



The Behavioral Health Workforce Emergency: National & State Perspectives

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CT Behavioral Health Partnership Oversight Council

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THE ANNAPOLIS COALITION
 ON THE BEHAVIORAL HEALTH WORKFORCE

- Neutral convener of stakeholders
- Technical Assistance Center
- Developed national Action Plan
- annapoliscoalition.org

CONNECTICUT WORKFORCE COLLABORATIVE
 ON BEHAVIORAL HEALTH


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Longstanding Crisis (1)

- Inadequate pipeline of workers
- Inadequate diversity & cultural / linguistic competence
- High turnover & vacancy rates
- High rates of workers leaving the field
- Uneven distribution of the workforce
- Base funding & reimbursement that is inadequate and inequitable
- Lack of increases in grants, contracts & reimbursement defunds services & reduces pay

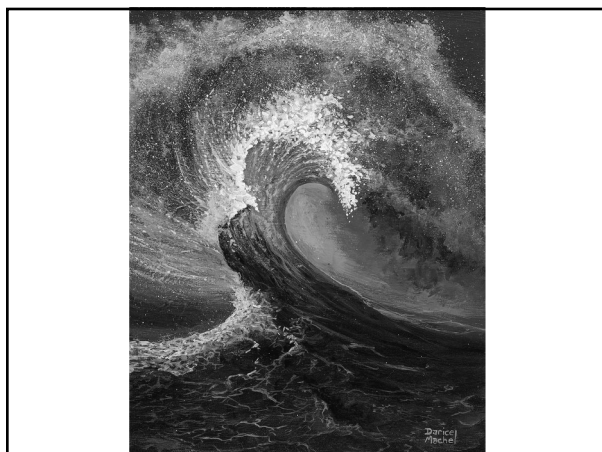
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Longstanding Crisis (2)

- Workers without living wage or benefits
- Workers without a competitive wage or opportunities for growth
- Inadequate managed care networks
- Providers refusing to participate in these networks or to take insurance
- Lack of competence in EBP's
- Absence of direct care worker training
- Lack of supervision and trained supervisors
- Major shortage of workers to treat "special" populations

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U.S. job openings hit a record 7.1 million, exceed number of unemployed Americans

Published: Oct 16, 2018 3:08 p.m. ET

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Americans quitting their jobs at fastest pace in 17 years

By **JEFFREY BARTASH**
 REPORTER



Help-wanted signs in North Dakota. Marketwatch.com

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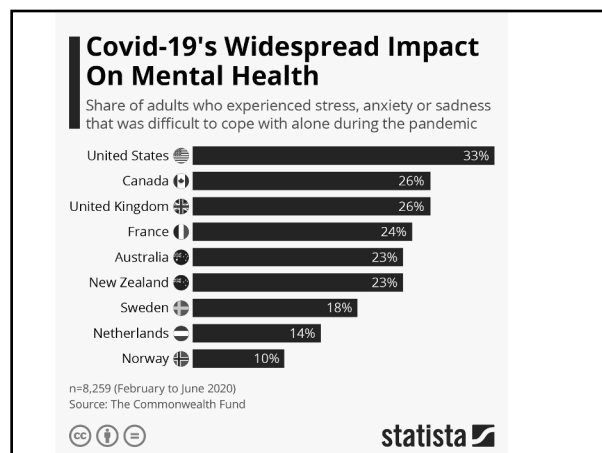
Advocacy Resource Center
Advocating on behalf of physicians
and patients at the state level

Issue brief: Nation's drug-related overdose and death epidemic continues to worsen

***Updated February 15, 2022**

The nation's drug overdose epidemic continues to change and become worse. One prevailing theme is the fact that the epidemic now is driven by illicit fentanyl, fentanyl analogs, methamphetamine, and cocaine, often in combination or in adulterated forms. There is an urgent need for policymakers' action to increase access to evidence-based care for substance use disorders, acute and long-term medication treatment. The main

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EMERGING YOUTH MENTAL HEALTH CRISIS:

SURGEON GENERAL WARNING IN RARE PUBLIC ADVISORY

brainharmony.com

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THE BIG

QUIT



- The Resignation Revolution
- The Great Resignation / Quit-Itch
- Monthly resignations at all time high

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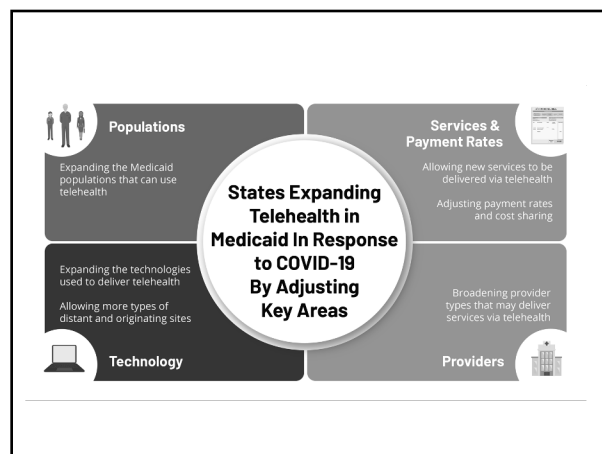


BH Social Workers vs Fast Food Managers




(Salary Survey, The National Council)

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Recent Data

- HMA / National Council
 - 78% agencies – increased demand for services (26% increase since August 2009)
 - 97% agencies – difficult recruiting (majority say “very” difficult)
- CHDI EBP Initiatives re: Children
 - 26.3% of participants quit their jobs before completion of EBP training


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CT Data – Year Ending 10/21

Variable	Mean	Range
Position Count (program or agency)	215	28 – 736
Vacancy Rate (%)	21%	5 – 54%
Turnover Rate per Year (%)	39%	10 – 74%
Employment Length of those who quit (yrs)	1.9 years	.29 – 4.2 years
Qualified applicants (%)	44%	9 – 85%

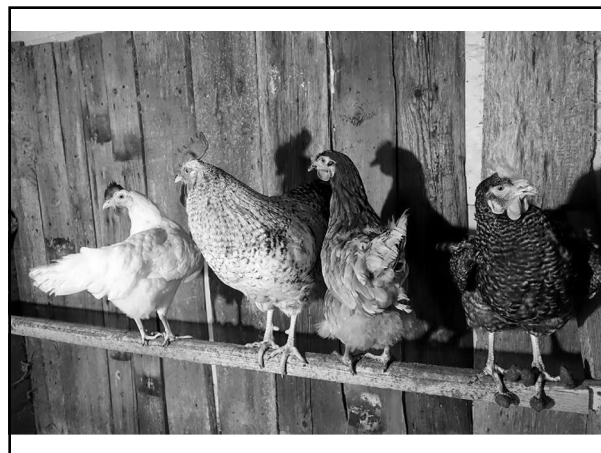
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A Workforce Emergency with Two Faces

1. The general lack of enough workers and the rates of turnover
2. The workforce gutting of the publicly-funded, community-based behavioral health agencies as staff are hired by
 - a. FQHCs
 - b. Hospitals & health systems
 - c. Private practices
 - d. For-profit telehealth providers
 - e. Retail & service sector or other non-behavioral health businesses

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What needs to be done ...


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The Annapolis Framework

Nine objectives organized into three major categories:

- A. Broaden the workforce
- B. Strengthen the workforce
- C. Build structures to support the workforce




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A. Broaden the Workforce

1. Expand roles for persons in recovery and their families (e.g., peer specialist; family advocates)
2. Expand the role of communities (e.g., anti-drug coalitions)
3. Expand role of all health & social service providers (e.g., screening & brief intervention; integrated care)


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B. Strengthen the Workforce

4. Systematic recruitment & retention strategies (An example to follow)
5. Increase the relevance, effectiveness and accessibility of training and education (EBPs; a decrease in webinars)
6. Training and development of supervisors & leaders (e.g., ATTC initiative; Yale Program on Supervision; leadership programs)

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C. Structures to Support the Workforce

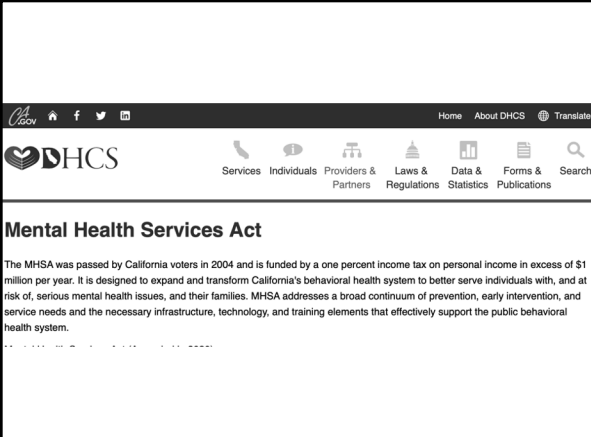
7. Financing systems that enable competitive compensation commensurate with required education & responsibility
8. Technical assistance infrastructure that promotes adoption of workforce best practices
9. Evaluation of workforce development initiatives

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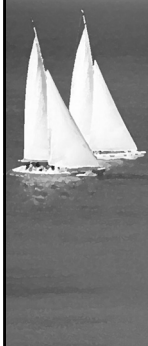
What has been done ...

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The screenshot shows the California Department of Health Care Services (DHCS) website. The header includes the California state logo, social media icons, and navigation links: Home, About DHCS, and Translate. The main navigation bar lists: Services, Individuals, Providers & Partners, Laws & Regulations, Data & Statistics, Forms & Publications, and a Search icon. The page title is "Mental Health Services Act". The text below states: "The MHSA was passed by California voters in 2004 and is funded by a one percent income tax on personal income in excess of \$1 million per year. It is designed to expand and transform California's behavioral health system to better serve individuals with, and at risk of, serious mental health issues, and their families. MHSA addresses a broad continuum of prevention, early intervention, and service needs and the necessary infrastructure, technology, and training elements that effectively support the public behavioral health system."

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Maryland

FINAL UPDATE FOR THE 2019 LEGISLATIVE SESSION



FULLY FUNDED
Keep the Door Open Budget commitments

BETTER ACCESS TO MEDICATION-ASSISTED TREATMENT

INCREASED FUNDING
for community behavioral health services with the \$15 minimum wage

MORE SCHOOL BEHAVIORAL HEALTH SUPPORTS
to improve student outcomes

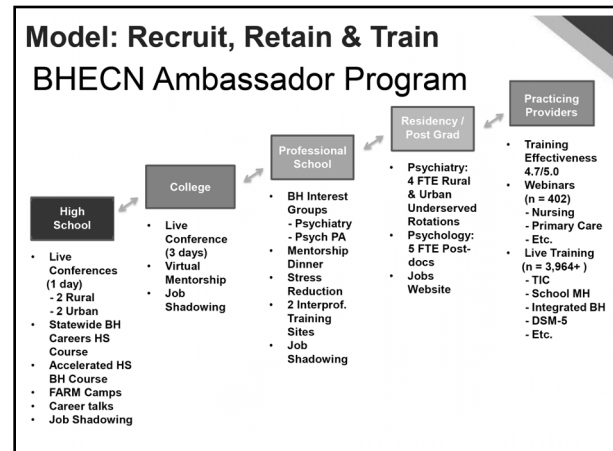
22% increase in behavioral health funding over 6 years to cover minimum wage increase.

Override of the governors' veto.

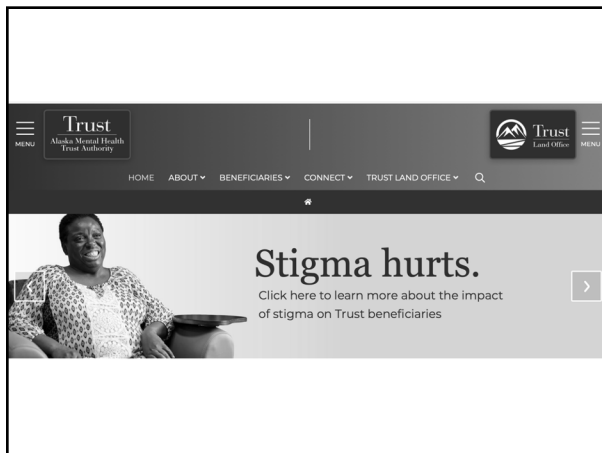
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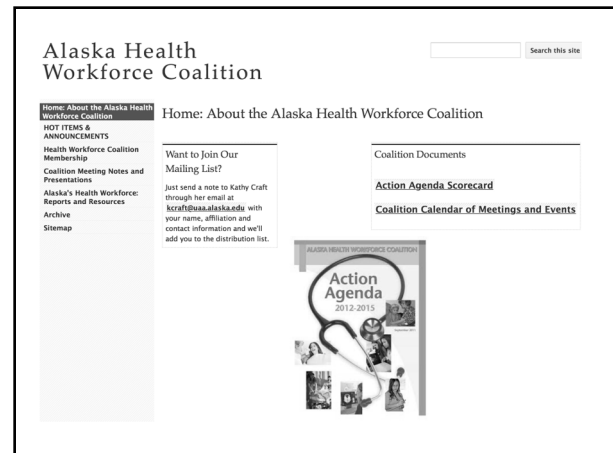
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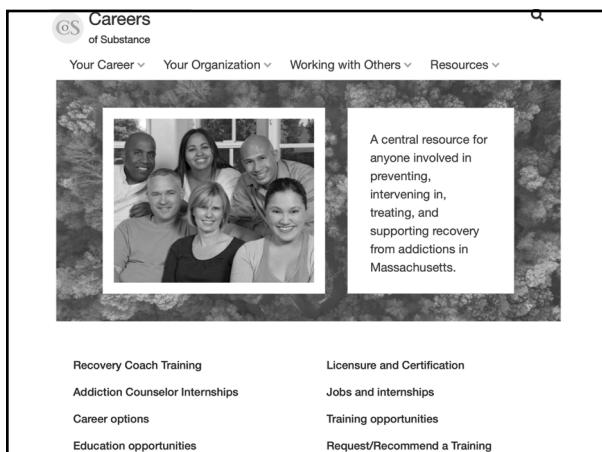
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- SAMHSA funded "Transformation"
- Commissioner driven workforce focus
- Statewide planning & oversight
- Interventions on:
 - higher education curriculum reform
 - supervision
 - leadership development
 - Professionals
 - Parent advocates
 - peer run employment services


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CT Recruitment & Retention Learning Collaboratives

- DMHAS funded / Participating agencies impacted by 1115 Waiver
- Primary Phase (*Oct 21 – July 22*)
 - 3 education & work sessions
 - Plan development & implementation
 - Technical assistance sessions
 - Three all agency Virtual Meetings
 - Plan updates & progress reports
 - CEO briefing
- Follow-up Phase (*Aug 22 – May 23*)
 - 4 Technical assistance sessions
 - 2 All agency meetings

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Common Areas of Focus in the Collaboratives


1. Compensation
2. Job descriptions, advertising, outreach, selection, offers
3. National Health Service Corp
4. Internships
5. Orientation & onboarding
6. Supervision & support
7. Training & career development
8. Appreciation & recognition
9. Exit & stay interviews
10. HR & service manager collaboration

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Suggestions & Caveats

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Look to Previous Innovations & to Innovators

- Avoid this approach:



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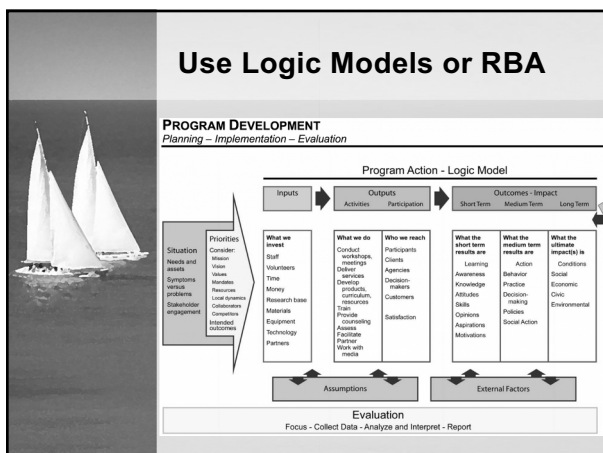
Behavioral Health Workforce is a National Crisis: Immediate Policy Actions for States

Introduction
Nationally, there is more demand for behavioral health (mental health and substance use) treatment than workforce capacity to deliver services. Payment, clinical and regulatory models underlie what has become a national behavioral health workforce crisis. Health Management Associates (HMA) and the National Council for Mental Wellbeing prepared a series of three issue briefs that offer states immediate policy actions to expand current capacity and build a more stable future workforce:

- + **Policy, Financial Strategies and Regulatory Waivers** (October 2021)
- + **Clinical Care Delivery Models and Digital Solutions with an Emphasis on Leveraging the Certified Community Behavioral Health Clinic Model** (October 2021)
- + **Strategies to Address Diversity, Equity and Inclusion** (November 2021)

Demand for Behavioral Health Continues to Grow
The COVID-19 pandemic significantly exacerbated pre-existing behavioral health conditions and has resulted in even higher levels of demand for behavioral health services. The Centers for Disease Control and Prevention (CDC) reported that the percentage of U.S. adults with recent symptoms of anxiety or a depressive disorder increased from 36.4% to 41.5% and the percentage reporting an unmet mental health need increased from 9.2% to 11.7%, with the largest increase seen among young adults (18-29) during August 2020 to February 2021 (Vahratian A. et al, 2021).
Similarly, the rising risk for substance use as a result of the COVID-19 pandemic is well documented (Alexander, C.G. et al, 2020) and

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Start Building a Strategic Plan

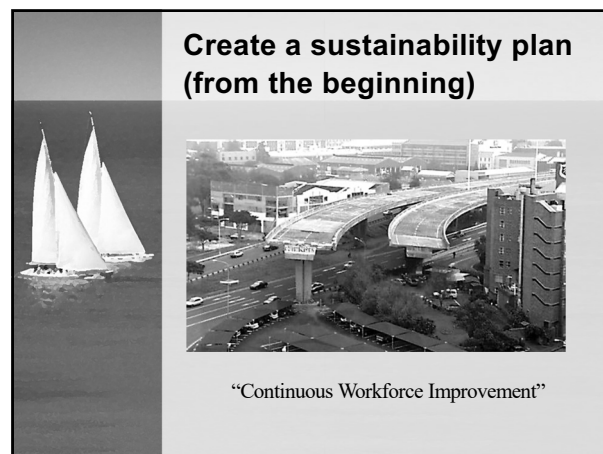
Not a list of disconnected interventions

STRATEGIC WORKFORCE PLANNING

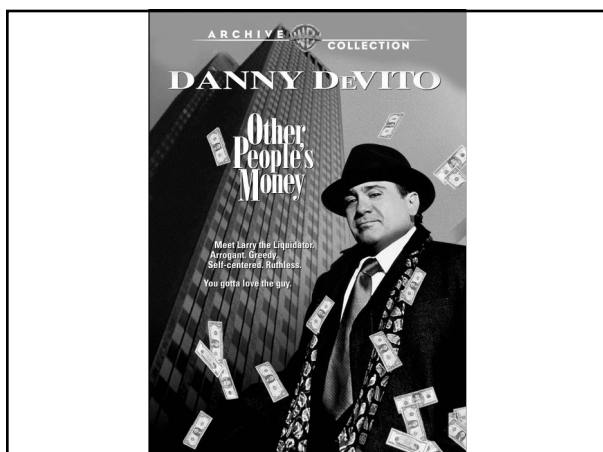
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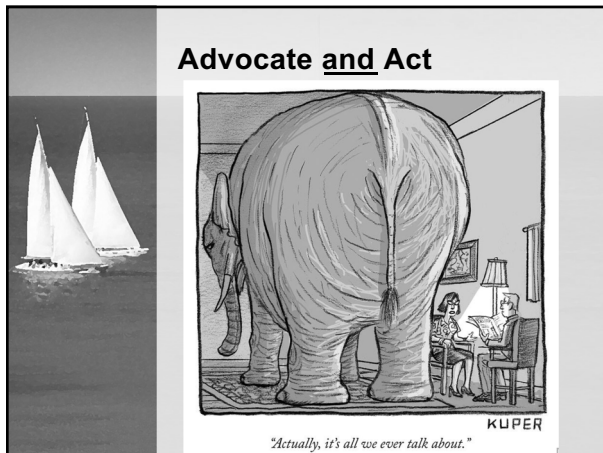
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Focus Your Advocacy and Messaging on ...

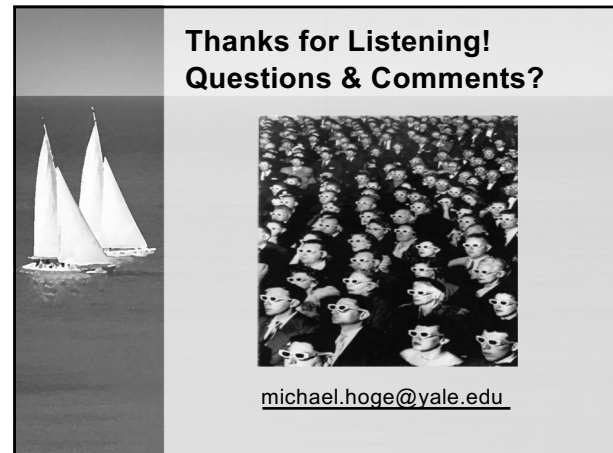
ACCESS to Care

(Workforce development is just your strategy for creating access)

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