

State Learning Collaborative

Session 4: Workforce

May 9, 2024



CCBHC S-TAC

CCBHC State Technical Assistance Center

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Contract Number: 75S20322D00024/75S20323F42001

Last Time—

Data and Quality Measures

Needs Assessment: Developing and collection support

Data Requirements: State and Clinic

New Measures: Diagnosis, Efficacy of Care, Medications

Supporting Clinics: HIT, portals, dashboards, timely feedback

Today

Workforce Data

CCBHC Requirements

Building a Sustainable
Workforce

What's working?



What one word comes to mind when you think about the BH workforce?

Today

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What's working?

Behavioral Health Workforce Report

SAMHSA
Substance Abuse and Mental Health
Services Administration

Resource

<https://annapoliscoalition.org/wp-content/uploads/2021/03/behavioral-health-workforce-report-SAMHSA-2.pdf>

Occupation	Number in Workforce	Number of Workforce Need Calculated		Additional needed to care for SMI/SUD population
		SMI/SED	SUD	
Counselor (BH)	283,540	1,078,407	641,361	1,436,228
Social Workers (Behavioral Health or Case Workers)	117,770	108,769	105,615	96,614
Nurses (Psychiatric or BH)	110,275	304,541	354,216	548,482
Prescriber (Mid-level profession-PA/APN)	17,507	79,262	42,412	104,167
Peer Support Specialist	23,507	777,326	349,519	1,103,338



Resource

2022 CCBHC Impact Report

Expanding Access to Comprehensive, Integrated
Mental Health & Substance Use Care

[2022 CCBHC Impact Report - National Council for Mental Wellbeing \(thenationalcouncil.org\)](https://thenationalcouncil.org)

[Oregon Health Authority : Certified Community Behavioral Health Clinics \(CCBHC\) : Behavioral Health Policy : State of Oregon](#)



6,220
STAFF HIRED

Across the 249 responding
CCBHCs and grantees as a result
of becoming a CCBHC

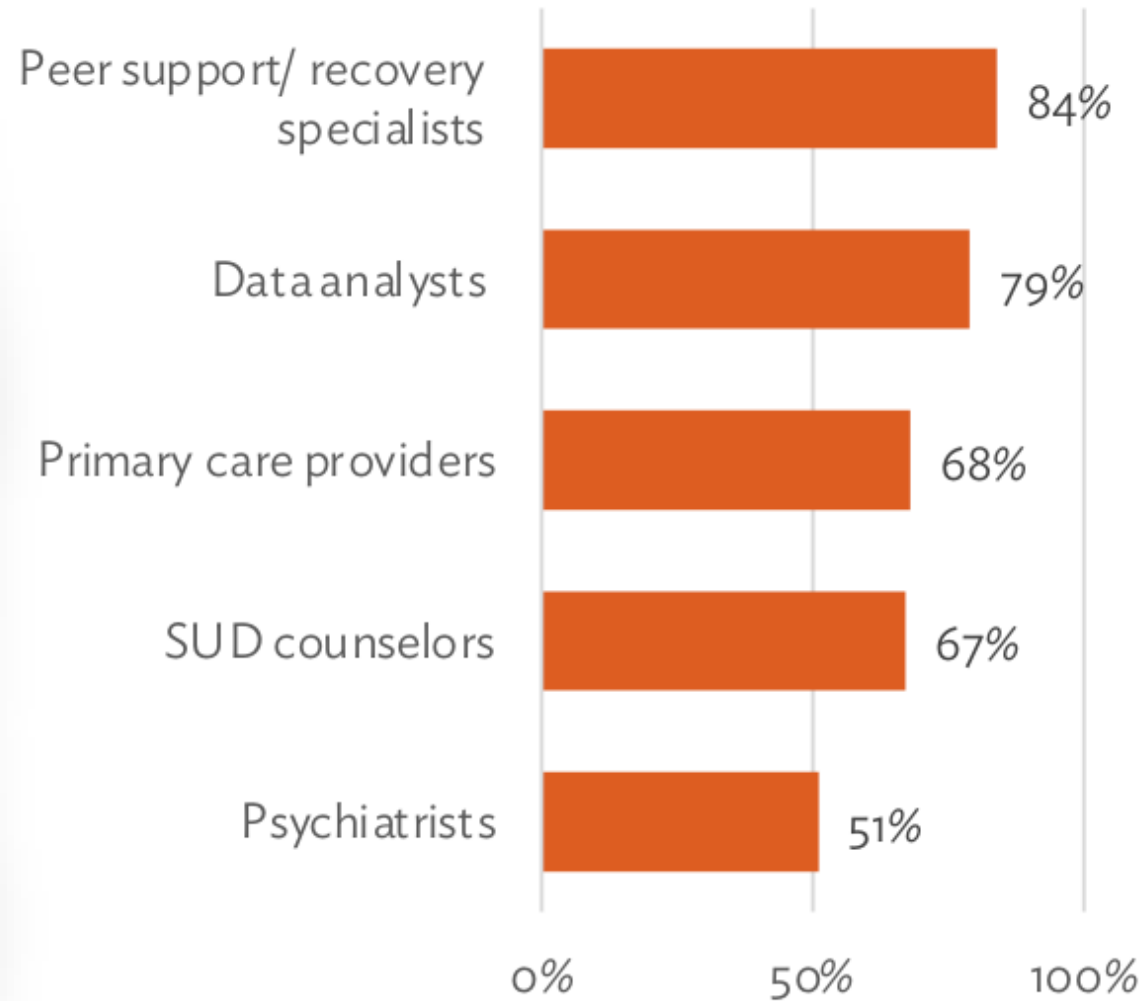
Workforce expansions represent a 13% increase compared to
prior to becoming a CCBHC.

CCBHCs and grantees leveraged their Medicaid payment structure and/or grant funding to recruit and retain highly qualified staff.

92% raised salaries or offered bonuses enabling them to offer more competitive pay relative to other providers and industries in their area.

86% engaged in staff wellbeing efforts, revamping employee benefits, or other strategies to improve staff satisfaction and retention

Most Common Types of Staff Hired/ Looking to Hire Since Becoming a CCBHC





How does this data compare to your experience?



What role/steps does the State play in clinic hiring?

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Needs Assessment Should Drive Staffing Plan

Criteria 1.b.2 *The CCBHC staffing plan meets the **requirements of the state** behavioral health authority and any accreditation standards required by the state.*

*The staffing plan is **informed by the community needs assessment** and **includes clinical, peer, and other staff**. In accordance with the staffing plan, the CCBHC maintains a core workforce comprised of employed and contracted staff.*

*Staffing shall be **appropriate to address the needs of people receiving services** at the CCBHC, as reflected in their treatment plans, and as required to meet program requirements of these criteria.*

How Can the State Help?

Review existing **licensing/certification** standards

Review existing **regulations** for conflict/duplication for integration

Provide flexibilities in **billing** for information gathering as opposed to completion of an assessment or treatment plan

How Can the State Help?

Convert **training costs** covered with state funds to cost report

Review your “eligible providers” for **codes** that could be in CCBHC

Identify **cross-training** to ensure staff can provide integrated care

Build Peer/Recovery Support Certification capacity



What are the most difficult positions to fill?

Today

Workforce Data

CCBHC Requirements

**A Sustainable
Workforce**

What's working?

A Sustainable Workforce Requires

Pipeline Development



Recruitment Strategies



Retention Strategies



Professional Development



raising awareness of
the profession

increasing programs in
colleges and
universities

promoting second
career opportunities

Pipeline Development

Recruitment Strategies

Retention Strategies

Professional Development

What Does SAMHSA Recommend?

1. Encourage students to pursue careers in behavioral health.
2. Provide funding to education programs to embed information on care and treatment of serious mental illness and substance use disorders into standard undergraduate curriculum.
3. Encourage clinical placements/practicums in mental health and substance use disorder settings to increase the knowledge base of practitioners in behavioral health services.
4. Increase loan forgiveness programs for all behavioral health specialties to encourage entry to the field.

Source: SAMHSA Behavioral Health Workforce Report 2020
behavioral-health-workforce-report-SAMHSA-2.pdf (annapoliscoalition.org)

Workforce Development: Higher Education

BHA entered into multiple partnerships with higher education providers in 2020 to:

- Increase the number of social workers and licensed and/or certified addictions counselors and specialty clinicians in Maryland
- Increase diversity in the workforce
- Provide specialty training in substance use disorders (SUD) and mental health disorders
- Infuse college curricula with information on SUD and mental health disorders

Workforce Expansion Initiatives

	Student Support	Training	Internships	Specialized Curriculum
UMB/Morgan /Salisbury SUDWE	X		X	X
Bowie ORN	X	X		
Coppin MCSP	X	X	X	X
Morgan SHIELD	X	X		
UMES CESP	X	X	X	



What are you doing to build the pipeline?

websites
job
postings/descriptions
applications
interviews
assessments

Pipeline Development

Recruitment Strategies

Retention Strategies

Professional Development

Massachusetts Department of Public Health Careers of Substance



Search by keyword



Log in

Your Career

Your Organization

Training & Events

Resources

What's New

About

Sponsored by the MA DPH Bureau of Substance Addiction Services

Building a Career of Substance

A central resource for anyone involved in preventing, intervening in, treating, and supporting recovery from addiction in Massachusetts.

Explore ↓



- Your Career
- Your Organization
- Trainings & Events
- Resources

Find the Right Resources for You





What are the barriers to filling positions?

onboarding
compensation/benefits
wellness
burnout management
performance feedback

Pipeline Development



Recruitment Strategies



Retention Strategies



Professional Development



Burn-out is included in the 11th Revision of the International Classification of Diseases (ICD-11) as an occupational phenomenon. It is **not** classified as a medical condition.

a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed. It is characterized by three dimensions:

- ✓ feelings of energy depletion or exhaustion;
- ✓ increased mental distance from one's job, or feelings of negativism or cynicism related to one's job; and
- ✓ reduced professional efficacy.

Gallup's Perspective on

Employee Burnout: Causes and Cures



Resource

www.vanede.nl/media/2669/gallup-iii-employee-burnout.pdf





Unfair
treatment at
work



Unmanageable
workload



Lack of role
clarity



Lack of
communication
and support
from manager



Unreasonable
time pressure

Top 5 Causes of Burnout

EVIDENCE-BASED RESOURCE GUIDE SERIES

Addressing Burnout in the Behavioral Health Workforce Through Organizational Strategies



SAMHSA
Substance Abuse and Mental Health
Services Administration

Resource

www.samhsa.gov/resource/ebp/addressing-burnout-behavioral-health-workforce-organizational-strategies



How can you help clinics with retention strategies?

credential support
training
career ladders

Pipeline Development

Recruitment Strategies

Retention Strategies

Professional Development



Resource

www.ISSUP.net



Professional Development

Here you will find the training, resources and professional development opportunities for the drug demand reduction workforce!

[Online Learning Hub](#) - the Universal Curricula are being converted to the online format. As courses become available, you will find details and registration links here!



UNIVERSAL CURRICULA

[Universal Curricula](#) - read more about the series of trainings, prevention, treatment and recovery care, and ISSUP members can download the materials.

[Training Providers](#) - apply to become a Universal Curricula Training Provider, or review the Training Providers in your country.

[ISSUP Webinars](#)

Resource

www.ISSUP.net/training





What is the State's role in professional development?

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OKLAHOMA
Mental Health &
Substance Abuse

SERVICES WITHIN REACH

Certified Community
Behavioral Health Centers:

Workforce Catalyst

Commissioner

Carrie Slatton-Hodges

Workforce Enhancements

Expanded services to increase availability and access, while adding recovery supports to enhance scope of services.

- **Added Care** Coordination, Vocational, Housing, Nutrition, and Occupational Therapy
- Number served grew **102%**
- Increased number of **Urgent Recovery Centers**
- Established infrastructure for **Mobile Crisis Teams**

Service Type	Pre CCBHC	Year 4	Percent Increase
Care Management	19	887	4568%
Case Management	5797	10265	77%
Crisis	1290	1467	14%
Peer and Family Supports	5237	9239	76%
Primary Care	7046	8290	18%
Therapy	8354	12392	48%
Vocational and Housing	34	138	306%
Wellness	819	2425	196%

Workforce Expansion and Consumer Impact

Added **981** new jobs to the healthcare workforce sector -an estimated economic impact of **\$34,953,525** annually.

Reduction of unemployment for persons receiving treatment services resulting in **\$31.6M** new wages earned.



“We are **retaining employees** for longer periods of time. We are finally more **competitive** with other area behavioral health agencies/positions/schools. We've had an increased interest in **practicums**, so much so that we don't have room for all of the interested students!”

–Central Kansas Mental Health Center

"The **peer workforce** is probably one of the most transformative developments in the field of behavioral health since psychotropic medications. It's their ability to ...Figure out how to reach the clients [we] don't, because they're actually the ones showing up in the ED, jail, and in the homeless camp that we should be trying to reach."

–Oregon clinic administrator

“Several clinic leaders were grateful that the PPS payment model enabled them to really utilize peers. With CCBHC, that became a ‘no brainer’. And **now it's almost like a microwave oven, how did we ever live without this?”**

-Clinician

“Recruitment continues to be a struggle with the workforce shortage, but once we hire employees, they enjoy the structure of the CCBHC services provided and see the benefit happening to the patients, this helps with employee retention - seeing a positive change for the work they are doing.”

- High Point Treatment Center, Inc. (Massachusetts)

Next Time...

2 30-min Breakout Sessions

Come prepared to engage and share with each other on the topics of your choice:

How did we do?

Please answer a few questions to let us know how we did and what we can do to support you in future sessions.



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Thank you!

Next Session: Thursday, May 9, 2024

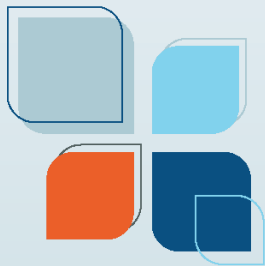
NATIONAL COUNCIL
for Mental Wellbeing

HEALTHY MINDS • STRONG COMMUNITIES

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