Strategies for Addressing the Workforce Emergency in Behavioral Health

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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

What can be done?

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)

B. Strengthen the Workforce

4. Systematic recruitment & retention of a diverse workforce (more to follow)
5. Increase the pipeline, relevance, effectiveness and accessibility of training and education (more, more diverse, & better trained)
6. Training and development of supervisors & leaders (e.g., ATTC initiative; MHTTC, SAMHSA, etc.)

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. Workforce tracking plus evaluation of workforce development initiatives (with data!)

What has been done …

Massachusetts (1)

(HHS Secretary Sudders is BH Champion)

- Improved provider rate setting
- $20 million legislated for state employee tuition & loan repayment
- Two one-time payments to providers (each 10% of expenditures; 90% to be used for recruitment & retention)
- Funding added psychiatry/psychology post-docs (ARPA & State $)
- BH Workforce Development Center at UMass (Medicaid administrative $)

Massachusetts (2)

An all-hands approach

- Expanded funding for training programs
- Statewide internship program
- Addictions career training for Mass Rehab consumers (a ‘win-win’)
- License fee waivers
- Approved LADC II apprenticeship program (‘learn while you earn’)
- Hospital contract with a nursing program to develop BH professionals

Oregon

- Legislatively mandated study on how to increase BH wages
- Provider recruitment & retention grants of $132 million
  - 75% min on employee compensation
  - 25% on other R&R strategies
- BH Workforce Initiative
  - $60 million to develop diverse workforce (people of color, tribal members & rural residents)
  - $20 million to provide supervised experience to licensure candidates

Connecticut – Recent Initiatives

- Higher education funding for nurses & BH social workers - $35 million
  - Tuition assistance for low income & diverse students
  - Faculty recruitment & retention
  - Education & employer partnerships
- Development of strategic workplan
- Grants to schools & PCPs to hire SWs
- Easing reciprocity & telehealth limits
- Allowing possible licensure of individuals with a past felony

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

Recruitment & Retention Learning Collaboratives

- Primary Phase *(9 months)*
  - 3 education & work sessions
  - Plan development & implementation
  - 5 Technical assistance sessions
  - 3 All agency Virtual Meetings
  - CEO briefing
- Follow-up Phase *(9 months)*
  - 4 Technical assistance sessions
  - 2 All agency meetings

Offered by The Annapolis Coalition

(2023 in MD via Danya Institute – 6 states)

Suggestions & Caveats for Moving Forward

Look to Previous Innovations & to Innovators

- Avoid this approach:

Build a “structure”

Create a sustainability plan (from the beginning)

"Continuous Workforce Improvement"

Focus Your Advocacy and Messaging on …

ACCESS to Care

(Workforce development is just your strategy for creating access)

Thanks for Listening!
Questions & Comments?

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