



# Behavioral Health Workforce: Meeting Today's Needs and Building a Pipeline for the Future

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## Learning Objectives

After the training, participants will be able to:

- Describe the framework for collectively addressing workforce challenges across systems
- Describe new and promising strategies for addressing workforce issues at the local, state, and national level
- Construct an action plan with 1 - 3 concrete steps for addressing workforce shortages among licensed clinical behavioral health staff



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# Overview: Workforce Impacts, Approaches and Challenges



Understanding the impact of workforce shortages



Workforce centric framework: Building a plan for retention, recruitment and a pipeline for workforce



Addressing the unique challenges of rural and frontier areas



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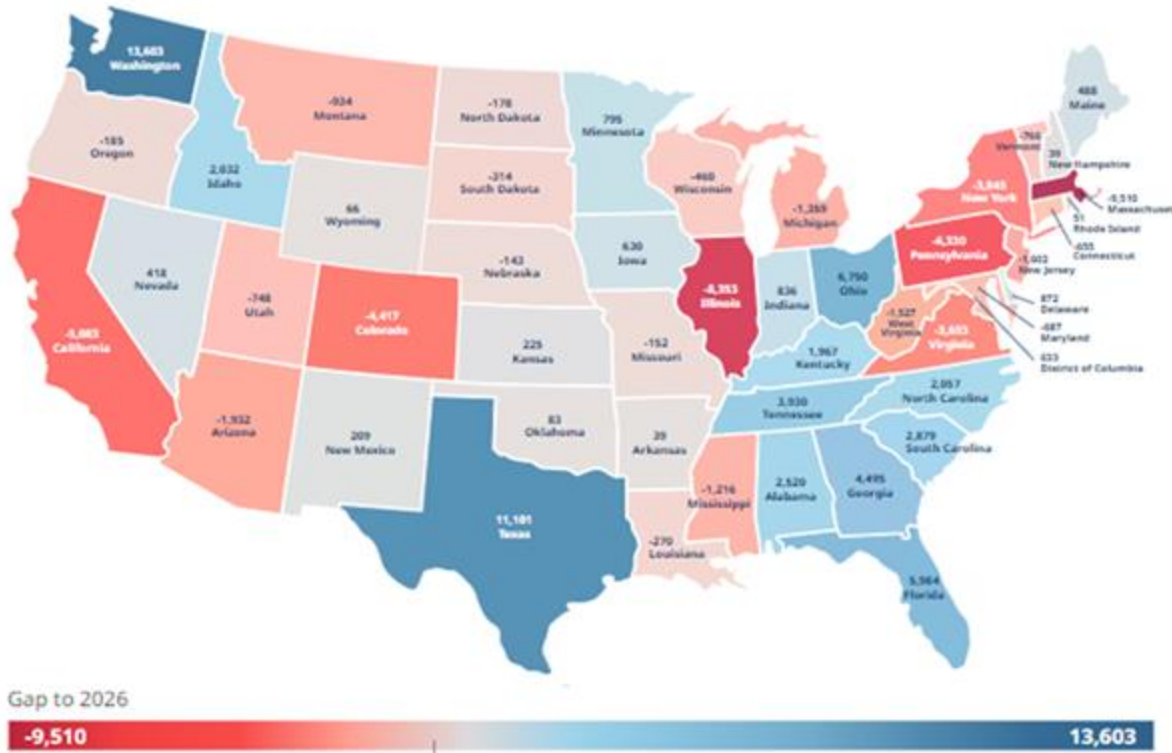
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# Understanding the Impact of Workforce Shortages

- Impacts
- Hiring and Retention Landscapes Pre- and Post-Pandemic

# Impacts: Nationwide



## National MH Worker Study<sup>1</sup>

- 27 states will have gaps by 2026
- States most impacted:
  - Massachusetts
  - Illinois
  - Pennsylvania
  - California
  - **Colorado**

# Impacts: Colorado



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*"Colorado falls behind in having enough behavioral health services...there is a serious lack of services and a shortage of behavioral health professionals, especially in rural communities."<sup>3</sup>*

Adults	Youth	Historically Underserved Populations
<ul style="list-style-type: none"> <li>• Approximately 1/3 of adults in CO reported symptoms of Anxiety and Depression</li> <li>• Significant increase (22.87%) in drug overdose and deaths between Jan 2020 and Jan 2022</li> </ul>	<ul style="list-style-type: none"> <li>• 40% of Colorado's high schools students reported feeling sad or hopeless</li> <li>• 7% of youth report having attempted suicide</li> </ul>	<ul style="list-style-type: none"> <li>• Exacerbated disparities in access</li> <li>• Lack of access to broadband further reduced access for some communities</li> </ul>

Some of the reasons clinicians and providers report having left the field during the pandemic were low wages, rising costs of living, and burnout.<sup>2</sup>



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# Impacts

## CMS' Behavioral Health Strategy (2024)<sup>4</sup>

Each category requires adequate staff to achieve the goals/strategies set by CMS.

### Coverage and Access to Care

- Improve care experience
- **Expand workforce capacity and capability**
- **Strengthen access** to treatment and recovery services

### Quality of Care

- Improve quality measurement by better understanding and improving measures in BH, SUD, and pain management
- Increase opportunities for **enhanced access** to high quality, affordable, whole-person care
- **Improve access** to crisis care
- **Expand access** to community- based MH services and resource
- Strengthen treatment and recovery services through innovative care, payment models and dissemination of promising and best practices

### Equity and Engagement

- Reduce disparities
- Mitigate the adverse effects of emergencies and disasters on BH
- **Provide effective outreach and education**
- Identify and address barriers to evidence-based care
- **Embed health equity into care** and payment models

### Data and Analytics for Action & Impact

- Optimize alignment of data sources to enable coordination across populations
- Support data **collaborations and partnerships** across government and private sector to enhance transparency
- Use the CMS BH strategy to drive program improvements
- Create and integrate data sources to improve knowledge about BH in CMS programs



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## Impacts of COVID-19 on Workforce Shortages

Unmet needs increased

Remote opportunities

Burnout

Telehealth

- Prior to the pandemic rural and frontier areas struggled to attract and retain staff for public sector BH roles.
- Increased tele-health opportunities enabled some remote workers to support rural and frontier areas without relocating.
- However, tele-health also opened remote opportunities across the nation, allowing workers to choose how and when they wanted to work.
- Not all rural areas have access to broadband.
- Demand for services has increased significantly in the US.
- Acuity of client need has increased, and some clinicians report burn-out as a main driver for them to leave the field completely.<sup>5</sup>



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*Managers are still seeking stability from the last few years*

## Don't Forget the Middle Managers

**MIT Sloan Management Review “Middle Managers are Exhausted Top Teams Need to Listen”**

Creating telehealth overnight

Adapting to hybrid management

Implementation of DEI and culture changes

Harder and more personal “sandwich” challenges

New work/life balance consideration (more personal)

Conversations about equity/justice

Stretching leadership capacity and skills -- lack of comfort

“recent survey...managers’ mental health ‘is at risk due to their position of authority without strategic power.’”<sup>6</sup>



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## Colorado's Approach



From 2021-2023, Colorado made historic investments in its behavioral health workforce to recruit, expand, train, diversify, and retain these critical health care workers.



More than \$20 million has already been announced in recruitment and retention grants to address immediate workforce shortages, with another \$30 million dedicated to supporting the development, training, and diversification of the workforce over the next several years.<sup>7</sup>



Collectively, the objective of these initiatives is for every person in Colorado to have improved and more reliable access to equitable, high-quality behavioral health care at every stage of life through a strengthened and expanded behavioral health workforce.<sup>8</sup>



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## Colorado's Approach (cont.)

- **The Behavioral Health Continuum Gap Grant Program:** allocated nearly \$15 million in grant funds to stabilize and retain behavioral health professionals who specialize in substance use disorders. Some of the strategies proposed by grantees include retention bonuses, salary increases, staff training and professional development investments.
- **The Behavioral Health-care Workforce Act:** allocates \$4.5 million in grant funds for recruitment and retention across the field. Proposed strategies include enhanced wellness benefits, expanded professional development, paid internships.
- **Qualified Behavioral Health Assistants:** provide needed supports to clients and allow clinicians to work at the top of their licensure



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## Take A Moment to Consider...



- What motivates people to stay in public sector behavioral health roles?
- What barriers exist to becoming a behavioral health team member?
- What are the impacts of not addressing shortages in Colorado?



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# **Workforce Centric Framework:**

Building a Plan for  
Retention, Recruitment and  
a Pipeline for Workforce

## BH Workforce Centric Growth Model



**Strategies developed based on the following questions:**

- What might be of interest to a behavioral health worker?
- How do we attract and retain highly qualified clinical staff in public behavioral health roles?



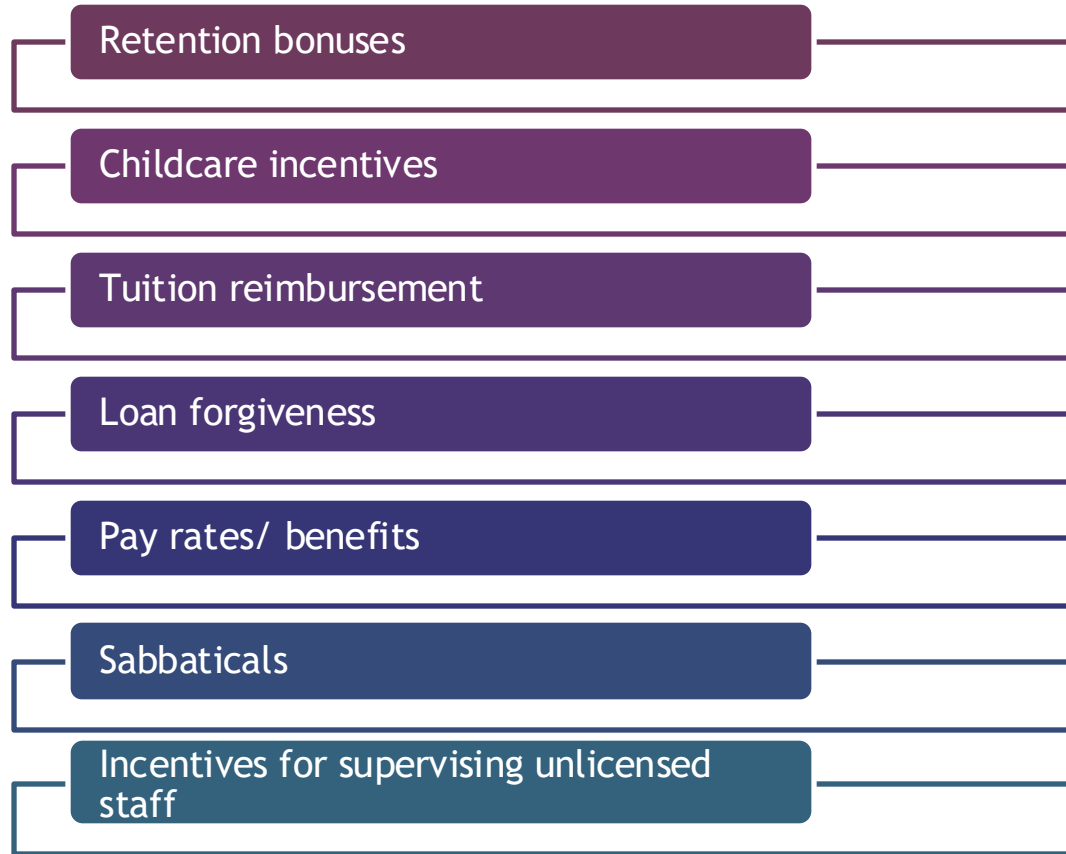
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## BH Workforce Centric Growth Model: Enhanced Perks



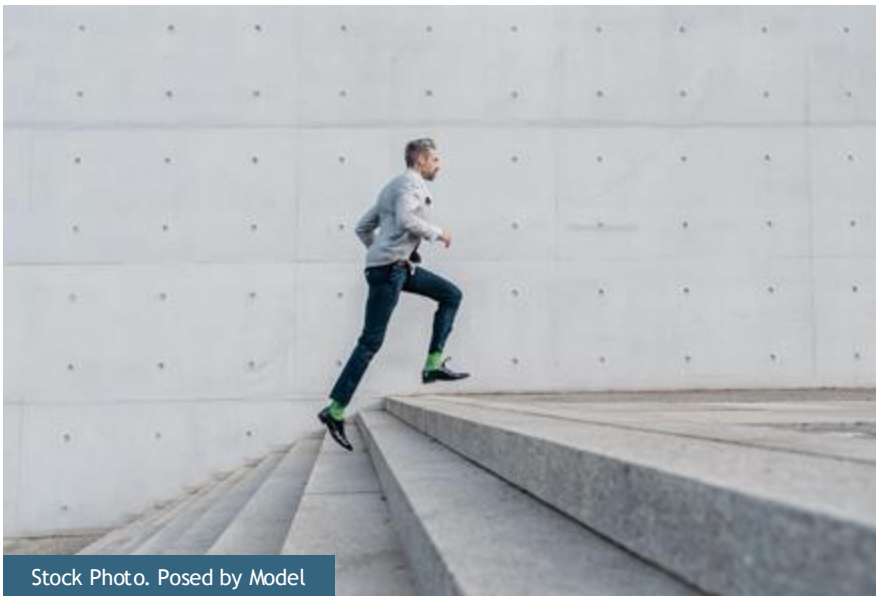
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## BH Workforce Centric Growth Model: Invest in Worker Skills



Retain: Training for current job

Support career growth: Training for next job - career development

Build the pipeline: Paid internships for college students

Retain and mentor: Job shadowing across the service system - can help clinicians see the possibilities



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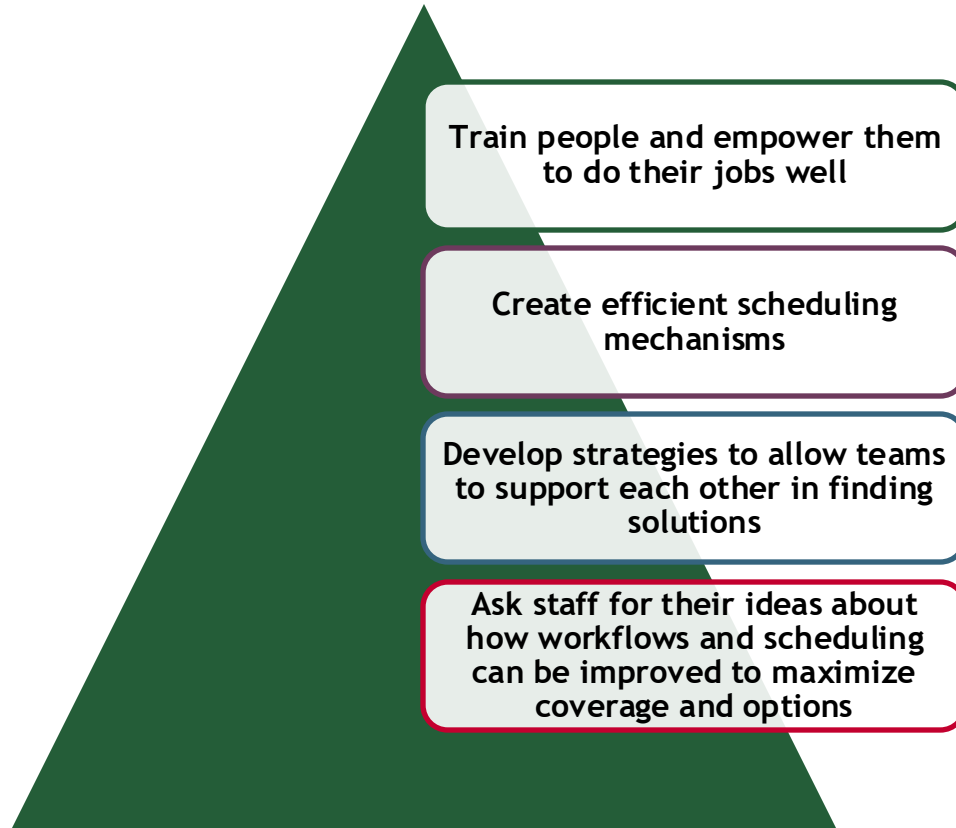


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# BH Workforce Centric Growth Model: Increased Flexibility



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## BH Workforce Centric Growth Model: Leverage Technology to Simplify work

- Provide modern tools (ex. tablets)
- Streamline documentation and reporting systems through an EHR that is functional
- Focus on user interface (UI) for ease of use
- Modernize use of GPS and other tools for efficient deployment of staff



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# BH Workforce Centric Growth Toolkit

Precursors Impacting BH Workforce:

- National Landscape
- State and Local Landscape

✓ Workforce Composition Development

## Workforce Development Planning Model

1. Discovery and Preparing to Plan  
- data and system analysis

Action Plan:

2. Incentives, Salary and Benefits - Market Compensation Analysis, Benefit Comparison

Action Plan:

3. Non-Traditional Support for Workers- Research creative and best practices across industries

Action Plan:

4. Productivity and Efficiency- Technology options and Administrative Simplification

Action Plan:

5. Creative Staffing Strategies- Flexibility and options - explore ideas

Action Plan:

6. Implementing and Updating the Plan



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Take a moment to develop a short action plan to implement one of the following options...



- Move towards using more team-based approaches to care in your agency; or
- Create more flexible options for staff to provide care while meeting access needs for the organization; or
- Incentivize seasoned team members to support the training and clinical mentorship/supervision of unlicensed team members to build the pipeline of staff for the agency in the future



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# Addressing the Unique Challenges:

Hiring and Retaining Staff in Rural and Frontier Areas

## Promising Practices: Colorado

### San Miguel County Department of Social Services<sup>10</sup>

San Miguel County, CO

- Project provides financial and housing incentives to a licensed behavioral health services to non-English speaking children and adults in the region

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## Promising Practices: Oregon

### Behavioral Health Workforce Bonus and Housing Stipend Incentive Program<sup>11</sup>

- This program offers funding for behavioral health organizations to provide incentives to recruit and retain a diverse behavioral health workforce:
  - Sign-on bonuses,
  - Retention bonuses, and
  - Housing stipends for behavioral health workers.
- If awarded funds from this program, organizations must use these funds to employ or contract with behavioral health care workers who:
  - Have associate's, bachelor's, master's, or doctoral degrees or other behavioral health certification credentials, and
  - Provide direct behavioral health care to underserved communities.

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## Promising Practices: Pennsylvania

### **Integrated Rural Primary Health Project<sup>12</sup>** J.C. Blair Memorial Hospital Huntingdon, Pennsylvania

- Consortium of multiple clinical organizations
- Used Primary Care Behavioral Health (PCBH) model to expand services to residents of rural PA
- Integrated staff support multiple locations to maximize coverage with a small number of staff
- Uses a team-based approach where licensed clinical staff provide assessment and treatment, and a care coordinator conducts follow-up calls and coordinates referrals

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## Promising Practices: Pennsylvania (cont.)

### Mobile Team to Address SUD<sup>13</sup>

Armstrong Indiana Clarion Drug and Alcohol Commission (AICDAC), Rural PA

- Collaboration of three hospitals, two SUD providers and the AICDAC
- Created the Addiction Recovery Mobile Outreach Team (ARMOT) to leverage small staff to support clients who experience long distances to care
- Screen and connect clients to community resources
- Uses a no wrong door approach

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## Promising Practices: Innovative Approaches (States)

State <sup>14</sup>	Approach
New Jersey	Has lifted previous restrictions on allowing retired state BH workers to work part-time to help fill gaps in inpatient and other settings where there are workforce shortages.
Massachusetts	Has a BH specific loan repayment program that requires clinicians to commit to 2 years of full-time practice in community health centers, community mental health centers, psychiatric units at acute care hospitals, in-patient psychiatric hospitals and substance use treatment programs in order for their school loans to be forgiven.
Illinois	Providers worked to develop job sharing and more flexible work schedules. For inpatient units, changed hours from 8-hour shifts, to 12-hour shifts to make inpatient roles more attractive to staff.



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## In the Field Examples

### 4-Day Work Week

- Leveraging SAMHSA funded programs

### Fridays for Catch-Up and Trainings

### Carved Out Time for Reporting/Consults

### Flex Hours

- Monday to Thursday
- Tuesday to Friday
- Grant funds
- CCBHC grants/demonstration
- Pilots
- Enhance team-based models like ACT



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## CCBHC and Workforce<sup>15</sup>

### State Demonstrations

- Average increase in staff 16 percent

### Expansion Grants

- Average increase in staff 10 percent

### Higher Satisfaction Among Providers

- Transformation of service delivery
- Team based care
- Innovation
- Improved retention

### Salary Supports

- Demonstration 92 percent increased salaries
- Expansion grant 92 percent increased salaries
- Tuesday to Friday work schedules



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# Rural and Frontier solutions: Collaboration is Key

## Financial Incentives

Enhancing Loan Repayment and Scholarship Programs with collaborative partnerships

## Pipeline and Pathway Programs

Public/Private partnerships focused on long recruitment ramps aimed at local students

## Systems and Integrative Approaches

Primary Care Schools  
Law and Justice Systems

## Technology

- Continued expansion of, investment in, and payment for telehealth
- Broadband Access
- Apps that promote access to behavioral health providers and peers
- Training

## State Studies and Initiatives

Many acknowledge special approaches needed in rural



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## Take A Moment to Consider...



- List 2 things that you learned from other places that you could potentially try in your setting.
- Note any adaptations that you might need to incorporate to successfully implement.
- List one action step you can take this week to begin addressing the workforce challenges your agency faces.



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<https://bit.ly/bhprovidertrainingsurvey>



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## Appendix A: Additional Resources

### Office Hours

Office Hours are offered on the last Friday of every month (through September 2024) at noon MT! Please visit the [HCPF Safety Net Webpage](#) for details & registration information.

### Listserv

Join the Listserv to receive notifications of trainings, technical assistance, and other stakeholder engagement opportunities: [Register Here](#)

### HCPF Safety Net Provider Website

Visit the website for details on upcoming training topics and announcements, training recordings and presentation decks, FAQs and more: <https://hcpf.colorado.gov/safetynetproviders>

### TTA Request Form and E-Mail

Request TTA support or share your ideas, questions and concerns about this effort using the [TTA Request Form](#) or e-mail questions and comments to: [info@safetynetproviders.com](mailto:info@safetynetproviders.com)



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## Appendix B: References

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- <sup>2</sup> Development of Colorado's Behavioral Health Workforce Annual Report 2022-2023. Colorado Behavioral Health Administration. [BHA\\_WFD AnnualReport\\_2023\\_Final.pdf - Google Drive](#)
- <sup>3</sup> Behavioral Health Transformational Task Force Recommendation Report January 2022. Wellstone Collaborative Strategies. [BHITF Recommendations Report FINAL \(colorado.gov\)](#)
- <sup>4</sup> CMS Behavioral Health Strategy CMS.gov <https://www.cms.gov/cms-behavioral-health-strategy>
- <sup>5</sup> Behavioral Health Workforce December 2023 HRSA Health Workforce <https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/Behavioral-Health-Workforce-Brief-2023.pdf>
- <sup>6</sup> Middle Managers Are Exhausted. Top Teams Need to Listen. December 12, 2022. MIT Sloan Management Review. [https://sloanreview.mit.edu/article/middle-managers-are-exhausted-top-teams-need-to-listen/?social\\_token=6ad6eb2ba096c4148edf0c350c56bd29&utm\\_source=twitter&utm\\_medium=social&utm\\_campaign=m-direct](https://sloanreview.mit.edu/article/middle-managers-are-exhausted-top-teams-need-to-listen/?social_token=6ad6eb2ba096c4148edf0c350c56bd29&utm_source=twitter&utm_medium=social&utm_campaign=m-direct)
- <sup>7</sup> Development of Colorado's Behavioral Health Workforce Annual Report 2022-2023. Colorado Behavioral Health Administration. [BHA\\_WFD AnnualReport\\_2023\\_Final.pdf - Google Drive](#)
- <sup>8</sup> Strengthening the Behavioral Health Workforce in Colorado: An Approach to Community Partnership [https://bha.colorado.gov/sites/bha/files/documents/BHA\\_Workforce\\_Report\\_2022.pdf](https://bha.colorado.gov/sites/bha/files/documents/BHA_Workforce_Report_2022.pdf)
- <sup>10</sup> \$9 million in funding awarded to expand local behavioral health programs. Colorado Behavioral Health Administration. December 30, 2021. <https://bha.colorado.gov/press-release/9-million-in-funding-awarded-to-expand-local-behavioral-health-programs>



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## Appendix B: References (cont.)

- <sup>11</sup>Oregon Health Authority : Behavioral Health Workforce Bonus and Housing Stipend Incentive Program: Behavioral Health Division : State of Oregon <https://www.oregon.gov/oha/HSD/AMH/Pages/Bonus-Stipend-Incentives.aspx>
- <sup>12</sup>J.C. Blair Memorial Hospital - RHHub Mental Health Toolkit <https://www.ruralhealthinfo.org/toolkits/mental-health/3/jc-blair-memorial-hospital>
- <sup>13</sup> Pennsylvania Mobile Team Addresses Substance Use Disorders - The Rural Monitor <https://www.ruralhealthinfo.org/rural-monitor/armot>
- <sup>14</sup> The Behavioral Health Workforce in Rural America: Developing a National Recruitment Strategy. Center for Health and Research Transformation (CHRT). February 2020. <https://www.behavioralhealthworkforce.org/wp-content/uploads/2020/02/Recruitment-and-Retention-of-BH-Providers-Full-Report-2.2020.pdf>
- <sup>15</sup> 2022 CCBHC Impact Report. National Council for Mental Well-Being <https://www.thenationalcouncil.org/resources/2022-ccbhc-impact-report/>



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