs). These estimates are based on current use of behavioral health services in the United States.

**They do not address the large amount of unmet need that exists for these same services. To attempt to address this unmet need, predicted shortages would worsen.**

**For example, an additional 95,970 psychologists would be required by 2036 to meet all unmet need for psychologists.** By contrast, 62,490 psychologists are required to address only current use.

[Health Workforce Projections](#) | [Bureau of Health Workforce \(hrsa.gov\)](#)

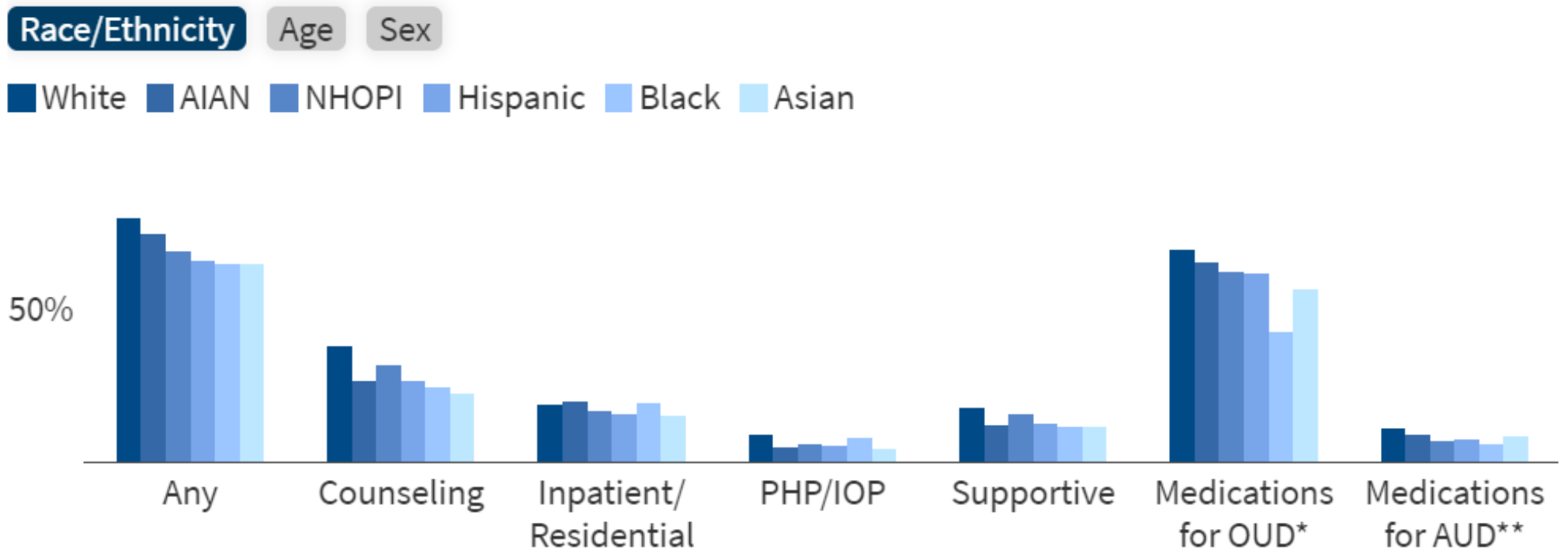


# Situational Analysis - access to tx disparities

Figure 3

## Substance Use Disorder Treatment Varies Considerably by Race, Ethnicity, and Age

Among Medicaid enrollees diagnosed with a substance use disorder, by race/ethnicity, 2020



# Situational Analysis

## Factors contributing to the BH Workforce Shortage:

- Low Reimbursement Rates
- Limited and/or Lack of Coverage
- Historical and current underinvestment
- Limited Scopes of Practice
- Clinician Burnout
- Cost of education
- Cost of living
- Unpaid internships or hours needed for licensure is often underpaid
- Payment for BH providers in acute care settings  
(incentive for private practice for highest trained positions)
- Rural Counties disproportionately impacted

- [Behavioral Health Workforce 2023 Brief \(hrsa.gov\)](https://www.hrsa.gov)
- [Understanding the U.S. Behavioral Health Workforce Shortage | Commonwealth Fund](#)



# ESSHB 1504

- HCA must establish a behavioral health workforce pilot program and training support grants for community mental health and substance use disorder treatment providers.
- HCA must implement the pilot program and training support grants in partnership with and through the Accountable Communities of Health or the University of Washington Behavioral Health Institute.
- The purpose of pilot was to provide incentive pay for individuals serving as clinical supervisors within community behavioral health agencies, state hospitals, and facilities operated by the Department of Social and Health Services.
- The requirements for the pilot:
  - Must cover 3 sites (at least 1 in eastern and 1 in western Washington)
  - Sites must serve primarily Medicaid clients
  - Of the 3 sites, 1 must serve children and 1 must offer substance use disorder treatment
- HCA must establish a grant program for mental health and substance use disorder providers that provides flexible funding for training and mentoring clinicians who serve children and youth. (This will not be discussed today)



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# Project Overview

- HB 1504 was passed by the Washington State Legislature, and allocated funding to help pilot programs that could create a sustainable Behavioral Health Workforce Pipeline.
- \$294,000 was awarded to SWACH
- Project period: 10/1/21-6/30/23.
- SWACH passed through the majority of the funding to Lifeline Connections, a 501c(3) nonprofit mental health, behavioral health community based organization. Lifeline provides youth and adult services, and offers both in patient and outpatient supports. SWACH partnered with their team to fund recruitment, training, and capacity building initiatives for this pilot



**SWACH**



# Successes

- Funding was flexible, which enabled success
- Leveraged incentives to increase direct service clinicians to supervise students
- Successfully included 28 students and 17 supervisors (staff) in this project
- Promoted increased job satisfaction for supervisors
- All 17 supervisors stayed with Lifeline Connections during the project term, further contributing to stable staff levels within Lifeline Connections

This funding allowed for behavioral health staff with the agency to develop and maintain new skillsets in supervision, allowed for new and interesting parallel job duties to support students. Additionally, agency shared staff felt refreshed in their roles by adjusting focus in part to supervise students.

# Areas for Improvement

- Behavioral Health Workforce Shortage – licensure requirements, supervision costs the individuals receiving supervision, cost of school and working full time (or as an intern), high burnout, high cost of school and living,
- Behavioral Health Services Shortage – ecosystem of care, including in patient, out-patient, access to harm reduction, education about prevention, social stigma
- Long term funding needed



**SWACH**



# Unknowns

There are regional and geographic complexities that impact what works well and in which setting. If there were to be another funding opportunity, we don't know if this would be the best use of funding, or if there are other options to create long lasting systems changes.

Additionally – there is curiosity if this funding had the impact that we had hoped for - we don't know what the legislature had identified as goals, or if there were any. And, with this amount of funding if we were to allocate it differently, like changing reimbursement rates, would that have a larger impact?



**SWACH**

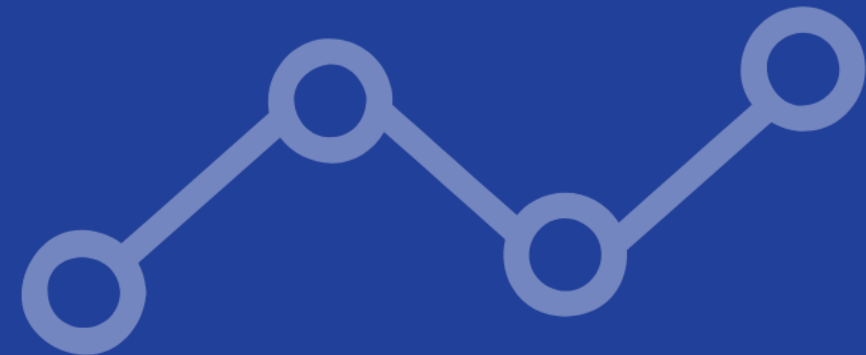
# Next Steps

Application review

Onboarding new members

Power Mapping in December

Policy & Advocacy support for short session



# Questions?



# Behavioral Health Workforce Pilot

Dani LaForest,  
Workforce Development Liaison

# Overview

- Greater Health Now was awarded: \$293,334
- 7 Sites
- 4 specializing in Adult Substance Use Disorder
- 2 specializing in Mental Health
- 1 specializing in Other
- 14 substance use disorder professional trainees (SUDPT)
- 3 Licensed Independent Clinical Social Workers (LICSW)
- 9 Master of Social Workers (MSW)



# Successes

**Flexible funding allowed for unique models of compensation that fit individual site needs.**

- Raises
- Bonuses
- Financial assistance for tuition, certificate fees, application fees, etc.

**Increased capacity for BH staff to preceptor students**



# Successes

Multiple sites found success in “Growing their Own”

-promoting interns from within to retain excellent staff members





# Successes

Increased staffing capacity led to community impact and diversifying patients served.



# Successes

Building collaboration between local educational institutions and sites – ongoing relationships that extend beyond this funding.





# Successes

Innovative staffing models allowed for expansion of services within licensure requirements.



# Challenges

“Workforce shortage continues to be our greatest challenge”





# Challenges

Navigating disparity of intern's base level of experience and different programs' requirements – including required number of clinical hours.

In some programs, providing clinical hours was difficult due to the vulnerability of client populations and the necessity to have them fully supervised by a licensed MHP.



# Challenges

Preceptor time supervising interns required them to reduce billable hours (7.2 hours of monthly supervision time for individual, group and chart review per intern, therapist-in-training or SUDPT)

# Challenges

Interns/ students struggle with balancing the demands of family life, education, travel, employment and/or internship time adjustments. It can be very stressful for interns causing burn out in some. Per supervision comments of interns, many experiences a lot of pressure and guilt when situations like these occur.

Low opportunities for paid internships causing a financial hardship for many interns.



# Challenges

Programs worked to find meaningful use of this temporary funding while working to identify additional sources to fund on-going projects and employees.



**Some sites required interns to sign agreements to continue working at the site after graduation in exchange for tuition assistance and other benefits.**

For one site this back-fired when an intern violated their agreement – citing they were changing career paths and seeking a higher paying career.

**LESSONS  
LEARNED**

# Policy Implications

“We continue to advocate with Department of Health to allow Community Health Centers (FQHCs) to hire Agency Affiliated Counselors. We have had several candidates with Master’s Degrees apply with our organization but at this time because we are not a licensed mental health facility we are not able to hire them.”



# Recommendations & Next Steps

Additional flexible funding programs are needed to continue to support innovative solutions to the behavioral health workforce shortage.



# **Health Workforce Council Meeting**

## **ESSHB 1504 Summary and Learnings**

Wendy Brzezny MN, RN

Director of Clinical Integration

June 27, 2024



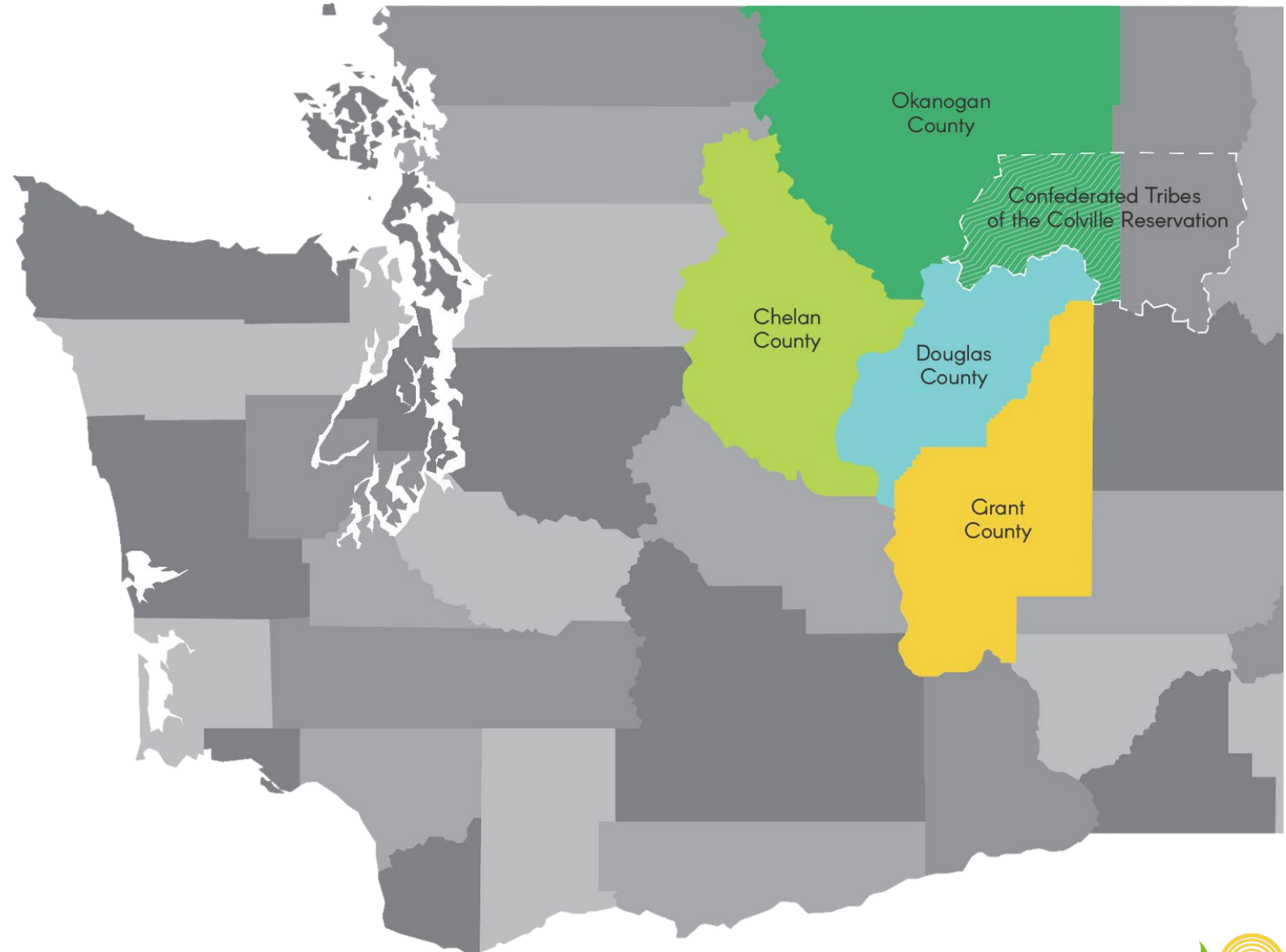
**THRIVINGTOGETHER**

NORTH CENTRAL WASHINGTON

# Accountable Communities of Health

Each of the 9 ACH's in Washington cover a specific region and work to translate large-scale initiatives into action at a more localized level.

Thriving Together NCW covers Chelan, Douglas, Grant & Okanogan Counties and confederated tribes of the Colville reservation.



# Building the Behavioral Health Workforce in NCW

Project Overview

Successes

Challenges

Recommendations / Next Steps





# Project Overview

Create a low barrier program  
Modeled Greater Health Now's Reimbursement  
breakdown:

\$10,000: Substance use disorder professional trainee (SUDPT)

\$15,000 for a bachelor level intern

\$20,000 for a master level intern

\$25,000 for a doctoral level intern

\$50,000 increased to \$78,000 per agency

\$292,666

6 of 11 Behavioral Health Agencies + 1 non-BHA

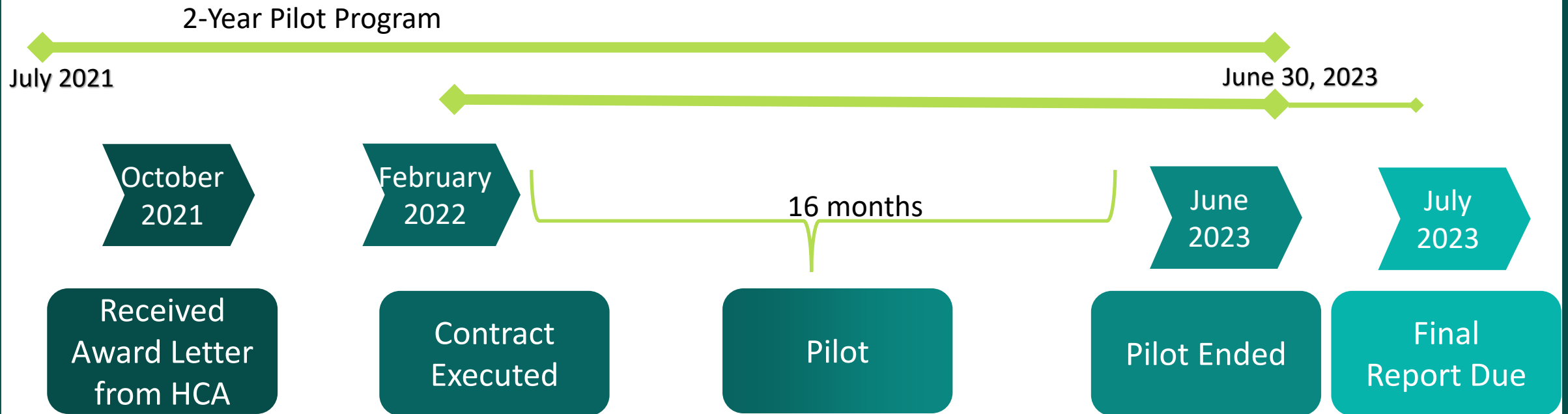
19 Interns Total

2 SUDPT

17 Master-level (2 non-BHA)



# Timeline



# Successes

Low Barrier Funding

Flexibility of Funds\*

Increased Supervisor Pay (per hour and one-time bonus)\*

Paid Internships

Background checks

Trainings for Interns

Able to pilot a school-based program

Created, Sustained and Expanded Internship Programs

8 of 15 interns were hired at the agency they trained

6 of 11 Behavioral Health Agencies + 1 non-BHA

19 Interns Total:

- 2 SUDPT
- 15 Master-level (2 non-BHA)





# Challenges

## Local Pilot Programs:

- Limiting to only behavioral health agencies hospitals and DSHS Services)
- Navigating the different requirements from each educational Institution\*
- Difficulty finding interns
- Housing for interns who did not live locally
- Cost of background check
- Reduction in billable hours\*
- Fear of losing revenue if they participate

## Overall:

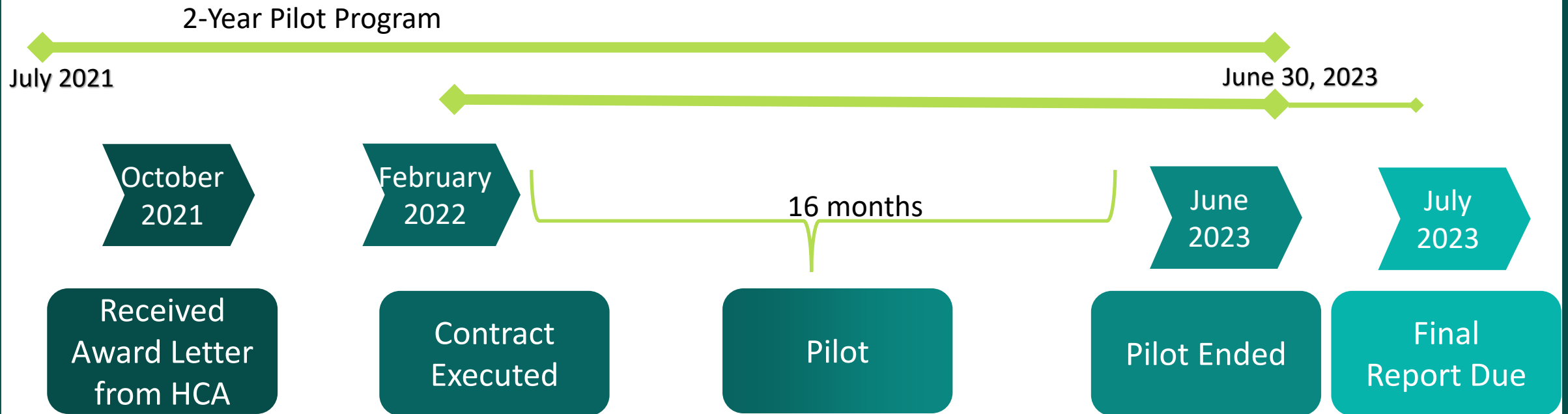
Temporary Funding

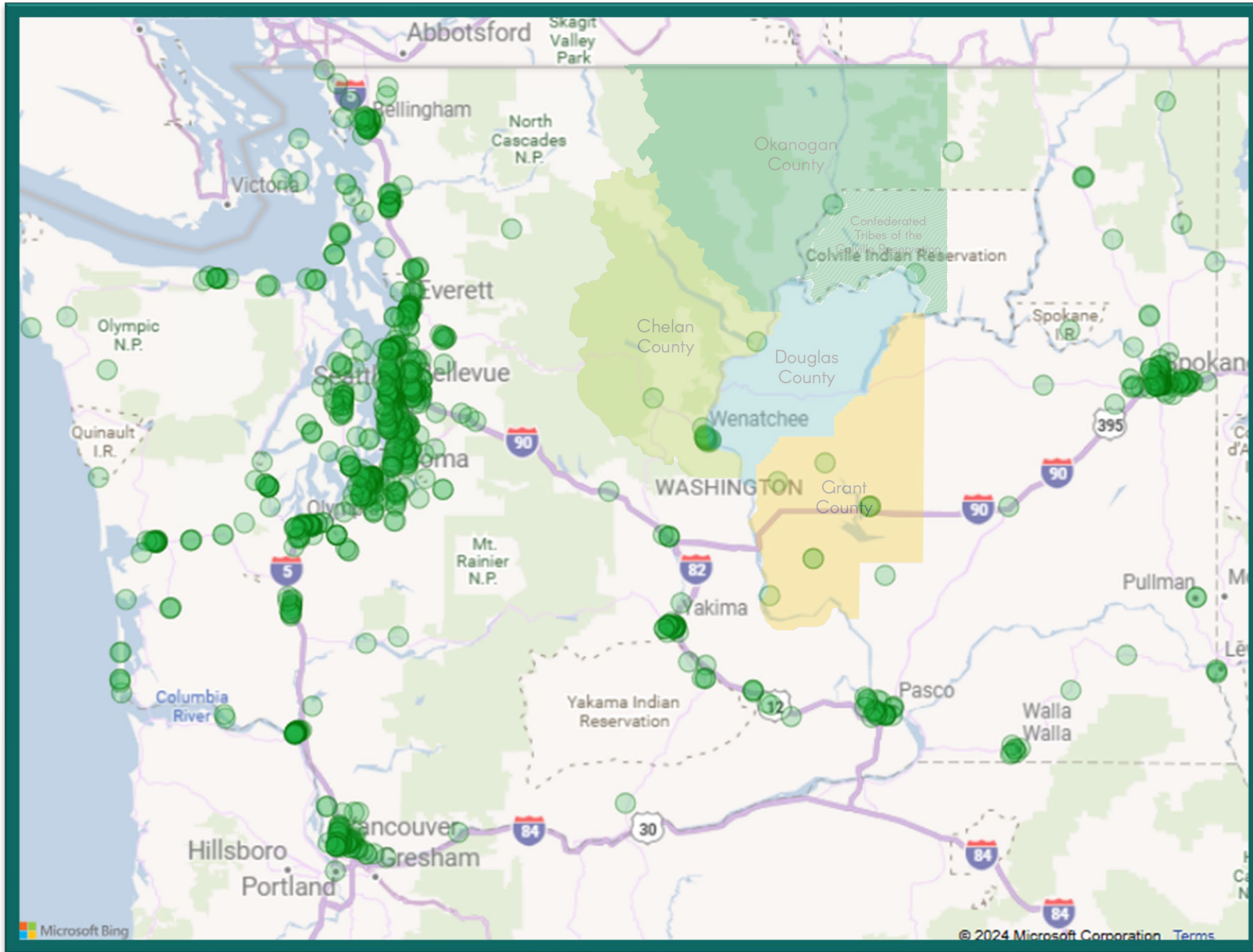
Timeline

Opportunity only for Behavioral Health Agencies



# Timeline





Limiting to BHAs: Limits the training grounds, especially in rural areas

Source: <https://doh.wa.gov/licenses-permits-and-certificates/facilities-z/behavioral-health-agencies-bha/find-bha>



# Creating Change

*“I wanted to thank you and Thriving for the previous Internship funding, we have launched a pretty elaborate internship program here. I just had 4 students complete their practicums with us, and all four of them are interested in working with Catholic Charities in at least a part-time capacity. I have 5 remaining students and have 5 (maybe 6) additional students that are going to start this summer.”*

*~Shawn DeLancy, MSW/LICSWA/MHP/DCR, Catholic Charities*



# Recommendations / Next Steps

## Additional Flexible Funding

using an equity lens – target universalism approach  
(setting universal goals and using targeted processes to  
achieve them)

Consider implications for short-term pilots

Consider how restrictions can have unintended  
consequences (e.g. limiting to BHAs, hospitals and  
DSHS Services)

Credentialing

Fund Flows while waiting for contract execution



# Heritage University Behavioral Health Aid Program

- Behavioral Health Aides (BHAs) provide critical healthcare services and supports to adults and adolescents, families, and communities throughout tribal communities.
- The education program prepares BHAs with the knowledge, skills, and abilities necessary to provide quality behavioral health care in tribal communities.
- To address the mental health crisis tribal nations experience.
- To increase access and Behavioral Health services in a culturally-responsive manner.





**Sarah Dryfoos**  
**Director of Equity & Collaborative Impact**  
**[sarah.dryfoos@southwestach.org](mailto:sarah.dryfoos@southwestach.org)**

**Dani LaForest**

**Workforce Development Liaison**  
**[dlaforest@greaterhealthnow.org](mailto:dlaforest@greaterhealthnow.org)**



**Wendy Brzezny MN, RN**  
**Director of Clinical Integration**  
**[wendy@thrivingncw.org](mailto:wendy@thrivingncw.org)**

*Thank  
you!*