

Access to Behavioral Health Providers

Mental health is vital to overall health and well-being. Those who experience mental health symptoms may be more likely to qualify for disability benefits, and may also be more susceptible to suicidal thoughts or actions.¹ In 2016, 12% ($\pm 1\%$) of Washington adults self-reported experiencing poor mental health for 14 or more days during the month prior to interview. Washington also has a higher rate of suicide death compared to the U.S., and suicide rates have been increasing.

Access to behavioral healthcare can be an important aspect of improving mental health and preventing suicide. This section focuses on the number and distribution of providers which is a key component of access to behavioral healthcare, along with insurance coverage and affordability. While Washington State as a whole has a higher rate of behavioral health providers per population than the U.S., these clinicians are not equally distributed through the state. Some counties have greatly restricted access to psychiatrists and other behavioral health providers and 35 of 39 counties are federally designated as Mental Health Professional Shortage Areas.

DOH, along with partner agencies, is working to assess the types of clinicians providing behavioral health services and their distribution within the state. Areas of greatest need are targeted for workforce interventions such as loan repayment for providers and enhanced technical assistance. Overall, behavioral health providers encompass mental health and substance use disorder providers. Currently available data is limited to mental health providers specifically.



In Washington, there is 1 mental health provider for every 360 people



By county, the ratio of behavioral health providers ranges from 1 for every 262 people to 1 for every 3,378 people

Provider Rate

- In the *County Health Rankings*, the rate of mental health providers in Washington was 278 per 100,000 during 2016 representing one provider serving about 360 people.
- Washington had a much better provider rate than the U.S. overall (200 per 100,000 overall with the U.S. median of 90 per 100,000).
- Overall, Washington's mental health provider rate improved between 2013 and 2016.

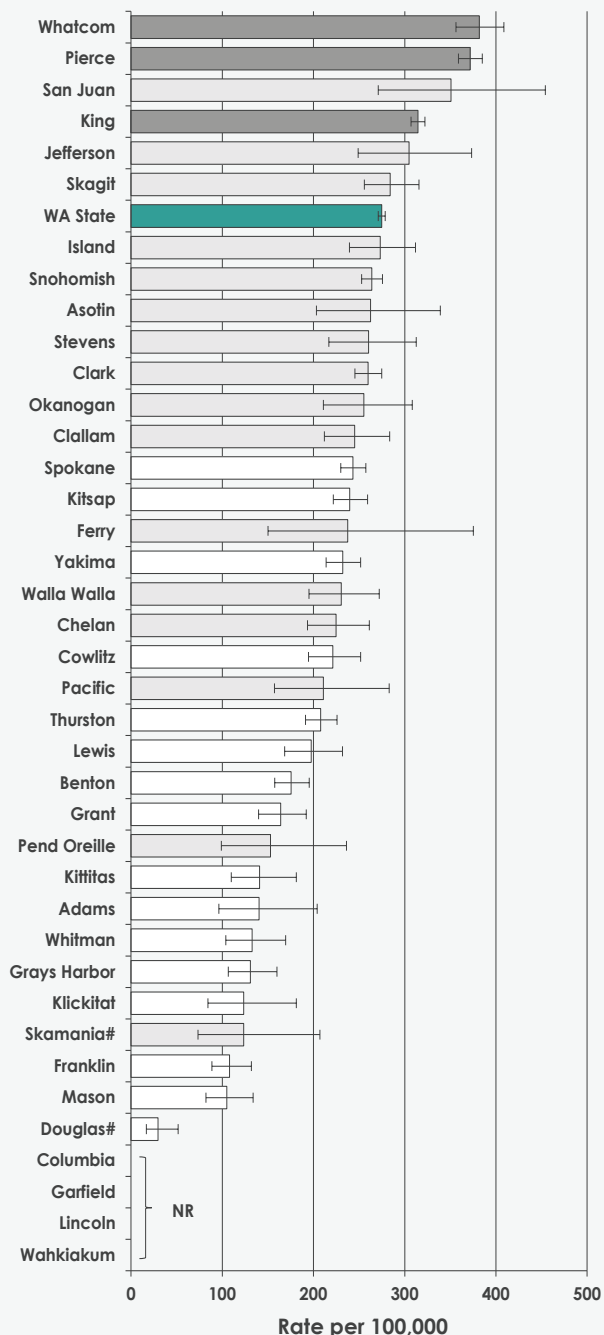
**Mental Health Provider, rate per 100,000
Washington State & US
County Health Rankings, 2013-2016**

Year	US (overall)	WA Rates	WA County Range
2013	132	184	20 to 279
2014	189	244	36 to 362
2015	204	263	35 to 385
2016	200	278	30 to 385

Geographic Variation

- The rate of mental health providers per 100,000 population varied by county.
- In the *County Health Rankings*, the rate of mental health providers in King, Pierce, and Whatcom counties was greater than the state rate during 2016.
- The rate was lower than the state rate in Adams, Benton, Douglas, Franklin, Grant, Grays Harbor, Kitsap, Kittitas, Klickitat, Lewis, Mason, Spokane, Thurston, Whitman and Yakima counties.

**Mental Health Provider Rate
Washington Counties
County Health Rankings, 2016**



WA State
 Same as WA State
 Lower than WA State
 Higher than WA State

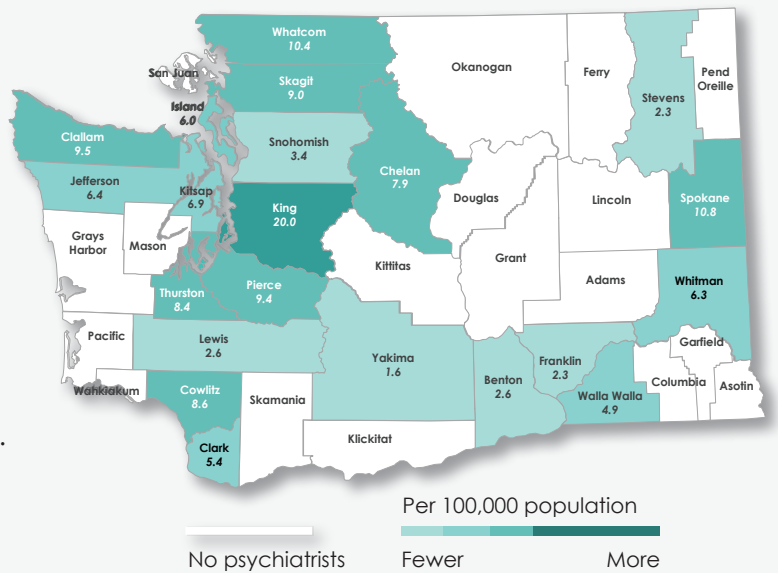
NR: Not reported if RSE ≥ 30% or to protect privacy
 #Relative standard error (RSE) is between 25% and 29%

Access to Psychiatrists

Access to psychiatrists varies greatly across the state. An analysis by the University of Washington Center for Health Workforce Studies found large between-county differences in the available psychiatric physician workforce.²

King County had the greatest number of psychiatrists per 100,000 population, almost double that of Spokane, the county with the next greatest number of psychiatrists per 100,000 population. In 2016, 17 counties did not have a psychiatrist reporting direct patient care. Individuals living in some rural counties may access psychiatrists' care through part-time visiting providers or telepsychiatry services.

Washington Psychiatrists Rate, 2016



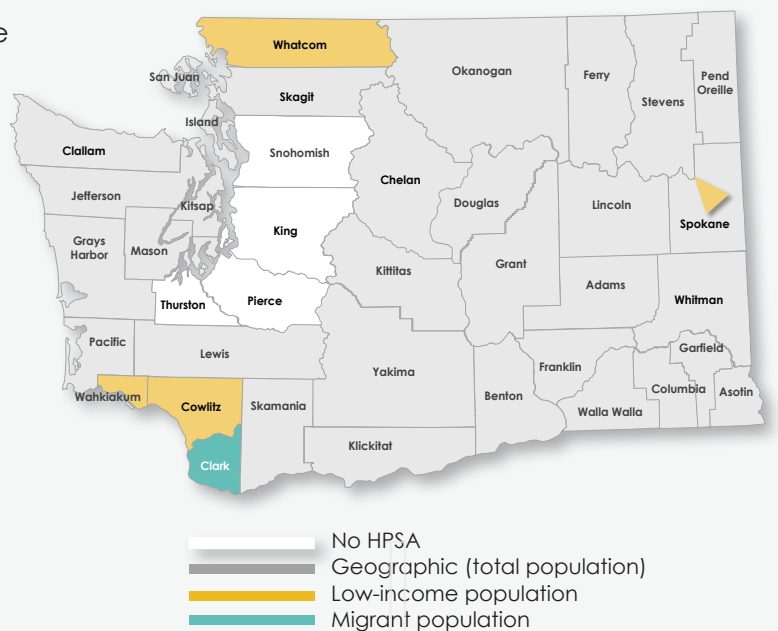
Health Professional Shortage Areas

Federal designations of health professional shortage areas (HPSA) are made for primary care, dental and mental healthcare services. The information gathered in the HPSA designation process can provide key insight about need for providers. Areas designated as a HPSA are able to access additional federal resources, including loan repayment for clinicians and enhanced reimbursement.

Mental healthcare HPSAs are determined by considering the ratio of population to available psychiatrists, percent of the population below the federal poverty level, ratio of individuals over age 65 or under age 18 in the population, alcohol abuse prevalence, substance abuse prevalence, and travel time to reach the next closest services. A HPSA designation for a geographic area requires a population to psychiatry ratio of greater than 30,000:1. A HPSA designation for a specific population requires a ratio greater than 20,000:1. Travel time must be at least 20 minutes to be considered.

- In 2017, King, Pierce, Snohomish and Thurston counties did not have a mental health HPSA designation.
- Many counties had a geographic designation for the entire county population.
- Cowlitz, part of Spokane, Wahkiakum, and Whatcom counties had a designation for their low-income population.
- Clark County had a designation specifically for their migrant population.

Federally Designated Health Professional Shortage Areas for Mental Care, January 2017



Data Source:
Designation data from the Office of Community Health Systems

How is Washington promoting access to behavioral health providers & care?

DOH, Health Care Authority, Department of Social and Health Services and partner agencies are working to improve access to behavioral health providers and behavioral health-care through the following activities:

Integration of physical and behavioral health services:

- **Integrating payment**
Washington is changing how it pays for delivery of physical health services, mental health services, and substance use disorder services in the Medicaid (Apple Health) program. Payment systems are being integrated to create one system that offers an integrated network of providers, better coordinated care for patients, and less fragmented access to services they need. Care will be managed through a single accountable insurance plan for the client.
- **Integrating clinical practice**
Integrating payment systems is necessary for integration of service delivery, but it is not enough. Across Washington, clinicians have access to practice transformation support through the Practice Transformation Support Hub and initiatives such as the Pediatric Transforming Clinical Practice Initiative (pTCPI). This support helps clinicians better use their electronic health records to identify their populations of interest and track performance improvements, put team-based care into place utilizing a variety of providers, and more effectively make linkages to community-based services.

Working to address gaps in availability of behavioral health providers/services:

- Identification of the types of clinicians providing behavioral health services and their distribution across the state. Areas of greatest need across the state are targeted for workforce interventions such as loan repayment for providers and technical assistance addressing workforce topics for behavioral health employers.
- Completing the data collection process for the Health Professional Shortage Area designations and submitting applications to the U.S. Department of Health and Human Services. These designations are important for employers and clinicians to be able to access additional federal workforce resources and are used for program eligibility across many federal programs. DOH staff also provide technical assistance on a variety of workforce topics to behavioral health employers across the state.
- The recent [Medicaid 1115 waiver](#) will complement the transition to integrated managed care by making significant regional investments in integrated clinical models. Resources will support staffing and workforce development to address provision of behavioral health services. They will also support development of information technology infrastructure that allows for better sharing of information between provider teams about patients and increased availability of technology solutions to access, such as telemedicine.

Leveraging work on Medicaid Demonstration projects through the Accountable Communities of Health:

- All Accountable Communities of Health are required to work on demonstration projects related to integration of physical and beha-

vioral health and opioids. Significant regional resources will be available to develop workforce, information, and payment infrastructure that supports delivery of whole person healthcare and strengthens the system of community services available outside of clinic walls.

See also [Mental Health](#), [Suicide & Safe Storage of Firearms](#), and [Healthcare Access](#)

Technical Notes

Access to Psychiatrists: The University of Washington Center for Workforce Studies analysis of the available psychiatric physician workforce included physicians with a psychiatric specialty, an in-state practice address, who were age 74 or younger, and who provided direct patient care and were not a federal employee. This analysis used data from the American Medical Association's Physician Masterfile from 2016.

Behavioral Health Provider: Behavioral health providers encompass mental health (such as psychiatrists, psychologists, and social workers) and substance use disorder providers (such as chemical dependency professionals and physicians with addiction specialty).

Confidence Intervals: Definition and examples are described in [Appendix C](#)

County Health Rankings' Mental Health Providers: The County Health Rankings focus on mental health providers including psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, mental health providers that treat alcohol and other drug abuse, and advanced practice nurses specializing in mental healthcare.³

Relative Standard Error: Definition and how it was used is described in [Appendix C](#)

Endnotes

¹Bilder S, Mechanic D. Navigating the disability process: persons with mental disorders applying for and receiving disability benefits. *The Millbank Quarterly*, 2003;81(1):75-106.

²American Medical Association Physician Masterfile, 2016. Analysis by University of Washington Center for Health Workforce Studies. June 2017 (map).

³Mental health providers. County Health Rankings website. www.countyhealthrankings.org/measure/mental-health-providers. Accessed October 20, 2017.