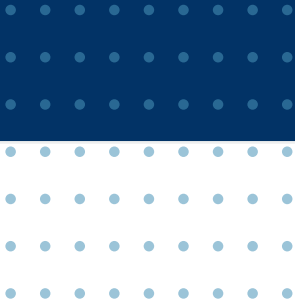


Workforce Solutions Partnership:
**CALL TO ACTION TO BUILD A
SUSTAINABLE BEHAVIORAL
HEALTH WORKFORCE**



Introduction

The Workforce Solutions Partnership is a collaboration between the [National Council for Mental Wellbeing](#), [Health Management Associates](#) and [The College for Behavioral Health Leadership](#).

Common Vision

The current behavioral health system has significant challenges, and fundamental change is required to build a system that meets the needs of all individuals, families and communities no matter who they are, where they live or their ability to pay for care. The challenges exist across all aspects of the system, from the value society places on behavioral health care, to how services are paid for, to individuals' access to care. Thankfully, many thoughtful champions are working to address this complex set of challenges.

One aspect of the system that has a substantial impact on its health and future success is the behavioral health workforce. For decades, much has been written and attempted regarding the behavioral health workforce crisis, including a focus on workforce shortages, insufficient pay, lack of community representation, and pervasive barriers that hinder entry and long-term commitment. Efforts to address these issues are often siloed and uncoordinated, which limits their effectiveness. The demand for behavioral health care is growing. After decades with little traction on the issue, different solutions are needed.

The Partnership is attempting a bold new solution for the workforce, convening and organizing action around a shared vision to address the broken elements underlying the short-term workforce problems. It is a comprehensive, nationally focused group engaging cross-sector government entities, providers, health plans, academic institutions, professional associations, philanthropists, technology companies and other partners to create maximal impact in scaling and sharing innovative solutions, from policy to practice, to create and monitor shared outcomes for change. The Partnership implements short- and long-term strategies with an understanding that system change takes time but the need for improvements is urgent. This collective effort prioritizes partnership and innovation with activities that are mutually reinforcing for broader impact.

Solutions focus on reimagining the workforce and aligning with individuals' and communities' needs for services through:



Community alignment:
Enhancing recruitment and retention of a workforce that reflects the communities accessing behavioral health services.



Creation of efficiencies:
Building a new operational and administrative model that improves access.



Technology integration:
Exploring tech-enabled supports to enhance skill development and service delivery.



Career pathways and compensation:
Improving access to career opportunities and using evolving payment models to increase salaries for behavioral health professionals.

By strategically partnering to address the workforce crisis, the goal is to build a more effective and responsive behavioral health workforce that meets current demands while preparing for future challenges and addressing the structural barriers to change. By doing this, we can contribute to building an effective, accessible, innovative behavioral health system.

Call to Action

We are calling partners across all sectors to join us in this effort to drive pervasive change and ensure the future of behavioral health care. We need you to help us create and define the future of the workforce and envision a new system of care. Please consider committing to contribute in one of the following ways:

- ☑ Participate in a future working group to share effective strategies and develop and implement solutions based on selected priorities.
- ☑ Join the monthly **Workforce Solutions Jam** and take ideas back to your organization or community for implementation.
- ☑ Fund elements of work within the collective impact framework.



Are you interested in funding this work?

Reach out to the Partnership to discuss opportunities for supporting workforce innovation that align with your funding goals. The Partnership is seeking funding for multiple opportunities, such as:

- » **Expanding the approach and infrastructure**
- » **Forming the steering committee**
- » **Supporting specific work groups with defined outcomes**
- » **Presenting the Workforce Solutions Jam**
- » **Developing publications and resources**

Other ways to engage immediately:



Share existing workforce initiatives and align efforts with the Partnership.



Tell us about effective strategies and efforts that can be shared and scaled.



Volunteer to present at a Workforce Solutions Jam.



Share information about the Partnership with your network and partners.



Sign up for ongoing information from the Partnership.

The Longevity of the Challenge

The workforce crisis in behavioral health intensified following the COVID-19 pandemic and has again become a source of concern. A recent survey from the National Council, conducted by The Harris Poll, found that the vast majority (83%) of the nation’s behavioral health workforce believes that, without public policy changes, provider organizations won’t be able to meet the demand for mental health or substance use treatment and care (National Council, 2023). Similarly, a 2023 survey of state Medicaid officials on behavioral health highlighted that nearly every state was engaged in at least one strategy to address the behavioral health workforce shortage (Saunders et al., 2023). Nearly two-thirds of the states responding were focusing on increasing payment rates, while most states also were focused on reducing provider burden, and nearly all states expressed a need to grow their workforce (Saunders et al., 2023).

Although these challenges feel acute right now, they are far from new.¹ Despite decades-long efforts to improve the behavioral health workforce, many of the same challenges remain. The Institute of Medicine described workforce challenges in mental health and substance use care starting in the 1970s and noted that the solutions have not been comprehensive nor sustained enough to remedy the challenges (Institute of Medicine, 2006). Despite this early warning over 50 years ago, the mental health and substance use treatment fields have been continuously plagued with the same set of challenges, and the warning about insufficient resources and attention has been echoed over time.

The following are examples of some of the persistent challenges, along with their status in the past and present.

<ul style="list-style-type: none"> Behavioral health providers have experienced unfair compensation, leading to challenges growing a strong pipeline of providers and maintaining talent within the field. 	
Past	Present
<p>A Substance Abuse and Mental Health Services Administration (SAMHSA) report to congress in 2013 described unfairness in compensation for those working in the behavioral health field, noting that salaries are significantly lower than for other health-related or comparable professions. The report specifically highlights the notoriously low pay for those working in the substance use and addiction field (Hyde, 2013).</p>	<p>This remains a focus today, with compensation being a primary concern for recruitment and retention, along with growing access for those seeking care. In fact, the competition has increased with the entrance of more private providers in the behavioral health field. In a 2024 study, low wages and inadequate benefits were cited as a major impetus for leaving the public sector behavioral health services, with comments noting that entry level positions often paid less than fast food restaurants (Hallett et al., 2024).</p>

Long-term challenges in workforce

- Inadequate reimbursement for behavioral health services
- Financial burden and unaffordability of advanced education with low career salaries
- Growing regional professional shortages, creating gaps in care nationally
- Lack of a sustainable workforce and long-term strategy for developing the workforce
- Professionals that do not fully represent the communities being served
- Regulation challenges and administrative burden
- High workloads, secondary trauma and wellness concerns
- Lack of long-term career pathways

¹ “Behavioral health” refers to services and systems of care designed to care for and improve the lives of people with mental health and substance use conditions.

- For decades, there have been reports highlighting the **shortage of mental health and substance use providers nationally, with a particular focus on rural community gaps.**

<i>Past</i>	<i>Present</i>
<p>In 1999, the surgeon general’s report on mental health stated, “The supply of well-trained mental health professionals is inadequate in many areas of the country, especially in rural areas. Particularly keen shortages are found in the numbers of mental health professionals serving children and adolescents with serious mental disorders, and older people” (U.S. Department of Health and Human Services, 1999). In 2007, SAMHSA outlined an Action Plan for Behavioral Health Workforce Development documenting existing shortages at that time and highlighting more significant shortages anticipated by 2020 (Annapolis Coalition on the Behavioral Health Workforce, 2007). In 2009, another study indicated that 75% of counties had a severe shortage of mental health prescribers and non-prescribers (Thomas et al., 2009). Also in 2009, Health Affairs reported that almost two-thirds of primary care physicians reported challenges in obtaining outpatient mental health services for patients, highlighting that shortages and access gaps go hand in hand (Cunningham, 2009).</p>	<p>As of December 2023, more than 169 million people of the U.S. (half of the country’s population) live in a Mental Health Professional Shortage Area. Rural counties are more likely than urban counties to lack behavioral health providers (National Center for Health Workforce Analysis, 2023).</p>

- The **lack of demographic (or community) representation** within the workforce has also been highlighted throughout these reports.

<i>Past</i>	<i>Present</i>
<p>In 2001, the surgeon general noted this lack of representation (U.S. Department of Health and Human Services, 2001), and in 2003 the President’s New Freedom Commission on Mental Health went further into the serious underrepresentation and providers’ being unprepared to treat varying communities. In 2006, 73.5% of psychiatrists, 79.4% of psychologists, 78% of licensed counselors and 84.5% of social workers were White (SAMHSA, 2010).</p>	<p>As of December 2023, the data is not markedly different. The majority of the behavioral health workforce identifies as female and non-Hispanic White and may not represent the communities they serve (National Center for Health Workforce Analysis, 2023).</p>

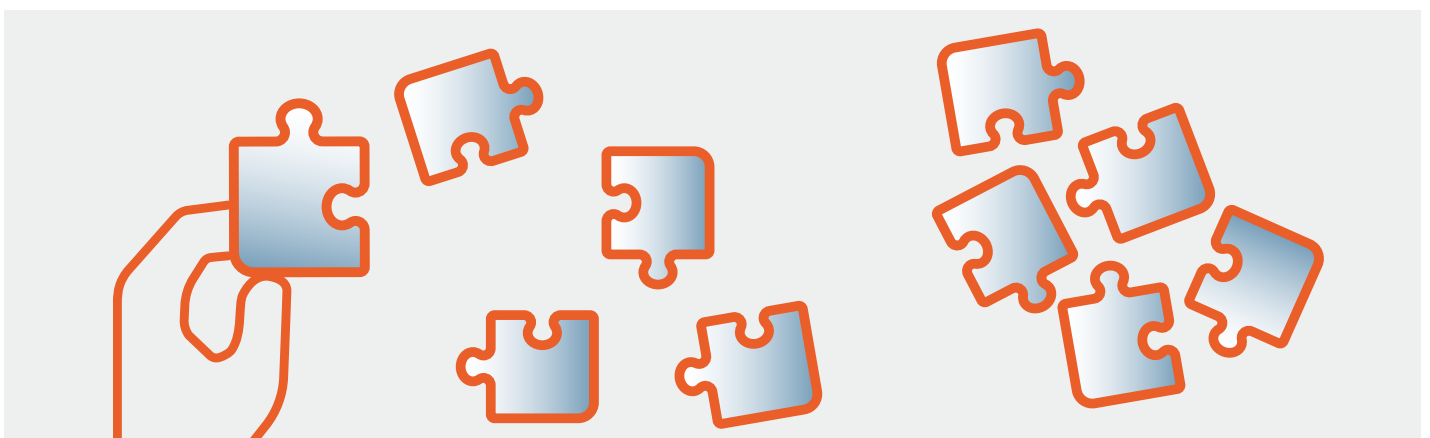
- **Burnout within the behavioral health workforce** has long been a concern, often focused on the impact of burnout on staff turnover. Frequent turnover is detrimental to those seeking care when it leads to frequent changes in provider care or long wait times, as well as to provider organizations who face financial burden and ongoing training and onboarding demands (Paris & Hoge, 2010).

<i>Past</i>	<i>Present</i>
<p>Factors identified over time as impacting burnout include the high stress and emotional impact of behavioral health work, low salaries, financial debt from education, and the size and scale of caseloads (Kelly & Hearld, 2020). Organizational culture (e.g., civility, procedural justice, autonomy, psychological safety) (Yanchus et al., 2015), supervision and support, as well as opportunity for skill development and administrative burden (i.e., paperwork), are also noted across sources (Zivin et al., 2022).</p>	<p>In 2022, SAMHSA released Addressing Burnout in the Behavioral Health Workforce Through Organizational Strategies. The report estimated that 50% of behavioral health providers feel burnt out and that, nationally, there was an annual turnover rate of 30%, higher than other high-turnover professions such as teaching (National Mental Health and Substance Use Policy Laboratory, 2022). This report noted many of the same factors that have been named over time: unfair treatment at work, unmanageable workload, lack of role clarity, lack of communication and support from management, and unreasonable time pressures.</p>

Each of these challenges has been accompanied by decades of strong recommendations, roadmaps, timelines and targeted funding. So, what is causing the gap between intentions and outcomes? Why are we still facing largely the same workforce challenges? There are multiple causes but, as indicated in 2006 by the Institute of Medicine, sustained funding and attention are paramount to progress. Additionally, the breadth and depth of the challenges can be overwhelming and create a sense of inertia. Successfully addressing these challenges requires a long-term commitment of funding, dedicated resources and measurement to reach outcomes.

The Partnership believes that another source of the problem has been implementers working on small pieces of the puzzle but ultimately remaining fragmented in their solutions (see Figure 1). Many recommendations that remain consistent over time require cross-sector coordination to drive change and amplify impact. Additionally, the recommendations require strong accountability for implementation (which historically has been dispersed and ambiguous).

Figure 1. A fragmented approach to addressing the behavioral health workforce crisis



Workforce Solutions Partnership and Approach

The Partnership believes that using the collective impact framework² will provide the structure to build a national strategy and cross-sector approach to shared implementation of workforce initiatives, resulting in effective and scalable solutions. We understand there are countless workforce initiatives underway across the county, many of which are demonstrating progress and innovations that can be scaled. Rather than duplicate or distract from existing efforts, the Partnership will build connections between these efforts, elevate their impact and empower emerging innovative ideas. Our value is in the creation and facilitation of a platform with specific tools that partners can use to work through mutually reinforcing actions and align efforts, to reach collective milestones and long-term goals.



We want to make sense of existing workforce solutions, scale and elevate those solutions that are effective, and build the pathways to overcome barriers to implementation.

Vision

A behavioral health system in which individuals, families and communities have their needs met with timely, high-quality services provided by an accessible, sustainable and thriving workforce.

Mission

The Workforce Solutions Partnership brings together cross-sector partners to identify, elevate and scale innovative solutions for persistent behavioral health workforce challenges. Through fairness-grounded, shared strategies and activities, advocacy, training and technical assistance, we drive pervasive change.

The levers of change

In considering cross-sector impacts on the workforce, the Partnership developed the levers of change (see Figure 2, Figure 3 and [Appendix B](#)). These represent an initial set of methods that partners will use to drive meaningful change.

² For more information on collective impact, see collectiveimpactforum.org/what-is-collective-impact/.

Figure 2. Workforce Solutions Partnership levers of change³

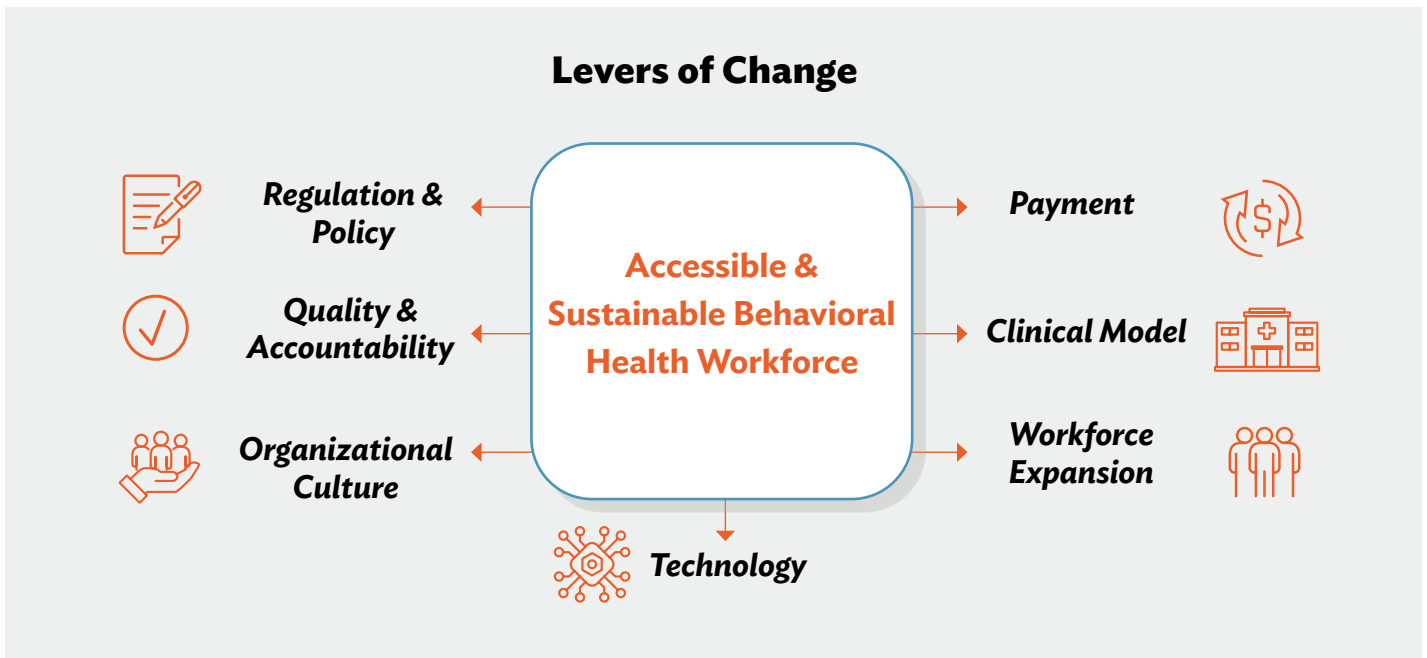
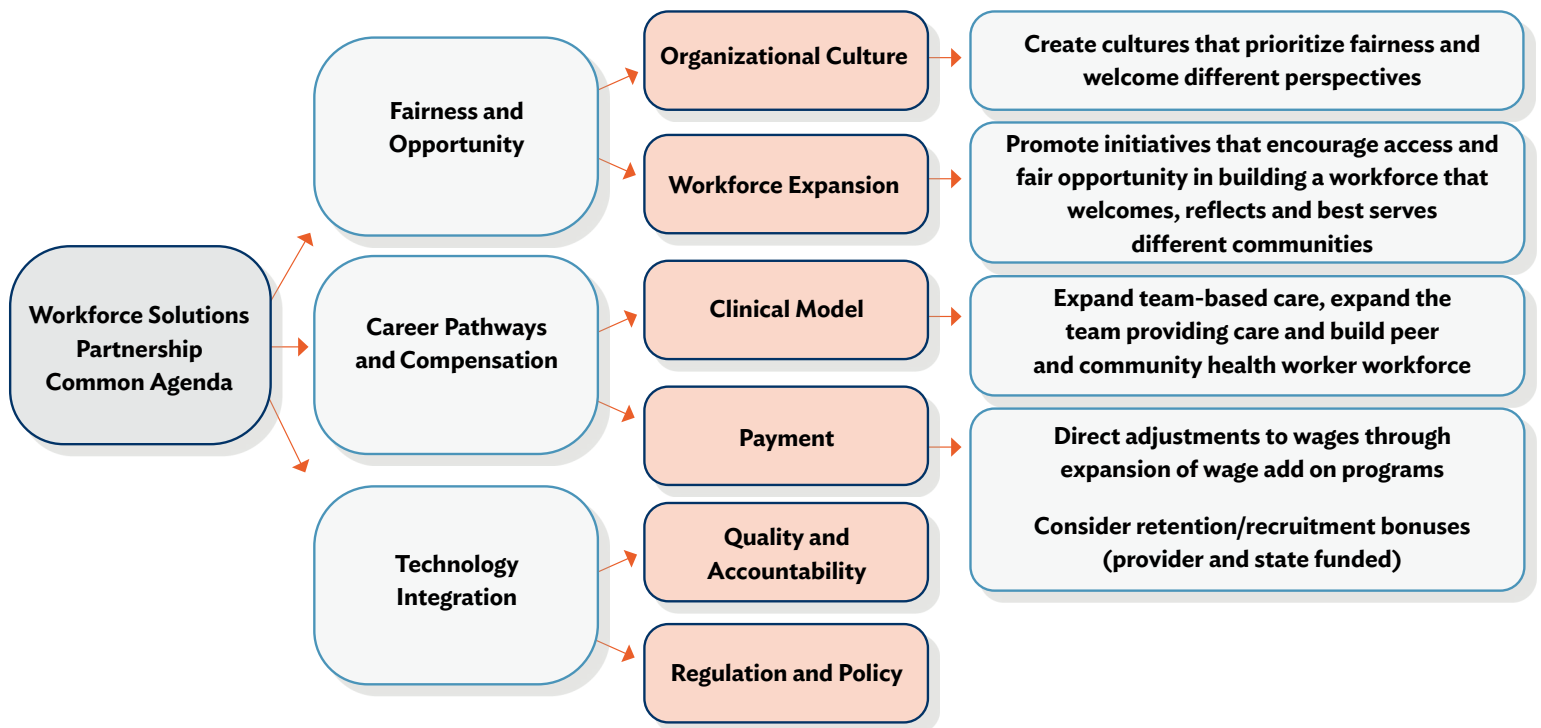


Figure 3. Demonstrating the role of the levers of change



³ See Appendix B for definitions of each lever.

Partnership Core Activities to Date



The National Council, Health Management Associates and The College for Behavioral Health Leadership have dedicated more than two years of work to forming this partnership and approach. The role of the Partnership includes:

- **Building a vision and a coalition:** Initiate a guiding vision and strategy that can be informed and enhanced by a cross-sector steering committee.
- **Convening and engaging partners and sectors:** Form a cross-sector steering committee that will become the official decision-making body of the Workforce Solutions Partnership, and form work groups — both of which will be supported by the Partnership.
 - » Convene, engage and problem-solve with cross-sector partners, and build connections to aligned workforce activities outside of the steering committee and work groups.
- **Communicating:** Initiate a shared communications plan and create pathways for communicating across partners and initiatives, as well as sharing information, opportunities and solutions with the broader behavioral health community.
- **Mobilizing funding:** Develop a funding strategy and infrastructure to support multiple funding sources, to gain a long-term and sustainable approach to the collective work of partners and their shared impact.
- **Measuring and tracking:** With the steering committee, develop shared measurement and accountability with short- and long-term goals and ongoing tracking of impact.
 - » Provide workforce data for working groups and other partner initiatives from existing sources.

Crosswalk of national behavioral health workforce recommendations

The Partnership reviewed more than 400 individual ideas, recommendations and proposed solutions from national resources to improve the workforce and address specific challenges. These recommendations have been cross walked with the levers of change to help identify key implementers to start to organize and align solutions. This [crosswalk resource](#) can support prioritization of recommendations (National Council et al., 2024).

Steering committee and work groups

The Partnership is currently forming a steering committee that will represent cross-sector partners who are currently engaged in improving the behavioral health workforce at multiple levels of the system. As an initial step, the Partnership has convened a small group of technical experts to support identification of the right sectors, partners and key leaders to help build and shape this national effort.

The steering committee will continue to inform and shape the common agenda and the initiative's specific priorities. Initial steering committee activities will include creating:

- A multiyear logic model to shape shared measurement that supports the collective in building strategies that align with short- and long-term goals and desired outcomes.
- A communication strategy to ensure that stakeholders can stay informed and engaged in the efforts of the Partnership.
- Work groups that will move the Partnership's priorities to action. Work groups may align with the levers of change identified by the Partnership, and the Crosswalk of National Behavioral Health Workforce Recommendations can be a strategic launch point (National Council et al., 2024).

Workforce Solutions Jam

The Workforce Solutions Jam is a monthly public webinar inspired by the 988 Crisis Jam Learning Community, designed for all stakeholders to engage in efforts occurring through the Partnership. The Workforce Solutions Jam is an opportunity for a national audience to learn the status of ongoing workforce efforts or new legislation, engage with subject matter experts, learn innovative new practices and take action.



The Jam has an average of 577 registrants per session.

Workforce ECHO series

The ECHO is designed around case-based learning and mentorship. ECHO sessions engage participants from across the country in peer-to-peer discussions. **The Workforce ECHO** series focuses on scalable solutions to help stakeholders work together to alleviate workforce challenges impacting community mental health provider organizations. The ECHO connects mental health and substance use provider organizations, state associations and other regional and national experts for a series of discussions that explore innovative solutions and support participating organizations as they address workforce challenges.



Cohort 1 of the ECHO launched in November 2023 and ran through July 2024. A second ECHO cohort launched in fall 2024 and will run through spring 2025.

Figure 4. 2021-2024 Milestones

Workforce Solutions Partnership

2021-2024 Milestones




















 <p>1 Workforce Issue Briefs</p>	 <p>2 Levers of Change</p>	 <p>3 Convenient for Feedback</p>	 <p>4 National Webinar</p>	 <p>5 Backbone Formation</p>
<p>In 2021, Health Management Associates (HMA) and the National Council partnered on three workforce briefs covering immediate policy actions, clinical changes and recommendations for ensuring fairness, access, and representation of communities served.</p>	<p>The levers of change were developed, and the Partnership was expanded to include The College for Behavioral Health Leadership (CBHL).</p>	<p>In February and April 2023, the National Council, HMA and CBHL convened national partners to inform the levers of change and discuss workforce priorities.</p>	<p>In November 2023, the partners hosted a webinar to discuss the idea of collective impact and the levers of change.</p>	<p>Since the fall of 2023, the partners have been meeting to develop clear roles and responsibilities and to share the role of the collective impact backbone. They also developed a crosswalk of recommendations.</p>
 <p>6 Launch of Provider ECHO</p>	 <p>7 Technical Expert Panel</p>	 <p>8 Workforce Solutions Jam</p>	 <p>9 Steering Committee Launch</p>	 <p>10 Getting to Action</p>
<p>In November 2023, the Workforce Solutions ECHO was launched to support monthly collaboration, brainstorming and solution development organized by the levers of change.</p>	<p>In early 2024, the National Council, HMA and CBHL formed a technical expert panel to inform steering committee membership.</p>	<p>In May 2024, the Partnership launched monthly Workforce Solutions Jam sessions to engage a national, cross-sector audience and share ideas, solutions and impact.</p>	<p>In late 2024, an initial steering committee was formed to support the advancement of the collective impact initiative and developing shared measurement and communications.</p>	<p>The National Council, HMA and CBHL will implement specific recommendations advanced by the steering committee and work to secure ongoing funding.</p>

Figure 5. 2024-2025 Planned Milestones

Workforce Solutions Partnership

2024-2025 Planned Milestones

 <p>1 2nd Workforce Solutions ECHO</p>	 <p>2 Launch Work Groups</p>	 <p>3 Continuous Improvement of Jam</p>	 <p>4 Demonstrate Outcomes of Early Priorities</p>	 <p>5 Ongoing Expansion of Partners</p>
<p>Complete second cohort of the Workforce Solutions ECHO.</p>	<p>Launch work groups under the steering committee, refine priorities and recommendations to be implemented, and review partner mutually reinforcing activities.</p>	<p>Continue to enhance and refine the Workforce Solutions Jam and streamline potential for scaling effective solutions.</p>	<p>Review outcomes and demonstrate action on early wins identified from 2024.</p>	<p>Continue looking for opportunities for shared work and alignment with other workforce efforts.</p>
 <p>6 Work Group Funding</p>	 <p>7 Collective Impact Funding</p>	 <p>8 Publish Shared Measurement</p>	 <p>9 Review and Refine Backbone Partnership</p>	 <p>10 Getting to Action</p>
<p>Create a development plan and identify funding work group priorities.</p>	<p>Ongoing efforts by steering committee to secure sustainable funding to maintain the collective impact backbone.</p>	<p>Publish shared measurement goals with specific activities and targets informed by steering committee and work groups, with short-, medium- and long-term impacts.</p>	<p>Continued improvement and ongoing refinement of partner roles in the backbone, building out processes for shared work, and communicating internally and externally.</p>	<p>Demonstrating change and continuing to build commitment to a shared approach to implementation to drive change.</p>

Summary

The Workforce Solutions Partnership seeks cross-sector partners and organizations to support the effort to advance strategies to address the workforce shortage at all levels and maximize collective impact. Recognizing that there are existing national efforts and pockets of innovation focused on building a demographically varied behavioral health workforce, we seek to scale these solutions and identify new ones that will help shape the future workforce.

To learn more, contact Workforce@TheNationalCouncil.org.

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Appendix A

The Five Components of Collective Impact

Common agenda

A common agenda helps the partners agree on the problems, define the changes needed and establish a shared vision that shapes their activities.

Mutually reinforcing activities

One of the distinguishing features of a collective impact approach is that partners intentionally align existing resources and efforts in their part of the system toward achieving the common agenda and shared measures. Partners identify a collective action plan that lays out strategies and actions that different partners are committing to implement. Then, partners hold each other accountable for the achievement of these activities. The focus of this component is to align activities in a way that mutually reinforces the activities of other partner organizations, reduces duplication and leverages resources effectively.

Shared measurement

Partners have a shared understanding and agreement about the desired impacts and track progress together through shared collection, storage, analysis and reporting of data. The measurement provides transparency and accountability on progress and continuous learning that further feed the efforts.

Continuous communication

Effective and shared communication is important for internal development of trust and development of shared mental models and approaches, and it furthers the partners' ability to shape change together. Continuous and consistent communication provides external clarity on the initiative, mobilizes other partners, connects to other initiatives and builds accountability for the effort.

Backbone support

Successful initiatives require an entity to serve as a backbone dedicated to support and coordination of the collective impact initiative. A backbone guides the initiative's vision and strategy, promotes mutually reinforcing activities, provides needed infrastructure, supports establishment and tracking of shared measures, advances public will and mobilizes resources. The backbone organization does not set the group's agenda and does not drive or independently determine solutions. The backbone facilitates the accomplishment of activities and garnering of resources that help the group advance the toward its common agenda.

Appendix B

The Levers of Change

The Workforce Solutions Partnership believes that all actions within the levers of change must examine unfair practices and unjust conditions that can harm or have harmed specific groups and communities — both in engagement of the workforce and how it ultimately delivers care. We want solutions that ensure all people can fully participate and thrive in the behavioral health workforce. Specific recommendations and solutions aimed at expanding the workforce will require devoted (and sometimes additional) efforts where unfair strategies or injustice have resulted in barriers to participation. These ideals must be embedded within all levers of change. Below is an overview and description of each of the levers of change.



Regulation and policy: Regulation and policy are foundational levers used by federal, state and local government to create the pathways for workforce changes that other sectors will implement. For example, regulation and policy set the national definitions of workforce, qualifications, credentials and often the structure for how the workforce fits into a system of care, as well as building reimbursement methodologies for the expansion of the workforce.



Payment: Payment is a primary lever for addressing gaps in fairness of behavioral health salaries, building pathways for the future workforce and creating reimbursement that supports an expanded workforce. Payment recommendations are often interconnected with policy and regulatory levers and may require changes at multiple levels.



Clinical model: Clinical model innovations in care are central to leveraging the workforce more efficiently and effectively and driving workforce satisfaction. The clinical model is also impacted and will need to evolve as other levers shift, such as regulatory and policy reimbursement changes, expanded workforce, and quality and accountability changes.



Workforce expansion: Expanding the workforce is a key lever to creating a workforce more representative of communities and building systems grounded in fairness. Expanding both the professional and nontraditional workforce is central to addressing shortages and is part of clinical innovation and new models of care.



Organizational culture: Both short-term solutions and long-term sustainability require changes to the day-to-day experience of the behavioral health workforce. These include organizational changes in recruitment and retention strategies and leadership and organizational engagement to adopt innovations and create a culture of wellness.



Quality and accountability: The behavioral health field will continue to focus on demonstrating quality and accountability through ongoing and novel means, to effect policy and regulatory change. Improved, data-driven decision-making should include measures of workforce satisfaction and lead to opportunities to reduce the administrative burden.



Technology: Technology is a central tool and potentially a long-term driver of change for the behavioral health workforce. Technology is already supporting innovations in training, monitoring evidence-based practice within the workforce, measurement of impact and reduction of administrative burden through artificial intelligence.