

## **Position Paper: Expand Loan Repayment Assistance to Build Mental Health Capacity**

**The Legislature should increase State Health Professional Loan Repayment Program funding by \$3 million for the 2015-17 biennium, prioritizing this investment for non-prescribing mental health professionals that are not included in the current award cycle.**

---

Recent coverage expansions have created additional demand for health care services. This is particularly challenging in rural and underserved areas that struggle with provider recruitment and retention. The state's Health Professional Loan Repayment Program is a key tool for community health centers (CHCs) to expand capacity to meet demand.

In 2015, the Legislature recognized this need and invested more than \$9 million in the Health Professional Loan Repayment Program. Although the state loan repayment program will not meet all health safety net workforce needs, the appropriation restored the program's funding to roughly pre-2011 levels and is expected to fund awards for up to 118 additional providers. The awards will be distributed by July 1, 2016. However, the 2016 award year unexpectedly excludes certain categories of mental health providers.

Despite prior agreements, the Student Achievement Council, the agency responsible for implementing the program, has found that it is unable to award loan repayment assistance to non-prescribing mental health providers, including licensed mental health counselors, licensed marriage and family therapists, licensed social workers, and psychologists. The 2015 budget proviso limits awardees to those working in designated health professional critical shortage areas, but there is no shortage data for non-prescribing mental health provider licenses, and the Department of Health has no plans to acquire this data. Non-prescribing mental health providers are critical for delivery system integration: Because there are not enough prescribing mental health providers to meet the need, the system depends on non-prescribing providers to facilitate integration, especially in the primary care setting.

### **Washington Needs a Legislative "Fix" to the Health Professional Loan Repayment Program**

The lack of data does not equate to a lack of need. CHCs have worked for many years to integrate behavioral health into their clinical practices, and are well-positioned to lead Washington's health care safety net to fully integrated managed care in the coming years. Successfully integrating physical and behavioral health care delivery requires an adequate workforce, particularly in historically underserved areas of the state. In primary care settings, behavioral health services are primarily provided by non-prescribing practitioners. A November 2015 survey of workforce needs at Washington's CHCs identified 40 non-prescribing mental health vacancies, and these vacancies must be filled to meet patient needs.



The 2016 Legislative Session presents an opportunity to build on the Legislature’s commitment to using loan repayment assistance as a tool to address health care workforce shortages. CHCs and other safety net providers compete for talent with private clinics and larger delivery systems that often have the resources to offer better recruitment and retention incentives, and they struggle to recruit and retain behavioral health practitioners. In spite of this challenge, Washington’s CHCs offer enormous behavioral health workforce value to the state, instilling in practitioners the skills to work in an integrated primary care environment that manages the health of the whole patient.

Additionally, Washington needs data on non-prescribing mental health provider workforce needs as the state approaches the transition to fully integrated managed care in 2020. Currently, comprehensive shortage data exists only for psychiatrists. This data is vital not only to implement the Health Professional Loan Repayment Program, but also to inform the state’s other behavioral health policy initiatives.

Washington’s community health centers continue to face significant challenges in recruiting and retaining health care providers of all specialties. This year, however, the Legislature can take concrete steps to bolster our primary care safety net as the state comes closer to behavioral health integration.

#### **Bolster the State’s Investment in the Existing State Health Professional Loan Repayment Program**

To correct these oversights, the Legislature should add \$3 million to the existing program, instructing the agency to prioritize the additional funds for non-prescribing mental health providers that have not been included in the current award cycle. Moreover, the Legislature should direct the Department of Health to develop a plan to collect the necessary shortage data on non-prescribing behavioral health providers to prevent this gap from affecting the program in the future.