Center for Workforce Solutions

Crosswalk of National **Behavioral Health Workforce** Recommendations

The National Council for Mental Wellbeing (National Council) launched the Center for Workforce Solutions in 2023 in partnership with The College for Behavioral Health Leadership (CBHL) and Health Management Associates (HMA). The goal of this shared work is to build an equitable and sustainable workforce. The Center for Workforce Solutions is leveraging a Collective Impact approach to elevate solutions that require cross-sector implementers to work in concert to address longstanding challenges and complex multi-system solutions for expanding and solidifying the behavioral health workforce. As the backbone, the Center for Workforce Solutions will facilitate cross-sector action to implement tangible outcomes.

Levers of Change REGULATION & POLICY Equitable & Sustainable Behavioral Health ACCOUNTABILITY Workforce CULTURE **EXPANSION**

400 recommendations crosswalked by the key lever of change **Payment** Regulation Clinical Policy Models Quality Accountability Organizational Workforce Culture Expansion

The Center for Workforce Solutions created a framework for multi-systemic levers of change required to drive action and has cross walked more than 400 recommendations from published reports by federal and state policymakers, national associations, foundations and many other partners. Every action and step needs to be considered, designed and implemented through an equity lens to ensure equity is embedded within action. These recommendations, organized by the framework levers, provide an actionable roadmap to addressing the behavioral health (BH) workforce crisis.







Workforce Expansion

Workforce expansion is the key lever to building behavioral health resources that are more representative of communities and creating systems that are grounded in equity. Expanding both the professional and non-traditional workforce are central to addressing current and future shortages and are part of clinical innovation and new models of care.

- Recruit and retain a diverse and inclusive healthcare workforce
 - Develop an equity-grounded leadership fellow program to build leadership and expansion of a diverse workforce and foster clear, equitable pathways for career advancement
 - Expand funding for the Minority Fellowship Program and strengthen relationships with Historically Black Colleges and Universities (HBCUs)
- Enhance the infrastructure available to support and coordinate workforce development
 - Implement systematic recruitment and retention strategies at the federal, state, and local levels
 - Design state-based models for training communities (e.g., Alaska BH AIDE model) including how to receive payment and invest in Peer run organization policy, payment, and training
- Expand and optimize the workforce
 - Develop a greater role for peer specialists, community health workers, and paraprofessionals to free up licensed BH workforce for those with higher level needs
 - Create awareness that National Association of State Mental Health Program Directors (NASMHPD) has a Workforce Toolkit for states and a SMI (Serious Mental Illness)
 Adviser Toolkit on Best Practices for hiring peers with felony backgrounds
 - Provide Mental Health First Aid (MHFA) training on how to identify, understand and respond to signs of mental illnesses and substance use disorders
- Advocate for reimbursement strategies that grow and sustain the BH workforce
 - Reimburse for Medicaid inter-professional consultations and targeted recruitment efforts
 - Introduce inter-professional consultation codes to extend the workforce by allowing general providers to be reimbursed for consultations with specialists

Payment

Payment is a primary lever for addressing gaps in equity of behavioral health salaries, building pipelines 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.

- Expand scholarships, grant and loan forgiveness programs and create incentives for practicing in rural and underserved communities such as promoting the National Health Services Corps mandatory funding reauthorization and the Nurse Corps Scholarship and Loan repayment discretionary funding
- Build equitable compensation for behavioral healthcare including transparency on peer wages and all compensation and encourage transparency of pay scales and promotion practices across the industry.
- Increase peer wages and improve reimbursement beyond Medicaid for peers
- Create direct adjustments to wages through expansion of wage add-on programs including consideration of retention/recruitment bonuses (provider and state funded)
- Reform the Medicaid fee schedule for services that are under reimbursed (state Medicaid)
- Consider wage floors or targeted minimum wage approaches aligned with sustainable reimbursement
- Conduct analysis of alternative payment models on total cost of service engagement and outcomes including monitoring state innovations in funding and specific payment levers that are effective for covering costs. Use State Demonstrations to improve competitive wages within CCBHCs (Certified Community Behavioral Health Clinics)
- Expand CCBHCs and prospective payment systems (PPS) and track CCBHC impact on salaries, recruitment, and retention



Clinical Model

Clinical model changes and innovations in care are central to leveraging the workforce more efficiently and effectively as well as driving workforce satisfaction. Innovations such as community based and team based care will evolve as other levers shift including regulation and policy, reimbursement adding new team members, and changes to quality and accountability measures.

- Expand team-based care and expand the team providing care to include nontraditional workforce
- Build peer and Community Health Worker (CHW) models which support clinic-based approaches as well as expand care into the community and upstream strategies to elevate prevention, early intervention
- Expand CCBHC model and integrated care approaches
- Expand virtual and telehealth care as well as the use of digital health and other technologies to address administrative burden.



Quality and Accountability

The behavioral health field will continue to focus on better demonstration of quality and accountability. Demonstration of outcomes are central to changing policy and regulation impacting the workforce, elevating quality while reducing administrative burden as well as improving data driven decisions including what drives workforce satisfaction.

- Engage effective technology tools and plan technology and process improvement as a retention tool as a session or track w/in a workforce collaborative
- Implement a national research and evaluation agenda on behavioral health workforce development
- Promote evidence-based professional development to improve behavioral health providers' competencies in line with the National Behavioral Health Quality Framework
- Develop strategies to monitor workforce and inform solutions
 - Conduct a baseline workforce needs assessment to better understand the supply of the behavioral health workforce, including demographics, and specific workforce gaps
 - Develop and fund a 10-year behavioral health workforce strategy to grow the behavioral health professional workforce pipeline and address the shortage and maldistribution of providers
 - Initiate a strategic process for the measurement and understanding of behavioral health workforce needs and long-term policy planning
 - Develop meaningful options to measure and evaluate worker satisfaction

Regulation and Policy

Regulation and policy are foundational levers used by federal, state and local government to create the pathways for workforce changes which 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 build reimbursement methodologies for expansion of the workforce.

- Adapt regulations to reduce restrictions on providers such as reviewing existing licensure requirements to increase flexibilities in qualifications and promote telehealth flexibilities at federal and state levels
- Provide continuum of behavioral health care services in Medicare such as expand and increase rates of reimbursement for Medicare-eligible peers and licensed BH providers
- Reduce paperwork burden and unnecessary compliance that impacts daily work and thus increases burnout among providers
- Expand federal match and other funding mechanisms such as allowing states to use general
 match for workforce programs, address statutory changes to the National Health Service
 Corps to increase site eligibility and changes to Graduate Medical Education (GME)
 programs to address payment, expand definition of and expand facility types to be more
 expansive
- Leverage Centers for Medicare and Medicaid Services (CMS) innovation center to pilot new delivery options and expanded workforce
- Enhance quality of clinical data to be more focused on meaningful accountability (outcomes) to reduce process measurement that is burdensome
- Innovate around workforce recruitment, retention, and reimbursement strategies such as
 expand programs and remove barriers for loan repayment, scholarship expansion, and
 training grants/funding opportunities, expand eligible provider types to practice and for
 reimbursement, increase access to paid leave policies, and address policies that block peers
 with past criminal history
- Engage in interagency collaboration and communication to build a collective approach and reduce duplication while maximizing resources that support diversity and equity initiatives.
 - Include Black Indigenous, and People of Color (BIPOC) communities in program leadership and development
 - Prepare policy briefs on state-wide innovations such as reducing time for reimbursement and claims delays
- Build national certification standards for peers and other non-traditional workforce
- Expand CCBHC model and expand integrated care approaches

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 human services changes to recruitment and retention strategies, leadership and organizational engagement to build and sustain the workforce and a culture that ensures wellness.

- Create and sustain positive work environments and culture
 - Support mental health and reduce stigma
 - Create strategies to support workforce development and prevent burnout
 - Move away from productivity driven models to promote more desirable roles
 - Create cultures of inclusion and belonging
 - Cultivate trusted relationships with the workforce
 - Foster collaboration and teamwork
 - Make schedules as flexible and predictable as possible
 - Provide more autonomy over how work is done

Questions for You!

What are "easy wins?"

Where is there existing momentum that could lead to big impact?

Where are your organization's efforts aligned?



Sources for Recommendation Review

National

- <u>Bipartisan Policy Center (January 2023): Filling the Gaps in the Behavioral Health</u> Workforce
- Centers for Medicare and Medicaid Services: Behavioral Health Strategy
- <u>Centers for Medicare and Medicaid Services (Blog, 2023): Important New Changes to Improve Access to Behavioral Health in Medicare</u>
- <u>Kaiser Family Foundation (2023): A Look at Strategies to Address Behavioral Health Workforce Shortages: Findings from a Survey of State Medicaid Programs</u>
- <u>National Association of Medicaid Directors: Federal Policy Briefs: Behavioral Health</u> Workforce
- <u>The National Academy for State Health Policy: State Strategies to Increase Diversity in the Behavioral Health Workforce</u>
- National Association of State Mental Health Program Directors TTI 2022 Resource Guide
- National Academies (2015): Building Health Workforce Capacity Through Community-Based Professional Education
- National Academy of Medicine (2024): National Plan for Health Workforce Well-Being
- National Association of Counties (2023): County Strategies to Recruit and Retain a Strong Behavioral Health Workforce
- National Governors Association (2022): Supporting Workers with Disabilities By Addressing the Mental And Behavioral Health Workforce Shortage
- Substance Abuse Mental Health Service's Administration 2023-2026 Strategic Plan
- <u>The Commonwealth Fund (2023): Understanding the U.S. Behavioral Health Workforce Shortage</u>
- U.S. Surgeon General (2002): Workplace Mental Health & Well-Being
- The Annapolis Coalition on the Behavioral Health Workforce



Sources for Recommendation Review

State, County Government Sources

- Colorado (2022): Strengthening the Behavioral Health Workforce in Colorado: An Approach to Community Partnership
- Kentucky Office of Rural Health: (2022) Behavioral Health Workforce Initiative
- Massachusetts (2022): Creating a Robust, Diverse, and Resilient Behavioral Health Workforce in Massachusetts
- Nebraska (2021): Behavioral Health Education Center of Nebraska: Legislative Report
- Nebraska: The Behavioral Health Education Center of Nebraska: A Creative Solution to a Persistent Behavioral Health Workforce Shortage
- Ohio Department of Higher Education: Great Minds Fellowship
- <u>Oregon (2022): Behavioral Health Workforce Report to the Oregon Health Authority</u> <u>and State Legislature</u>
- San Diego, CA (2022): Addressing San Diego's Behavioral Workforce Shortage
- Tennessee (2021): Public Behavioral Health Workforce Workgroup

