



PRACTICES AND POLICES FROM OTHER STATES

PEER STATES AND HOW THEY COMPARE TO MARYLAND ACROSS VARIOUS MEASURES THAT RELATE TO EMERGENCY DEPARTMENT THROUGHPUT/LENGTH OF STAY

	ED throughput (ED entrance to discharge)	Coverage of any behavioral health services under Medicaid by reimbursement system	Year of Medicaid expansion	Hospital beds per 1,000 residents (2019)*	Average annual percent change in beds per capita (2009-2019)*	CON policy (scope)
Maryland	228 Minutes	MCO, ASO	2014	1.8	-1.5	Yes (high)
Minnesota	129 Minutes	Not Reported	2014	2.5	-1.8	No (with moratorium)
Indiana	133 Minutes	FFS, MCO	2015	2.7	0.0	Yes (low)
Washington	138 Minutes	FFS, MCO, ASO, County/Gov Administered ASO	2014	1.7	0.0	Yes (high)
Wisconsin	136 Minutes	FFS, MCO, Limited Benefit PHP, County/Gov Administered ASO	Not adopted	2.0	-1.8	No (with moratorium)

Sources: [Status of State Medicaid Expansion Decisions: Interactive Map | KFF](#), Note: ASO = Administrative Services Organization

[How do States Deliver, Administer, and Integrate Behavioral Health Care? Findings from a Survey of State Medicaid Programs - Appendix - 10155 | KFF](#)

*CDC Beds per capita 2019 - [Health, United States 2020–2021 \(cdc.gov\)](#)

PEER STATES AND HOW THEY COMPARE TO MARYLAND DEMOGRAPHICALLY

State	Demographics share of elderly (65+)	Share minority	Share uninsured
Maryland	16.3%	67.3%	6.1%
Minnesota	16.8%	40.5%	4.5%
Indiana	16.4%	41.3%	7.5%
Washington	16.2%	55.9%	6.4%
Wisconsin	17.9%	37.0%	5.4%

Sources: [The Population 65 Years and Older: 2021 \(census.gov\)](#)
[Population Without Health Insurance Coverage by State: 2019 and 2021 \(census.gov\)](#)
[2020 Census: Racial and Ethnic Diversity Index by State](#)

THEMES FROM WORK GROUP DISCUSSIONS

- Emergency department delays are a function of health system throughput
- Impact of behavioral health patients seeking care in EDs
- Health care workforce shortages impact capacity
- Findings from HSCRC Analysis
 - Policies addressing primary care may result in improved ED length of stay
 - Policies addressing social determinants may also result in improved ED length of stay
 - Policies addressing IP occupancy may result in improved ED length of stay

WASHINGTON STATE: HEALTH WORKFORCE COUNCIL

LPN Apprenticeship Program Continuation



Let's finish the job: Without action, funding ends soon for innovative apprenticeship

The Workforce Board seeks \$2.4 million for FY26 and FY27 to finish building the Licensed Practical Nurse Registered Apprenticeship program. We are creating a new nursing career pathway, but without action, funding will run out before the program has a chance to finish even the first cohort of apprentices. These funds will ensure that two full apprentice cohorts complete their studies and allow the Workforce Board and partners to evaluate the results. This funding also supports the development of an LPN apprenticeship program with the state Department of Veterans Affairs.

Washington's population is aging and the long-term care workforce faces major staffing challenges. This apprenticeship offers new opportunities to home care aides and nursing assistants to move into stable, family-wage jobs. The program aims to be self-sustaining by 2028.

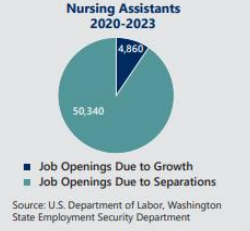
Aging population meets major workforce shortage

The available workforce is unable to keep pace with the growing demand for long-term care services and supports. This is further complicated by high levels of turnover, burnout and longtime lack of social recognition and respect. Average annual turnover rates for direct care workers are about 50 percent. Turnover is also expensive, costing employers significantly. These staffing challenges were further compounded by the pandemic. If the status quo remains, Washington will face an even greater healthcare crisis by 2030 when the number of people who need services will dramatically

The Workforce Board, Washington State Board of Nursing, L&I, and the Washington Health Care Association are leading the creation of the new apprenticeship program. Highlights include:

- Forty workers already enrolled in prerequisite coursework.
- Three employer partners representing 50 long-term care facilities across WA.
- Hybrid curriculum under review.
- Two Apprenticeship Navigators providing supports to students and employers.

- ### Impact Highlights
- Funds two full cohorts of apprentices (current funding ends halfway through the first cohort's LPN program).
 - Registered apprenticeship provides new career opportunities for healthcare professionals.
 - Keeps workers on the job while advancing their skills and training.
 - Higher-wage career nursing professions (RNs and LPNs).
 - Reduces student loan debt among some of the lowest paid healthcare professionals.
 - Improves recruitment and retention among entry-level professionals.



Source: U.S. Department of Labor, Washington State Employment Security Department

Washington Workforce Training & Education Coordinating Board

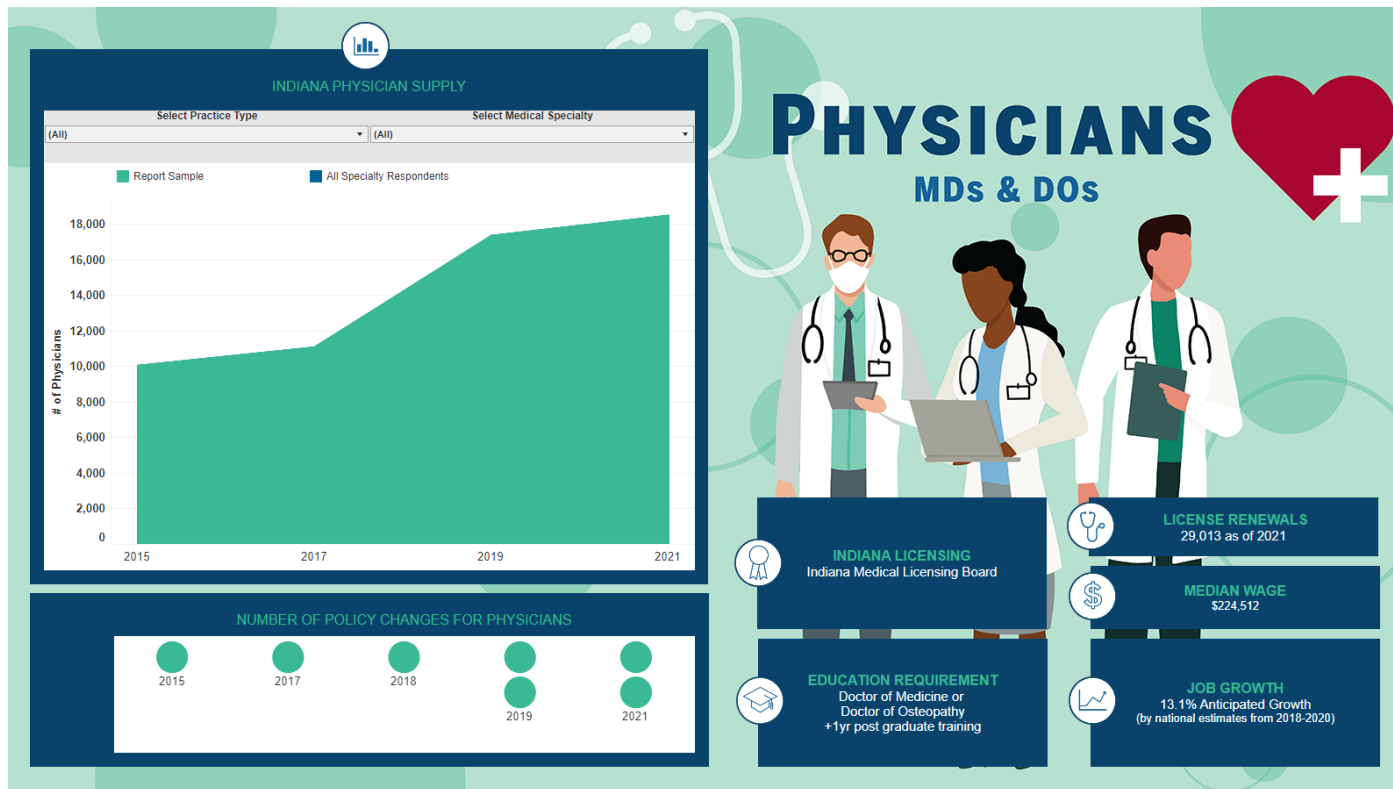
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The Health Workforce Council brings attention to current and projected workforce shortages in health care occupations and proposes strategies to address these issues.

The Council has a proven track record as a policy development group in such issues as nursing shortages, behavioral health, and long-term care.

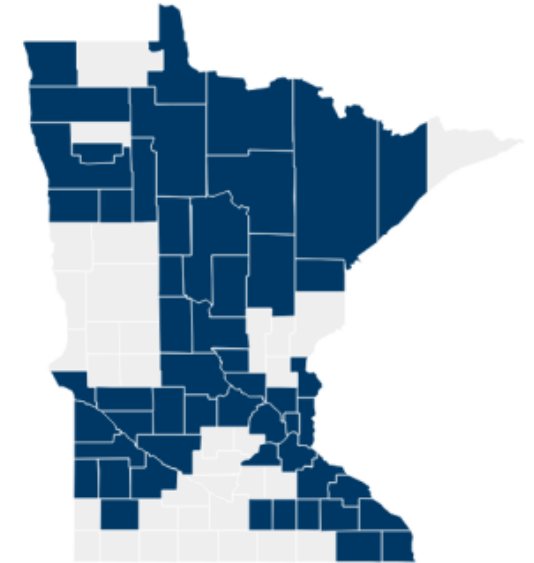
The Council and its members advocate for sustainable, systemic solutions. The Workforce Board staffs the Council.

INDIANA: BOWEN CENTER FOR HEALTH WORKFORCE RESEARCH AND POLICY



- Legislation in 2018 required additional data be collected during licensure renewals
- Established data management strategies
- Data leveraged by stakeholders for policy development

MINNESOTA: CCBHC EARLY ADOPTER



WISCONSIN: YOUTH CRISIS STABILIZATION FACILITIES

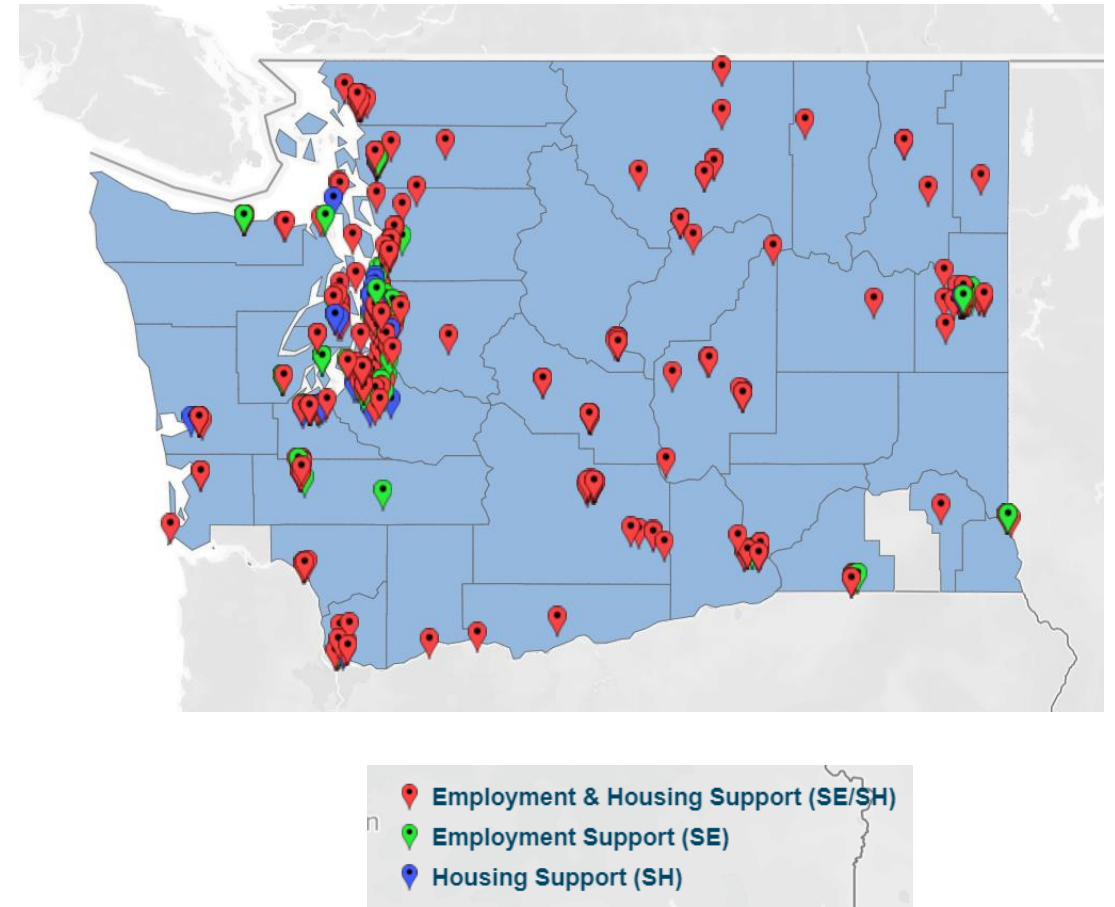
- Established via legislation in 2017
- Facilities certified by Wisconsin DHS
- Goal: Reduce admissions to more restrictive setting
- Can serve as step down from a hospital setting



WASHINGTON: 1115 WAIVER HOUSING AND EMPLOYMENT

Foundational Community Supports (FCS) provides supportive housing and supported employment services to vulnerable Medicaid beneficiaries.

These services are designed to promote self-sufficiency and recovery by helping participants find and maintain stable housing and employment.



SAME ISSUES, DIFFERENT STATES

- Workforce (All)
- Youth Mental Health (all)/Youth Hospital Overstay (WA, Indiana, WI)
- Workplace Violence Prevention (Indiana)
- Hospital discharge challenges (WA, MN, WI)
- Behavioral health access (All)

DISCUSSION

