



NASMHPD

# BEHAVIORAL HEALTH WORKFORCE RESOURCE GUIDE

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### **The Behavioral Health Workforce Resource Guide has been updated for 2024!**

The NASMHPD Team reached out to states to gather updates and outcomes for initiatives discussed in the prior iteration of the guide, as well as gather brand new information from states on workforce initiatives and strategies.

As such, throughout the guide, you will see information that has been flagged as “new” or “updated” to denote what has changed or been added from the previous version. We hope this will make this guide easier to scan and navigate.

## **Introduction**

The behavioral health field in the United States has contended with workforce challenges for many years, especially in the public sector, with rural and frontier areas often experiencing the greatest challenges. However, recent historical developments have exacerbated our workforce challenges to an extreme level. The COVID-19 pandemic and subsequent social isolation increased the demand for behavioral health services, particularly among youth and young adults. Growing public awareness about the importance of mental health and decreased stigma related to receiving services has led to more help-seeking. In addition, the roll-out of 988, the national 3-digit suicide and crisis lifeline, resulted in another important wave of public education and presented an easy avenue to seek help. This combination of factors has burdened an already strained behavioral health workforce and created a very competitive market for behavioral health professionals. As a result, we are witnessing increases in emergency department boarding among individuals with behavioral health concerns, waitlists for inpatient psychiatric services, and individuals with complex needs falling through the cracks in the system.

NASMHPD recognizes the long-term solution lies in altering the system of behavioral healthcare to decrease the *demand* for services, specifically intensive and expensive services like psychiatric hospitalization. Our system of care paradigm must be shifted to prioritize prevention, early identification and intervention, implement robust crisis services, and promote strategies to address social determinants of behavioral health. This paradigm improves outcomes and experiences of care, is less expensive, and, importantly, requires fewer behavioral health workers. Across the nation, states are developing robust mobile crisis, crisis stabilization, and other services to support the implementation of 988. These efforts, in and of themselves, will help shift the care paradigm and invariably change the workforce needs. However, we must continue to intentionally shift our systems of care upstream to facilitate early access to treatment, with the aim of preventing behavioral health crises and ultimately requiring fewer resources, both financial and in terms of workforce.

Our [Technical Assistance Coalition Beyond Beds Paper Series](#) is rich with strategies to achieve these aims. In addition, NASMHPD’s 2023 TTI (Transformation Transfer Initiative) projects are specific to the implementation of 988, and interestingly, over half of the fifty projects are focused specifically on workforce development. These proactive projects have the potential to build services, supports and the *workforce* in a way that shifts the system of care upstream.

In the meantime, we recognize state behavioral health authorities (SBHAs) are searching for short-term solutions to address the immediate workforce crisis. Amid the chaos, many innovative behavioral health workforce development strategies have arisen. Long-standing strategies have also been met with renewed enthusiasm and support. Both new and old solutions have been implemented sporadically throughout the country, but many remain largely unknown to a broader audience, limiting the potential for replication.

This guide offers a working document of those innovative ideas and successful strategies, using information from SBHAs around the US states, territories, Pacific Jurisdictions, and the District of Columbia. The examples included have been gathered from TTI projects, State Spotlights featured in the [NASMHPD Update](#), and information shared with us informally and anecdotally by SBHA leadership. Green boxes throughout the document list strategies collected informally from various sources, designed as quick ideas readers might consider. Some of these ideas may be illustrated in more detail in state implementation examples.

This document is far from exhaustive, rather it is intended to be a working document that will be updated and added to over time as more information becomes available. We thank the many individuals who were involved in the collecting of the information and writing of this document. We especially thank the states and jurisdictions who developed these innovations and agreed to share them. We hope readers will find some ideas they can implement or modify to fit their specific situation and needs.

# Collaborate to Shift the Care Paradigm



Implementing a public mental health approach requires cross-sector involvement. Understanding that physical and behavioral health are co-dependent and greatly influenced by social determinants, the physical health and social service sectors must be partners in our efforts. Shared responsibility and cross-sector buy-in is critical to shifting our care paradigm.

Let's begin with some cross-sector strategies that, when implemented collaboratively, can alter our system of care to help alleviate the burden on the existing workforce. These are strategies that require effort from not only SBHAs, but also from other assorted public service leaders. These strategies are critical to resolving underlying issues such as legislative barriers, lack of parity, and siloed systems.

## Decrease Demand for Acute Services

We believe this is the single most important long-term strategy to combat workforce challenges. Behavioral health leaders should consider strategies to decrease the demand for acute services as they simultaneously adopt short-term strategies. Investing in prevention, early detection and intervention, robust crisis services, and interventions to support the social determinants of behavioral health will inevitably decrease the need for expensive and intensive services such as hospitalization and help avoid dire consequences such as incarceration, morbidity, and premature mortality.

Integrated physical and behavioral healthcare is equally important. It is imperative that emergency room, family practitioners, police, other first responders, teachers, and other members of the general public possess a basic understanding of behavioral health, so people are referred for treatment as early as possible and have the support of others to seek out treatment. Mental Health First Aid and QPR

(Question, Persuade, Refer) are examples of programs that can be offered to the public. Investing in preventive and early intervention services provides the best possible outcomes for those we serve, is less expensive, and requires fewer behavioral health workers.

## Assure Adequate Reimbursement

Parity is a key component to achieving a sustainable business model for behavioral health services in the public sector. All insurance, including Medicaid, needs to cover mental health services at rates equal with those for physical health services. Parity laws are a great start, but must be enforced.

Individuals may forgo care that is not covered by their insurance, and providers may be unwilling or unable to offer services for which the reimbursement rate does not cover their costs. The outcome is individuals require a much more intensive level of care than they would have if they had attained services earlier in their illness' progression.

Some states are exploring [home and community based Medicaid waivers](#) as part of the solution. These waivers are widely used by people with developmental and intellectual disabilities as they are a great way to support people in the community. They could be of equally valuable for people with serious mental illness.

Another option being explored by many states is the [CCBHC model](#). [This model](#) offers coordinated care, with a focus on quality, and offers a different reimbursement model than traditional services.

## Update Statutes/Regulations/Policies

Existing statutes, regulations and policies can create barriers to implementing some workforce strategies. As an example, updates may be needed to more fully utilize the skills of non-clinical staff or allow them to perform certain functions. It is also important to look for opportunities to decrease the paperwork and administrative burden on staff. This may include streamlining assessment tools, allowing more time to complete evaluations, and finding ways to decrease duplication in documentation. Requirements of third-party payors and accrediting bodies can be cumbersome, but SMHAs should address what they can at the state and local level. Not only will this increase the job satisfaction and morale of staff, but it will also improve the experience of individuals served.

## Promising Behavioral Health Models to Expand the Delivery of Services

[This Crisis Services and the Behavioral Health Workforce Issue Brief](#) investigates promising behavioral health models to expand the delivery of services by, in part, reorganizing or transforming the behavioral health workforce and the barriers and facilitators to their widespread adoption. The project focused on three promising models: (1) psychiatric mental health nurse practitioners (PMHNPs); (2) behavioral health mobile applications; and (3) crisis services. Findings suggest that each of these models offers some potential for increased workforce efficiencies and--with changes to funding and other policies--could increase provider supply and access to more appropriate levels of care. This brief discusses

findings related to the organization of crisis service models, their potential workforce implications, and barriers and facilitators to their more widespread adoption.

## Legislative Action

[Ready to Respond: Mental Health Beyond Crisis and COVID-19](#), page 14, discusses how legislation from Michigan, Oregon, and the U.S. Congress are addressing workforce shortages. Several states and legislators are attempting to create solutions to workforce shortages.

- Faced with new legislation that was expanding an autism benefit, [Michigan](#) worked to expand the availability of board-certified behavior analysts by expanding certification programs to ten universities throughout the state.
- Although the State declared a staffing crisis in its state hospitals, [CareOregon](#) is making a major investment of \$7.5 million in 25 behavioral health provider organizations to help them recruit and retain staff as part of the CareOregon Emergency Behavioral Health Workforce Stabilization Fund proposal.
- In the U.S. Congress, Representative Debbie Dingell (MI) proposed the [Better Care Better Jobs Act](#) to help stabilize and expand the workforce providing home and community-based services.

**In-depth State Spotlight:** [Louisiana's Center for Evidence to Practice](#)

### More Ideas to Consider

- Expand Medicaid billing for peer services including youth and family peer support.
- Advocate for legislation that allows Medicaid billing for provisionally licensed practitioners to bill at the full rate.
- Integrate care, including mental health, addictions, and primary care, to help reduce repetition and inefficiencies when service recipients are passed between providers.
- Reevaluate education and/or licensing requirements for various clinical and administrative positions.

# Framework

The National Conference of State Legislators (NCSL) produced [State Strategies to Recruit and Retain the Behavioral Health Workforce](#), a document that discusses policy options and innovative strategies state legislators and stakeholders are employing to recruit, train, and retain behavioral health professionals. The strategies are broken down into five key categories: understanding workforce needs; increasing the supply of professionals; expanding the reach of existing professionals; addressing the distribution of professionals; and retaining professionals in the workforce.

This resource guide follows the same basic conceptual structure, building upon the base NSCL has developed to create synergy in our collective efforts and develop common language. This guide offers real-world examples of how states and localities have implemented initiatives within each domain of the NCSL framework. We have added strategies in the various categories that are more specific to the NASMHPD scope of work and influence.

Many other national organizations are doing great work in this space. Some of their resources that may be of interest include:

- [The College for Behavioral Health Leadership](#): Response to America’s Behavioral Health Crisis: Recommendations for Addressing Workforce Shortage and Advancing Integrated Care (November 2022)
- [Bipartisan Policy Center](#): Filling the Gaps in the Behavioral Health Workforce (January 2023)
- [National Council for Mental Well Being](#): Behavioral Health Workforce is a National Challenge: Immediate Policy Actions for States (January 2023)



# Understand Workforce Needs



To address the behavioral health workforce crisis effectively, we first must determine the demand for services, the existing workforce supply, service gaps, and barriers to building workforce capacity. It is important to consider what evidence-based and promising practices are on the horizon and what will be needed to implement them, analyze population needs by looking at health care trends and population rate of growth, and identify underserved geographic areas and populations. Consider how workforce needs could change as the system of care shifts to be more responsive, allowing for early intervention and requiring less intensive services. Contemplating the system of care you are trying to create will help mold your workforce vision. Assessing the current and future landscape is a critical step that is too often overlooked.

Of equal importance, know that the workforce you develop can actually help shift the system of care paradigm. We need to reimagine how a team works together to care for individuals, who composes that team, and how we deliver services. While traditional workforce shortage measures such as vacancy rates remain important, this document also identifies innovative team-based models to consider. Resources that can assist SBHA leaders to understand workforce needs are below.

NEW

## Illinois Behavioral Health Workforce Center

The Illinois Department of Human Services Division of Mental Health partnered with the Illinois Board of Higher Education to launch the Behavioral Health Workforce Center (BHWC), which invests \$4.4 million in higher education institutions (Southern Illinois University and University of Illinois Chicago) to collect and analyze workforce data, develop pathways to behavioral health employment, and provide technical assistance and training. The BHWC, under the guidance of an Advisory Council and Executive Committee, has conducted research into behavioral health workforce data, including developing a workforce dashboard

that demonstrates workforce availability and shortages by county. The BHWC has also begun developing an electronic job board, training opportunities, and developing a rural residency program for psychiatry.

NEW

### ***South Dakota's Quarterly Access to Services Survey***

The Division of Behavioral Health implements a quarterly survey with its accredited and contracted community mental health centers and substance use disorder treatment providers, aimed at assessing FTE occupancy and vacancy rates by position. The Access to Services Survey data provides a snapshot of staffing needs and access to services. It allows agencies and the Division to assess each agency's capacity, staffing, wait-list for services, and availability of telehealth services and walk-in substance use disorder (SUD) assessments.

NEW

### ***South Dakota's Comprehensive Landscape Analysis and Future Planning Around Workforce Development***

The Division of Behavioral Health formulated a work order in late 2022 based on several key questions:

- What are the current resources available for behavioral health workforce development?
- What in-state training programs are available, and how do they tie to community behavioral health services?
- How are students finding out about careers in behavioral health?
- What other workforce development efforts are out there that might be complementary to these careers?
- What are other states doing, and do we know how effective those strategies have been?

The Landscape Analysis efforts kicked off in the beginning of 2023, providing a baseline understanding of variables impacting the Behavioral Health workforce in South Dakota. The team has developed short-term solutions to increase awareness of existing resources, and at this time are working towards a planning process that will utilize stakeholder input to drive the development of longer-term solutions. The Landscape Analysis approach was intentionally designed to be highly inclusive of stakeholder feedback, particularly those working in community behavioral health, which yielded a robust qualitative data set but also engaged them in the very steps being taken to help retain them as a workforce.

## **Available Workforce Information and Federal Actions to Help Recruit and Retain Providers**

Based on reviews of available research and stakeholder interviews, the Government Accountability Office ([GAO](#)) identified three key categories of barriers that pose challenges to recruiting and retaining behavioral health providers: financial, educational, and workplace. GAO found that incentives such as loan repayment and scholarships for students seeking behavioral health professions help address these barriers.

## Health Workforce: Ensuring Adequate Supply and Distribution Remains Challenging

[This testimony](#) discusses (1) the shortage of healthcare workers and (2) the lessons learned by the National Health Service Corps (NHSC) in addressing these shortages. The GAO found that problems in recruiting and retaining health care professionals could worsen as demand for these workers increases.

## Impact of COVID-19 on Behavioral Health Workforce

A [recent survey](#) revealed that nearly all National Council for Mental Wellbeing member organizations surveyed are experiencing difficulty with recruitment and retention of employees due to occupational burnout related to COVID-19, administrative barriers, and historically low compensation rates.

## Behavioral Health Workforce Tracker

[The Behavioral Health Workforce Tracker](#) is a customizable interactive map that enables you to visualize the geographic distribution of the behavioral health workforce by provider type and by Medicaid acceptance status.

## Telling the Story: Data, Dashboards, and the Mental Health Crisis Continuum

This [paper](#) discusses how SBHAs that collect robust data about the demand for crisis services, as well as data about staffing trends, can better manage their systems to maximize efficiency while minimizing burnout for crisis providers. This has been helpful during the launch of 988 as the demand for crisis services increases. This has allowed SBHAs to plan for the demand and be able to provide the workforce capacity necessary to provide high-quality crisis care.

## Workforce Needs and Data for Behavioral Health Services

The [Behavioral Health Workforce Report](#) provides information on evidence-based models of care for those with serious mental illness and substance use disorders, practitioner numbers needed to meet the behavioral health needs of the American people, and offers a foundation on which a model for a behavioral health system that will address these needs can be established.

## Health Workforce Shortage Areas

The Health Resources and Services Administration (HRSA) has a tool that illustrates [Health Workforce Shortage Areas](#) and allows exploration of geographic areas, populations, and Health Professional Shortage Area (HPSA) facility designations data for Primary Care, Dental Health, and Mental Health throughout the United States.

## NASMHPD Research Institute: 2022 State Profiles

[NRI's SMHAs Workforce Shortages](#) report highlights how maintaining the behavioral health workforce is critical for providing high quality behavioral health services to the more than 8 million individuals served by state mental health agencies (SMHAs). The need for a qualified and equitable workforce has been highlighted by the ongoing COVID-19 pandemic, which has significantly impacted workforce shortages across provider settings.

[NRI's SMHA Workforce Diversity](#) report highlights data from HRSA and the Substance Abuse and Mental Health Services Administration (SAMHSA)-funded Behavioral Health Workforce Research Center at the University of Michigan, which indicates that improvements can be made to increase the diversity of the behavioral health workforce. Diversity in the workforce has been linked to positive employee and organizational-level outcomes, including increases in job satisfaction, performance, and decreases in turnover. Additionally, without widespread diversity in the SMHA workforce, clients from diverse backgrounds have limited opportunities to connect with a provider from a similar background (e.g., female; English as a second language; LGBTQ+; Black, Indigenous, People of Color (BIPOC), etc.).

[NRI's SMHA Technology](#) report highlights practical technological applications within state SMHAs through telemedicine, video conferencing to deliver online trainings, and the use of learning management systems (LMS) to foster virtual learning environments. Leveraging technology could allow SMHAs to expand their service reach and provider base by recruiting top talent that may be geographically dispersed but connected through virtual systems and processes.

**In-Depth State Spotlight:** [Connecticut's Workforce Development, Recruitment and Retention Learning Collaborative](#)

#### **More Ideas to Consider: Understand Workforce Needs**

- Collaborate with workforce development colleague.
- Create a Workforce Development and Innovation Director position to develop and oversee initiatives. Hire someone with education and experience in workforce development.
- Travel around your state on a “listening tour” visiting treatment centers, hospitals, and community organizations. Ask for their perspective on the most pressing workforce issues and get feedback on initiatives and strategies being considered at the state level.
- Engage with colleagues in other state agencies and external entities to help assess workforce needs, determine available resources and tools to support the workforce, create new opportunities, and/or establish relationships with schools and organizations to identify individuals who might be interested in a behavioral health career path.

# Increase the Supply of Professionals



**In-depth State Spotlight:** [Connecticut Health Horizon Initiative and Wisconsin's Emerging Leaders Program](#)

For the purpose of this guide, this strategy refers to increasing the net number of people in the behavioral health workforce, not recruiting from other behavioral health providers. This strategy requires collective effort, collaboration, and partnerships. There are several long-term strategies that can be implemented to attract more individuals to careers in behavioral health and to assist nonprofessional staff to attain the credentials and experience necessary to transition into professional roles. This section is broken down into several subsections. The first two, *Realize the Potential of the Peer Workforce* and *Engage Other Emerging Providers/Adjunct Roles*, can help shift the system of care paradigm. Other subsections include: Engage in Outreach, Focus on Diversity, Build Career Pathways, Offer Incentives, Ensure Adequate Training, Take Advantage of Technology, and Specifically Address Unique Populations.

## Realize the Potential of the Peer Workforce

Truly embracing the peer workforce provides multifaceted value, including helping to shift the system of care paradigm. While the addition of peers to the workforce increases the number of staff, more importantly, it improves the quality of the workforce. Peers can connect with clients in a very different way than other members of the behavioral health team. This one-pager on [Evidence for Peer Support](#)

emphasizes the importance of including peers in all areas of the behavioral health workforce to decrease hospitalization and readmission rates, help people self-manage symptoms, make social connections, and so much more.

## Overview, Guidelines, Values, and Policies

### Peer Workforce Issues

[Peer Support Services in the Behavioral Healthcare Workforce: State of the Field](#) summarizes efforts that happened within the history of the peer support movement up until 2016 as it relates to peer support workforce issues, funding, certification, and barriers to integration.

### Resources to Further the Values of Peer Support Within the Peer Workforce's Roles

[The National Practice Guidelines for Peer Supporters](#) contains ethical and practice guidelines for peer support specialists. The [Recovery-Oriented Practice Implementation Toolkit](#) can be used to help those providing behavioral health services adopt the Guidelines into their unique workplace contexts and practices. It gives practical examples of how the core recovery principles show up in organizations through policies, programs, and practices.

### Core Competencies for All Forms of Peers

[Core Competencies for Peer Workers in Behavioral Health Services](#) are intended to apply to all forms of peer support provided to people living with or in recovery from mental health and/or substance use conditions and delivered by or to adults, young adults, family members and youth. The competencies may also apply to peer support provided by individuals in related roles or with different titles, such as recovery coaches, parent support providers or youth specialists. They can serve as the foundation upon which additional competencies for specific settings that practice peer support and/or for specific groups could be developed in the future.

### Training to Implement Trauma-Informed Care in Peer Workforce

[The Trauma-Informed Peer Support Training](#) discusses principles of trauma-informed practice and their application in peer support.

### Tools for Expanding and Strengthening Peer Workforce

[The Peer Workforce Toolkit](#) includes peer workforce overview, peer support certification, peer support sample job descriptions, peer supervision, peer support pay/salaries, and integration of peer support.

### Tools for Expanding and Strengthening Peer Workforce in Federally Qualified Health Centers (FQHCs)

[The Role of Peer Support in Federally Qualified Health Centers \(FQHCs\)](#) discusses peer support services in FQHCs, financing, training and certification, and recruitment.

UPDATED

### Connecticut's Peer Support Workforce

Connecticut's Department of Mental Health and Addictions (DMHAS) has been working collaboratively to develop and enhance the state's peer/recovery support workforce. DMHAS supports the development of peer and recovery supports across all their funded programs and initiatives. [Here are four project descriptions, eight webinars, and research publications that Connecticut](#) has engaged in over the past few years during COVID-19 related

to expanding the peer/recovery and lived experience workforce. This document includes topics from statewide recovery and citizenship training, to certification and credentialing, and workforce training and development opportunities for peer supporters to address emergent needs and to work with minoritized and marginalized populations.

## Recruitment, Hiring, and Retention

### **The Chronic Misunderstanding of the Peer Role in Behavioral Health**

Jess Stohlmann-Rainey, Director of Program Development at Rocky Mountain Crisis Partners in Colorado, shares that peers are often thrown into roles more like behavioral health technicians due to a fundamental, nationwide misunderstanding of what peers do and the functions they serve. “It’s why many crisis service providers find they’re struggling to retain their peer workforce,” she says. She hopes that as states prepare for and implement 988, they fund peer support services and specifically support peers in appropriate peer roles. For more information read the [#CrisisTalk](#) article here.

### **Strategies for Recruitment, Supervision, and Retention of Peer Workforce**

[Enhancing the Peer Provider Workforce: Recruitment, Supervision, and Retention](#) is a paper intended to increase the successful capacity of the peer provider workforce within behavioral health systems and authorities through recruitment, hiring, supervision, and retention efforts. It builds on the larger policy and practice work of a recovery-oriented and evidence-based mental health model of care for recipients of mental health services.

### **Tools for Employers on Hiring, Training, and Retaining Peers**

[Effectively Employing Peer Specialists: A Framework and Tools](#) is a presentation that highlights peer specialists’ boundaries and relationships, factors impacting the employment of peer specialists, workplace challenges, and a framework and tools for employers to address implementation challenges.

### **Supervising Peer Support Specialists and Supporting the Retention of Peers**

The National Association of Peer Supporters (NAPS) and SAMHSA provide a growing list of [digital resources on peer support supervision such](#) as trainings, guides, toolkits, policies, and practices. Some of them include: Perceptions of Supervisors of Peer Support Workers (PSW) in Behavioral Health: Results from a National Survey, which specifically discusses supervisor knowledge and beliefs on the role of peer supporters as critical in developing appropriate training and resources and its impact on the use of peers; Supervision of Peer Workers, which describes the essential functions of supervisors, explores the application of recovery-oriented approaches to the supervision of peer workers, teaches two critical supervision skills, and shares additional resources to improve competency in supervising peer workers; and an example of a state policy on peer supervision is Arizona’s Workforce Development, Training and Peer Support Supervision Requirements to ensure appropriate training, education, technical assistance, and workforce development opportunities.

### **Effectively Integrating Peers into Services**

[The Philadelphia Peer Support Toolkit](#) is designed to support behavioral health treatment agencies with the process of integrating peer providers into their service settings. The toolkit incorporates many of the promising practices and resources that have emerged during the last decade of Philadelphia’s recovery-focused system transformation effort. Tools are designed to help agencies recruit, retain, and effectively

deploy people in recovery in a variety of peer support roles. The resources and information provided is relevant for executive leadership along with supervisors and peer staff.

### **Peers in Criminal Justice Settings**

[Peer Support Roles in Criminal Justice Settings](#) describes different peer roles and how they can be implemented across the spectrum of the criminal justice system and what duties are necessary to fill gaps in a community.

### **Utilization of Peers in the Criminal Justice System**

[Peers Support Roles Across the Sequential Intercept Model](#) breaks down different intercepts of the criminal justice system and the roles peers can play from prevention to re-entry. This map makes it simple for a community or organization to add peers into roles where there are gaps in the system.

### **Tools for Successfully Employing Peer Specialists**

This webinar on [Successfully Employing Peer Specialists: A Framework and Tools](#) is directed particularly at provider management and supervisors and offers a framework for specific tools on successfully employing peer specialists including: clarifying the peer specialist role; recruiting, hiring, and training of peers; educating and supporting non-peer staff; using the reasonable accommodation (ADA) Employee Assistance Programs to address job difficulties and support good performance; team building: cross training and co-learning; and key components/elements of organizational culture and infrastructure.

### **Creating an Effective Peer Workforce**

[The Dimensions: Peer Support Program Toolkit](#) contains evidence-based information about the effectiveness of peer support programs, the important roles peers can play in an organization, and step-by-step instructions to create a successful and sustainable peer support program. The toolkit includes resources on hiring and training peer support specialists and effectively integrating them into the organization.

### **Lessons from the Field: Creating Smooth Transitions for Youth Peers Experiencing Serious Emotional Disturbances Who are Moving to the Adult Peer Workforce**

This SAMHSA-sponsored two-part webinar presented by the National Federation of Families discussed the many states and/or organizations that have an age cap for Youth Peers. Many of these Peers want to move into Adult Peer work but have no knowledge of the requirements for doing so. A successful transition reflects a multifaceted approach which includes planning, additional credentialing, and organizational readiness. During this webinar, hear from experts at both the state and organizational levels as they discuss important strategies to be included in these transition plans. Learn about their experiences as they share both successes and challenges and the lessons learned. There are two webinar recording links for [part one](#) and [part two](#).

### **Strengthening and Supporting the Peer Workforce**

Doors to Wellbeing has several [webinars](#) on the peer support workforce including: Workforce Development of Youth Peer Counselors, Building Partnerships to Enhance the Peer Workforce, Workforce Integration: Why It Matters, and others.



## Data on the State of the Peer Workforce

[The State of the Peer Support Workforce](#) reviews data on education, compensation, and satisfaction; describes the national practice guidelines for peer specialists and supervisors; and describes how and why a standard occupational classification was developed.

**In-depth State Spotlights:** [New Jersey to Train Peers in CT-R](#) and [Arkansas Inside Out Program](#)

### More Ideas to Consider: Peer Support

- Expand the use of peers in specialty areas, such as SUD, family support providers, forensic peer specialists, and other specialties.
- Create a specialized peer certification track to recruit Latinx and LGBTQI+ individuals, as well as individuals who are deaf and/or hard of hearing.

## Engage Other Emerging Providers/Adjunct Roles

Much like the addition of peer support to the workforce, engaging other emerging providers and adjunct roles such as liaisons, navigators, and non-emergency transporters can help shift the system of care paradigm by creating more and earlier opportunities for individuals experiencing behavioral health challenges to intersect with support. Providing first responders, teachers, and other public servants formal training in courses like Mental Health First Aid can offer similar opportunities.

UPDATED

### Mississippi's Law Enforcement Liaison Program

The Mississippi Department of Mental Health initiative is enhancing its behavioral health crisis support system throughout the state by partnering with community mental health centers to expand a pilot of a court/law enforcement liaison program to connect people with community-based services and decrease the number of commitments to acute inpatient psychiatric services. The court liaisons provide linkages between people with behavioral health disorders who encounter the legal system with community-based services, therefore reducing individuals' use of other crisis systems and those staff resources.

The liaisons work with individuals, families, judges, district attorneys, public defenders, law enforcement, and private hospitals to divert people from institutionalization. Court liaisons are helping with community mental health center workforce shortages by assisting in pre-evaluation screenings and working with Chancery Courts and families prior to commitments. The court liaison is available on-site to provide individual service needs assessment and to inform the court, and individuals in need, of available treatment options. The court liaisons also work to help the Mississippi State Hospital Forensic Unit in decreasing their Stage 2 waiting list by collaborating with jail administrators in their geographical catchment area. Court Liaisons are trained to contact the Forensic Unit Coordinator to inquire about anything needed from the county to reduce the number of days an offender waits in jail for a

competency assessment. With additional funding from the Mississippi Legislature, the state will have 33 court liaisons throughout the state. For more information contact Nena Klein, Chief Clinical Diversion Coordinator, Mississippi Department of Mental Health, at [nenaklein@dmh.ms.gov](mailto:nenaklein@dmh.ms.gov).

## Non-Emergency Medical Transport as Transportation to Crisis Stabilization Units

Although Non-Emergency Medical Transport (NEMT) is a benefit provided by the Centers for Medicare and Medicaid Services (CMS) when an individual beneficiary requires transportation to and from medical appointments, some advocates are considering NEMT alternatives for transportation to crisis stabilization units. This may be effective, especially as they may not be considered “emergency” sites like emergency departments and thus may not qualify for billing like an ambulance transport in a physical health emergency setting. Without appropriate alternatives, the default response can become law enforcement transport. With workforce shortages among EMTs, and the problematic nature of law enforcement as a default mode of accessing needed transport for persons in crisis, use of NEMT may become an important option to consider for those situations that would allow for this. To learn more, please read [Lending Hands: Improving Partnerships and Coordinated Practices between Behavioral Health, Police, and other First Responders](#).

UPDATED

### Kentucky’s Paramedicine Crisis Response Model

As part of an ongoing workforce effort, Kentucky is supporting the installation and initial implementation of a rural community paramedicine crisis response model.

This model will expand the role of paramedics and emergency medical technicians (EMTs) as first responders in behavioral health crises. It is believed that this will improve the implementation of evidence-based programs (EBPs) among existing behavioral health crisis staff thus improving client outcomes, particularly for families, children, adolescents, transition-aged youth, and older populations in rural communities.

Kentucky selected the Collaborative Assessment and Management of Suicidality (CAMS) to train the ambulance staff and community partners in rural areas. This evidence-based training is widely recognized for its effectiveness and applicability among a variety of disciplines, including paramedics. They intend to finalize its training in 2023 and begin to monitor outcomes into 2024 to assess any problems with the approach and the quality of using ambulance staff as first responders for individuals in crisis. The state has also begun to outreach to other CHMCs in other rural areas in Kentucky in anticipation of expanding this approach statewide. For more information, contact Patti Clark, Director, Division of Mental Health, Department for Behavioral Health, Developmental & Intellectual Disabilities at [patti.clark@ky.gov](mailto:patti.clark@ky.gov).

**In-depth State Spotlights:** [Alaska’s Native Tribal Health Consortium](#) and [Colorado’s Secure Transport Program at the San Luis Valley Behavioral Health Group](#)

### **More Ideas to Consider: Adjunct Personnel**

- Implement extensive training for support staff to reduce workload burden of highly trained (and less available) professionals, thereby increasing their productivity and job satisfaction.
- Create positions in 988 call centers for entry level individuals who first answer calls, then triage callers to more highly trained and specialized professionals when necessary. This also helps facilitate transferring callers to more appropriate specialty clinicians (i.e. LGBTQI+) instead of having each professional cover a very broad range of specialty needs.
- Create positions for the behavioral health field similar to what was done in the dental field with the introduction of dental hygienists.

# Engage in Outreach

NEW

## Arizona's Healthcare Careers Initiative

AZ Healthcare Careers, an innovative collaboration between the Arizona Health Care Cost Containment System (AHCCCS) and Pipeline AZ, is designed to revolutionize career planning and workforce development within the healthcare sector. AZ Healthcare Careers takes a holistic approach to workforce development, engaging with students in K-12 and community colleges, as well as incumbent workers. The platform aims to address the critical talent needs in healthcare and promote career advancement, and also a unique solution for healthcare providers who face workforce recruitment challenges.

The AZ Healthcare Career platform enables students and job seekers to build a profile, take a jobs skills assessment, and explore health care career opportunities. One primary goal is to attract a diverse array of healthcare professionals, including Behavioral Health Technicians, Case Managers, Peer Support Specialists, Employment Specialists, Psychiatrists, Psych RN's, and Social Workers. AZ Healthcare Careers highlights health care occupations that require minimal experience or training, making them viable entry-level positions. From an entry-level position like a behavioral health technician or direct care worker, the platform outlines career advancement and training pathways that help employees to move up into in-demand positions like social and community service managers, health care social workers, registered nurses, or home health aides. To date, AZ Healthcare Careers has successfully accomplished significant milestones in their pursuit of a stronger healthcare workforce.

UPDATED

## The Tennessee Public Behavioral Health Workforce Recruitment and Outreach Initiative

The Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS), in partnership with the University of Tennessee School of Social Work (UT School of SW), launched the Tennessee Public Behavioral Health Workforce Recruitment and Outreach Initiative. This initiative utilizes current staff and students at the UT School of SW to conduct outreach in high schools where there are low volumes of interested students entering the field of behavioral health and provides information about public behavioral health workforce opportunities. Outreach includes:

- Information Sessions
- Digital and Print Materials
- Pre- and Post-tests designed to gauge changes in levels of interest.

From July 1, 2022 – June 30, 2023, this program reached 150+ students and hosted a minimum of six workshops. 71% of students reported they increased their knowledge about Behavioral Health Professions, 52% reported they were interested in learning more about behavioral health professions, and 54% indicated they increased in their consideration of a career in Behavioral Health. AWARE districts are implementing the materials within their established programming to help reach students in more rural areas. From July 1, 2023 – September 30, 2023, 28 new presenters have been trained to utilize the presentation and follow-up materials to include Family Resource Center Directors and Regional Consultants with College, Career, & Technical Education. They have also partnered with 865 academies to reach all 9th grade students, McNabb center to collaborate on possible job shadowing opportunities, and the Vanderbilt Nursing program to provide virtual training sessions learn about policies and procedures that are used in the programs work with parents and children. For more

information contact Jessica Youngblom (Ivey), LMSW, Director of Strategic Initiatives at [Jessica.Youngblom@tn.gov](mailto:Jessica.Youngblom@tn.gov)

## Washington State's Online Recruitment Initiative

Washington State Health Care Authority has launched a [Behavioral Health Career](#) recruitment campaign webpage. The site helps explain various careers in behavioral health to include Substance Use Disorder Prevention Specialist, Substance Use Disorder Professional, Mental Health Professional, and Peer Counselor.

## CareerWise Colorado

Colorado established an apprenticeship program called [CareerWise Colorado](#). A CareerWise apprenticeship is a form of work-based learning that applies the academic lessons students learn at school to meaningful work with modern employers. High school students spend part of the week with their employer learning alongside professionals to help grow the workforce by giving students career pathways.

**In-depth State Spotlights:** [Maine's Strengthen ME Program](#); [Nebraska's Frontier Area Rural Mental-Health Camp and Mentorship Program \(FARM CAMP\)](#); [MassHealth's Children's Behavioral Health Initiative \(CBHI\) Innovative Workforce Strategies](#)

### More Ideas to Consider: Target Youth, Retirees and Unique Populations

- Create opportunities for tours of programs/facilities, including forensic facilities, to generate interest and educate people about the various careers in behavioral health.
- Speak to youth groups to foster interest in the behavioral health field.
- Hire military retirees with experience in behavioral health who are interested in a second career. Military spouses may also be a good source of untapped talent.
- Tailor supported employment programs to provide individuals with certifications that enable them to work in the behavioral health field.
- Develop on-the-job training programs as a part of career progression options to broaden recruitment pools, especially among under-represented populations.
- Recruit volunteers to help in call centers. Develop processes allowing and training volunteers to transition into paid positions.

## Focus on Diversity

### University and College Recruitment

[Strategies and Considerations for Providing a More Equitable Crisis Continuum for People of Color in the United States](#), page 23, discusses how local universities and colleges, including Historically Black Colleges and Universities (HBCUs), are excellent resources for SBHAs and providers to develop and recruit a

diverse, representative, and culturally and linguistically competent crisis workforce. Providing scholarships to people of color to pursue degrees in mental health and covering the costs of licensure upon graduation helps reduce the barriers many people of color face when entering the behavioral health workforce. SAMHSA sponsors a [HCBU Center of Excellence in Behavioral Health](#) that provides up to \$500,000 in funding to states to “recruit students to careers in the behavioral health field to address mental and substance use disorders, provide training that can lead to careers in the behavioral health field, and/or preparing students for obtaining advanced degrees in the behavioral health field.”

## Recruit and Retain a Representative, Culturally and Linguistically Competent Workforce Adept at Providing Trauma-Informed Care

[Strategies and Considerations for Providing a More Equitable Crisis Continuum for People of Color in the United States](#), page 22, discusses how a culturally responsive and diverse workforce in mental health services overall, and in crisis services, can help restore faith in the system for people of color and lead to better outcomes for all individuals served. Investing in efforts to recruit and retain a representative workforce, training providers in the National Culturally and Linguistically Appropriate Services (CLAS) Standards and trauma-informed care and recruiting a diverse workforce from local institutes of higher education that include HBCUs will help engage marginalized communities. A lack of diversity in the behavioral health crisis workforce and the behavioral health workforce overall contributes to poor quality of care, including higher rates of misdiagnoses among racial minorities.

## Investing in Recruitment and Retaining a Diverse, Culturally Competent Workforce

To ensure more equitable access to quality services, SBHAs and providers should invest in recruiting and retaining a diverse, culturally competent workforce that represents the communities being served to bridge the cultural gaps that can deter service engagement. Potential strategies include using financial incentives and scholarships; recruiting from local institutes of higher education, including HBCUs; training providers in the National CLAS standards; and evaluating barriers to retention among current providers of color. To learn more, please read [The Role of Supportive Housing, Case Management, and Employment Services in Reducing the Risk of Behavioral Health Crisis](#).

## State Strategies to Increase Diversity in the Behavioral Health Workforce

[This brief](#) explores existing state strategies to increase the engagement of Black, Indigenous, and People of Color (BIPOC) individuals across the workforce, including lessons learned from states that have implemented programs and policies to address disparities in the behavioral health workforce, as well as general strategies to promote workforce diversity.

## Build Career Pathways



### California’s Mentored Internship Program

The California Department of Health Care Services Mentored Internship Program (MIP) provides opportunities for students 18 and older and at multiple stages of their education to gain practical on-the-job experience. The goal of the MIP

project is to enhance the professional development of diverse students through thoughtful mentored internships and to grow the future behavioral health workforce.

The MIP grant funds California nonprofit organizations, tribal organizations, and county-operated providers that deliver behavioral health services to adolescents, adults, or families. The project prioritizes organizations working in underserved and diverse communities. Grant funding enables organizations to develop and implement in-house mentored internship programs in coordination with educational organization partners, such as community colleges, vocational programs, public and private colleges and universities and high schools. Preliminary data also suggests that over half of the number of interns completing their MIP internship received employment offers within California's behavioral health provider network. Final data will be made available in December 2023. Questions regarding the MIP program can be directed to [DHCS@ahpnet.com](mailto:DHCS@ahpnet.com)



## Florida Behavioral Health Association's Apprenticeship Initiative: Health Quest

The Florida Behavioral Health Association's Apprenticeship Initiative, [Health Quest](#), was established to address workforce shortages in behavioral health care. The goal is to develop a talent pipeline for behavioral health employers and a career ladder for individuals working in the field. Approved and available apprenticeships include Peer Specialists, Addictions Counselors, and Behavioral Health Technicians at some of Florida's largest [behavioral health care providers](#). This effort is supported through funding and support from the Florida Department of Education, Apprentice Florida, Career Source Florida, U.S. Department of Labor, and University of Florida Professional and Workforce Development.

Health Quest's mission is to expand community awareness of careers in the behavioral health field, support employers in their efforts to recruit and retain qualified staff, develop uniform standards and credentials for behavioral health occupations, and support individuals seeking a career in the behavioral health field with education, training, and credentialing to promote career advancement.



## Mississippi's Psychiatry Residency Program

In 2021, the Mississippi Department of Mental Health's Mississippi State Hospital (MSH) launched its Psychiatry Residency Program, one of only two of its kind in the state of Mississippi. MSH received approval in February 2021 for the 24 psychiatry training positions through the Accreditation Council of Graduate Medical Education (ACGME) accreditation process. Each year, an additional six residents have been added for a total of 18 residents as of July 1, 2023. More than 500 students applied to be a part of the program in the last year.

According to Mississippi Psychiatric Association, Mississippi currently has over 170 psychiatrists, yet the ideal number predicted as needed in the state ranges from around 300 to 460 psychiatrists. This program will act as a solution in addressing the issue by supporting the expansion of residency training. The program adds to the existing training programs on the MSH campus including psychology, social services, recreation therapy, medical students, and nursing. MSH has expanded partnership opportunities with local community mental health centers, collaborative care clinics via telemedicine, local ERs, local hospitals in the areas of primary care, geriatrics and neurology. The vision is to continue bridging the gap between community services and inpatient care.

NEW

## Missouri Leading the Way: Associate of Applied Science in Behavioral Health Support

In Missouri, the Associate of Applied Science in Behavioral Health Support (AAS in BHS) program is designed to prepare students for employment in behavioral health and substance use treatment facilities immediately upon graduation. For decades, the Missouri Department of Mental Health (DMH) tracked employment trends of community support level employees. Behavioral health agencies, who have hired the traditional bachelor's degree prepared case manager, show a turnover rate that hovers between 40-60%. They attribute this high turnover rate to students not having hands-on, practical application of the knowledge and skills learned during their formal education. This BHS degree program offers hands-on education that includes 62 credit hours in a classroom setting and 300+ clock hours of practicum experience in real workforce settings. This first-of-its-kind program was created to address substantial job vacancies and to help minimize staff turnover in case management positions within our behavioral health workforce.

Since 2017, Missouri has been graduating students from AAS in Behavioral Health Support programs and many students continue with their education in graduate level degrees programs. Missouri Division of Behavioral Health has designated seven AAS BHS programs across the state. As of May 2023, Missouri-wide AAS BHS programs have graduated 128 students and currently have 78 students enrolled. Efforts continue to discuss and support the expansion of this program to all community colleges in Missouri. Please contact Cindy Davis at [cdavis@mobhc.org](mailto:cdavis@mobhc.org) for more information about Missouri's Associate of Applied Science in Behavioral Health Support programs.

NEW

## West Virginia's Second Chance Hiring Program: First Choice Services

[First Choice](#) began in 1995 as a collaborative effort among West Virginia's comprehensive behavioral health care centers. The goal was to combine resources and expertise to provide management of statewide behavioral health care contracts. First Choice operates several programs and helplines across six states offering opportunities to peers with a variety of lived experiences. Their 175+ staff members work around the clock and help over 175,000 people every year.

To effectively be a second chance employer, it is essential to understand, destigmatize, and create solid supports for all employees, including having policies and procedures in place to address any relapse or other challenges that any employee might experience. People with the right orientation to the work and a commitment to openness in their approach can be trained to be excellent counselors, regardless of education level. First Choice knows that people who are struggling can recover. Lata Menon, MSW, CEO of First Choice Services, shared that hiring people with lived experience of the criminal justice system, substance use, and/or mental health challenges is an integral part of their workforce.

## Oklahoma's CCBHC Recruitment Initiative

The Oklahoma Comprehensive Crisis Response (OCCR) system serves as the state's crisis care continuum, prioritizing community-based diversion approaches that aim to decrease unnecessary law enforcement/criminal justice engagement and prevent the need for higher levels of care. As part of this effort, Oklahoma will bolster its Certified Community Behavioral Health Clinics (CCBHCs) workforce by recruiting more treatment team member positions, specifically case managers and peer recovery



support specialists (PRSS). This is being accomplished through collaboration with local colleges and universities, allowing students to apply a certification as credit towards their degree. Specifically:

- The PRSS Certification can be applied for 1 college credit in Oklahoma State University/Oklahoma City's (OSU/OKC's) Associate in Science Addictions Counseling Degree Program
- The Case Management Certification can be applied for 3 college credits in OSU/OKC's Psychology Department

These new offerings are accompanied by an online awareness campaign.

For more information contact Michael Dickerson, Manager of Case Management Training & Certification, at [Michael.Dickerson@odmhsas.org](mailto:Michael.Dickerson@odmhsas.org) and Jennifer Benefiel, MSW Senior Director Clinical Center of Excellence at [Jennifer.Benefiel@odmhsas.org](mailto:Jennifer.Benefiel@odmhsas.org)

### **More Ideas to Consider: Collaborate with Universities and Professional Boards**

- Partner with universities and other academic centers to create Behavioral Health Workforce Centers, which can provide education, training, and foster innovative strategies.
- Initiate conversations with universities/colleges to gather ideas for how to address recruitment and retention issues for nurses, social workers, psychologists, and others.
- Partner with universities to reduce tuition or offer scholarships for students interested in pursuing a behavioral health career.
- Develop or expand psychiatric residency programs to recruit psychiatrists to your state.
- Add psychiatry rotations in physical health clinics to foster interest and provide short-term psychiatric support.
- Establish funding for university workforce centers to recruit individuals living in rural, marginalized, and under-served communities into the workforce.
- Partner with academic programs to enhance recruitment efforts of diverse individuals who are considering bachelor's and/or master's degrees to enter the behavioral health field.
- Collaborate with professional associations to facilitate reciprocity of professional licenses and certifications to expand the geographic range of workforce across state lines.
- Collaborate with professional licensing boards to identify individuals with retired licenses and provide options for returning to the behavioral health workforce.

## Offer Incentives

NEW

### ***South Dakota Houses Staff for the State Inpatient Psychiatric Hospital***

The South Dakota Human Services Center is the state's only public funded inpatient behavioral health campus. In order to maintain services, the Human Services Center has utilized contracted staffing in the areas of Registered Nursing, Behavioral Technicians, and Certified Nursing Assistants. Nursing staff identified when recruiting for these contracted positions that the lack of available rental housing in the area was a deterrent to having contractors come to the campus.

The Human Services Center developed short term housing options for contract staff both on the grounds of the Human Services Center and in the surrounding community. These housing solutions were focused on providing housing to contracted employees for periods of time that aligned with their agreements for contracted staffing.

On the Human Services Center campus staff housing options were created in a unit that was closed in 2016 for patient services. This space was renovated to provide suites equipped with a bed, reclining chair, television, desk, and welcome binder with information on local services and businesses. The space included individual bathrooms and shared kitchen areas for tenants.

The feedback from staff utilizing the on-campus space has been positive. The facility learned through the process the importance of having clear expectations and responsibilities spelled out in the housing agreements each tenant signed prior to occupying the on-campus space. Inspection processes were also a key element in the success of the program to ensure that all facilities were operating to the needs of the staff staying in the space and that no damages were done during the stay.

### **Oklahoma's Masters of Human Resources Recruitment Initiative**

Oklahoma is partnering with local universities to increase the number of Licensed Professional Counselors (LPCs) within the state. This initiative expands on similar successful projects which selected existing Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) employees through an application process and financially supported their education through the attainment of a licensed-eligible master's degree. The ODMHSAS anticipates that piloting this expanded eligibility will dramatically improve recruitment for bachelor's level direct care staff interested in working towards the attainment of their licensed eligible master's degree. Currently, this pilot offers Masters of Human Resources degrees through the University of Oklahoma. This program intends to be a foundation for future psychiatric nursing education opportunities. For more information contact Susan Donnelly, Director of Organizational Development at [susan.donnelly@odmhsas.org](mailto:susan.donnelly@odmhsas.org).

UPDATED

### **Maryland's Statewide Transfer and Reverse Transfer Agreement**

[The Maryland Higher Education Commission \(MHEC\)](#) finalized regulations in 2016 regarding statewide transfer of college credit. The regulations allow a student with at least 60 credits of general education, elective, and major courses (earned at any Maryland community college towards an

associate of arts or associate of science degree) to transfer that credit to any public sector higher education institution in the State for credit toward a bachelor's degree.

In 2021, following the 2016 rollout of the Reverse Transfer agreement, MHEC enacted the Transfer with Success Act which implemented regulatory standards, ensuring student protections. In 2021, new rules around specific courses were introduced to prevent students from having to retake courses. A full overhaul of Transfer Regulations occurred and became effective September 2022 including a [new Guidance document](#). Additionally, the University System of Maryland began to use the [Articulation System for Maryland Colleges and Universities \(ARTSYS\) Platform](#), a computerized data information system created to aid transfer students.

**In-depth State Spotlight:** [Maine Workforce Initiatives](#)

**More Ideas to Consider: Offer Incentives & Streamline Onboarding**

- Invest in technology to recruit and quickly onboard new hires.
- Offer flexibilities (remote work and dynamic shift options) to attract individuals with behavioral-health related experience.
- Create paid internship and/or practicum positions for professions such as social workers.

## Ensure Adequate Training



### Northern Mariana Island's (CNMI) Behavioral Health Professional Pathways Project

Through the National Association of State Mental Health Program Directors (NASMHPD)'s Transformation Transfer Initiative, the CNMI's Commonwealth Healthcare Corporation: Community Guidance Center received funding to plan, implement, and evaluate a Professional Pathways Project to (1) increase the number of CNMI Behavioral Health certified professionals and (2) implement a CNMI Behavioral Health Aide Program. The project proposes to more effectively equip and retain the CHCC behavioral health workforce to address data-driven priorities and needs and increase the impact and outcome of care that includes crisis care at different stages: pre-crisis, crisis intervention, and post-crisis/aftercare.

Currently, training in core behavioral health competency areas have been implemented and are planned for all behavioral health workforce to include Ethics in Prevention, Mental Health First Aid, Substance Use Disorder (SUD) Prevention, and SUD Treatment and Recovery. Along with these core trainings, discipline specific training is being identified and planned to promote knowledge and skills and increase the number of certified professionals as Peer Specialists, Alcohol and Drug Counselors, and Prevention Specialists. Concurrently and to address the gap in certification in behavioral health, the CNMI CHCC:

CGC is working directly with the Western Interstate Commission for Higher Education's (WICHE) Behavioral Health Program to develop a Behavioral Health Aide (BHA) Certification Program.

Planning and coordination has begun and continues as WICHE has communicated with the University of Alaska – Fairbanks's Council that certifies the BHA Program in their respective area to allow access of their BHA online platform to the CNMI CHCC: CGC. The CNMI has also received approval from the Pacific Behavioral Health Collaborating Council/Certification Body, comprised of the Behavioral Health leaders of the six United States Pacific Jurisdictions, to serve as the certifying body for the CNMI and Regional participants, who complete the BHA Program requirements. Next steps include the development of a process for participation that includes specific details that determine eligibility criteria, individualized workplans, expenses, requirements, agreements, and intended outcomes.

## Behavioral Health Curriculum Development Initiative

Through the Institute for Innovation & Implementation and its operation of SAMHSA's National Training and Technical Assistance Center for Child, Youth, and Family Mental Health (NTTAC), in partnership with the National Association of Deans and Directors of Schools of Social Work (NADD), the [Behavioral Health Curriculum Development Initiative](#) supports social work faculty members in developing curriculum modules on children's behavioral health to strengthen the training students receive in their Master of Social Work programs by engaging social work programs in generating and implementing effective practice, services, and policy coursework. For more information, please view this [PowerPoint presentation](#).



## Alabama A&M Social Work Apprenticeship Traineeship Program

[Alabama launched a registered apprenticeship program](#) as a way for Alabama A&M students seeking a master's in social work degree to attain critical credentials. This program is one of the first in the country to model a traditional apprenticeship design for mental health professionals. This program provides licensing and certificates upon completion of Master of Social Work degree. It partners with local health businesses and employers to determine the accuracy of demand for both providers and necessary credentials and subsidizes the cost of apprenticeships with resources from private sector employers who benefit from increased providers.

The Master of Social Work Program at Alabama A&M University (AAMU) has received a \$1.9 million award to help students meet workforce demands for mental health practitioners specializing in integrative behavioral health. The four-year award from the Health Resources and Services Administration (HRSA) will provide AAMU \$479,917 annually to further the second phase of its Behavioral Health Workforce Training Program (BHWTP-2).

Currently the university has produced three full cohorts of individuals working towards their MSW degree with a total of nine graduates that have received their diploma and have received hands-on trainings with ADMH certified Substance Use treatment facilities in Madison and surrounding counties. Those individuals have also received the ADMH Case Managers Certification which is the only case management training recognized by Alabama Medicaid. The current cohort for 2023 includes 12 individuals that are scheduled for graduation in December of 2023.

## Hawaii's Mental Health Emergency Worker Training and Certification

Hawaii is creating a statewide training and certification program for mental health emergency workers (MHEW) and police. Goals of this initiative include:

- Increasing capacity and develop a curriculum for a train-the-trainer model
- Improving 988 crisis services response outcomes
- Improving linkages between MHEW staff and law enforcement partners
- Providing better care in the community for persons in crisis and increasing connections to mental health, substance use, and social services

This curriculum is being developed with input from a stakeholder group comprised of persons with lived experience, experts on crises, and the various county police departments, which include Crisis Intervention Training (CIT) trained officers. For more information contact John Oliver, Public Health Program Manager, Maui Branch Chief Department of Health, Adult Mental Health Division at [john.oliver@doh.hawaii.gov](mailto:john.oliver@doh.hawaii.gov).

## Individual Placement and Support (IPS) for Young Adults

[This report](#) details the eight principles of IPS for youth and adults. IPS is an evidence-based program designed to assist individuals with serious mental illness to acquire employment based on their personal choices and interests.

**In-depth State Spotlight:** [Illinois Division of Mental Health CRSS Success Program](#)

## Take Advantage of Technology

### Develop the Workforce Capacity Necessary to Make Optimal Use of Technology

[Technology's Acceleration in Behavioral Health: COVID, 988, Social Media, Treatment and More](#), page 12, discusses how technology itself is not self-actualizing, and it is important to adequately plan for, fund, and take the time to develop the workforce capacity necessary to make optimal use of technology. Several examples have emerged in recent years to demonstrate the innovative technology strategies being employed to build and strengthen the behavioral health workforce, including:

- The [Behavioral Health Education Center of Nebraska's Virtual Mentor Network](#) has created a State pipeline program for future behavioral health professionals using online virtual sessions for rural college and high school students.
- The [University of Hawaii has partnered with the Mayo Clinic](#) in a model program to develop an expert children's mental health workforce to serve geographically isolated and culturally diverse communities using interactive video conferencing (IVTC) and tele-mental health, strengthening collaboration with local primary and behavioral health providers.
- In [Project ECHO](#) (Extension for Community Healthcare Outcomes), a hub-and-spoke virtual training and coaching model originally developed at the University of New Mexico for Hepatitis C care, the Addiction Training and Technical Assistance Center (ATTC) utilized the model to facilitate an IVTC knowledge-sharing network conducting virtual mentoring with local substance

use treatment supervisors to enhance workforce capacity to provide clinical supervision. The ATTC chose clinical supervision to test this virtual training and coaching model based on its centrality as a workforce development amplifier.

- Putney et al. (2019) describe an [online interactive technology](#) used in advanced level Master of Social Work programs to offer virtual client simulations (PeopleSim) as a tool to provide training in *Screening and Brief Intervention* and *Motivational Interviewing*. The virtual and asynchronous nature of the “patient” offers tremendous cost savings, convenience, and consistency over traditional live patient training, and students demonstrated significant pre-to post gains in Screening and Brief Intervention skills, Motivational Interviewing skills, and Change Planning skills. Though no comparison group was included in the evaluation, this study demonstrates the potential efficacy of this innovative workforce development strategy.

## Specifically Address Unique Populations

### Understanding Tribal Communities in Rural and Remote Areas with Unique Needs and Cultures

[Mental Health System Development in Rural and Remote Areas during COVID-19](#), page 11, discusses how tribal communities in rural and remote areas are often built around distinct sovereign tribal nations with unique needs and cultures. As a result, it is necessary to develop solutions that are specific to the context of each tribal community, that respond to the needs identified by that community, and use practices that are chosen by and acceptable to that community. Several strategies hold promise in the development of tribal mental health systems, such as: developing a culturally competent and responsive workforce; adopting culturally adapted treatment approaches; integrating traditional practices into behavioral health supports; and using the traditional strengths embodied in tribal communities as a part of support systems for people with mental or substance use disorders.

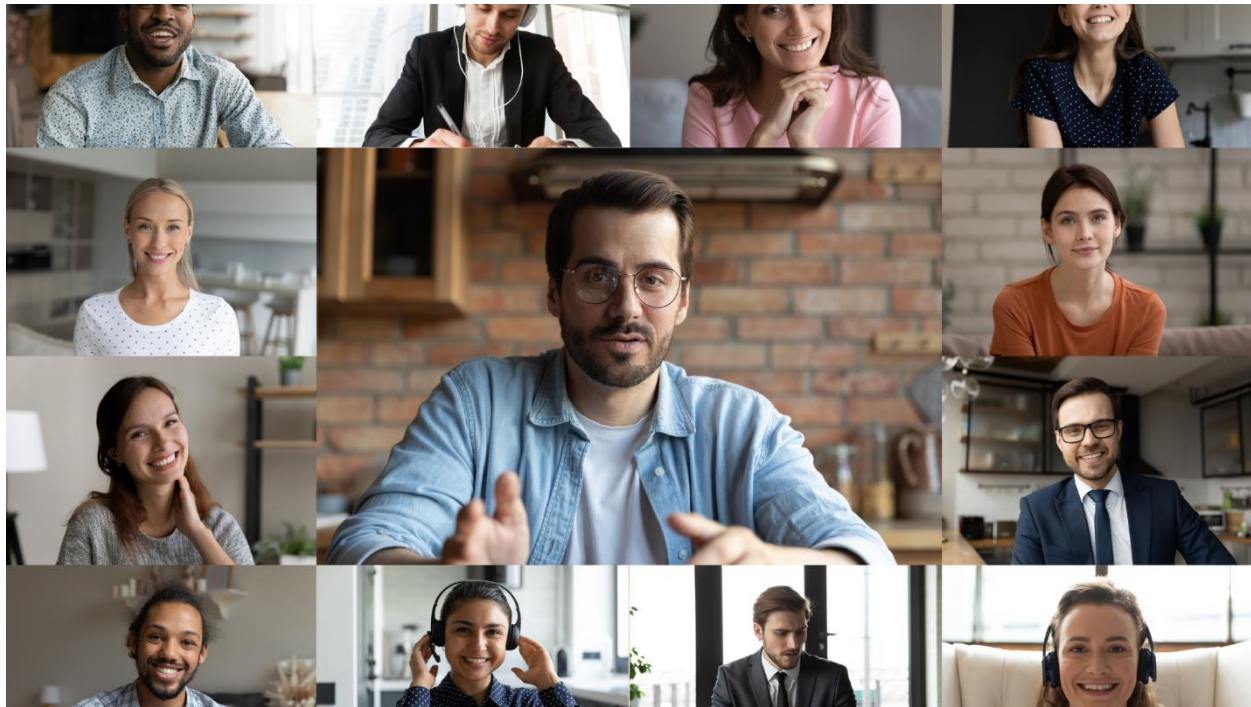
### A Guide to Support Individuals Who Are in Crisis within Tribal Communities

[Making Relatives](#) is a guide for developing helpers within tribal communities to support individuals who are in crisis. It was developed to address the unique needs of different tribal reservations.

### Workforce Technical Assistance for Special Populations

[Training and Technical Assistance materials](#) are available to support the workforce for special populations. The [National American Indian & Alaska Native Addiction Technology Transfer Center \(ATTC\)](#) shares evidence-based treatment and recovery practices, builds skills to prepare the workforce to deliver addictions treatment and recovery services, and changes practices by incorporating these new skills into everyday use to improve addictions treatment and recovery outcomes. [The Office of Minority Health Resource Center](#) established the Higher Education Technical Assistance Project (HE-TAP) to strengthen the ability of U.S. colleges and universities to secure resources and build partnerships that enhance their efforts to address community health issues and workforce development, and further academic research. HE-TAP targets institutions of higher education, including tribal colleges and universities and other minority-serving institutions.

# Expand the Reach of Existing Professionals



This section includes strategies to extend the reach of professionals with the use of technology and interpreters.

## Take Advantage of Technology

Technology can be harnessed as a tool to implement several workforce development strategies. Offering flexibility to work remotely is a critical strategy for recruitment of in-demand professionals. Embracing technology is also an important strategy to help shift the system of care paradigm, as it quite literally allows us to meet individuals where they are in a way that is timely and circumvents barriers such as lack of transportation or childcare. The broad adoption of telehealth during the pandemic also taught us that many people simply prefer to receive their care remotely, potentially facilitating access to earlier intervention. Chat and text for 988 and other crisis lines are especially popular with youth and young adults. Telehealth also expands the reach of sparse licensed clinicians across service sectors via telehealth consultation and across geographies.

NEW

### ***South Dakota's Initiatives to Increase Availability and Use of Telehealth Services***

The South Dakota Division of Behavioral Health has had more than a decade of efforts aimed at incrementally increasing the availability and use of telehealth among its providers, with

the goal of not only providing more options and access points for individuals in need of services but allowing for flexibility in how those services are provided by staff. Beginning in 2011, community mental health centers were able to be reimbursed for medication management through telehealth. Use of telehealth expanded again in FY17 to mental health outpatient services including psychiatric services, individual therapy, and family therapy. Additional services were approved for reimbursement through telemedicine in FY19, now including substance use disorder assessments, crisis services, individual, group and family counseling, and early intervention. In FY20, flexibilities were granted temporarily during the pandemic, supported by in-state legislative changes that allowed for telehealth in emergency situations. Permanent legislative changes were made in FY21 to implement many of the temporary flexibilities granted during the pandemic, including audio-only telehealth.

The evolution of telehealth service delivery and flexibility in time and place that provides to staff among community behavioral health providers has contributed to workforce retention. Additionally, funding opportunities including grants have been leveraged to support purchase of telehealth equipment for agencies in community behavioral health. Challenges remain for client equipment needs with a known barrier for access to care in rural and frontier areas being not everyone has a smart phone or a table, or a data plan that supports telehealth. In addition, broadband services are not universally available statewide, limiting the ability for individuals to use this technology as an extension of their care. This is a continued area of priority and identified goal of the Executive Branch to improve broadband access, efforts of which began even prior to the pandemic.

Training and technical assistance for clinicians has also been provided to supplement the legislative investments made in expanding telehealth capacity. These have been done in partnership with Great Plains Telehealth Resource and Assistance Center (gpTRAC) as well as the Technology Transfer Center (TTC) Network funded by SAMHSA have helped behavioral health providers implement telehealth in a way that boosts their competency and confidence in delivery those services.

## SAMHSA Established a National Infrastructure of Technology Transfer Centers (TTCs)

[Technology's Acceleration in Behavioral Health: COVID, 988, Social Media, Treatment and More](#), page 13, addresses the national opioid epidemic in the years immediately prior to the COVID-19 pandemic when SAMHSA established a national infrastructure of Technology Transfer Centers (TTCs), including the Addiction TTCs (ATTC Network), Prevention TTCs (PTTC Network), and Mental Health TTCs (MHTTC Network). These TTCs are tasked with building the capacity of the local behavioral health workforce to provide evidence-based interventions. Overall, the TTC network represents a great potential national infrastructure for continuing to use technology to strengthen and support the behavioral health workforce.

## Leverage Technology and Existing Program Capacity in Rural Areas to Deliver Care to Maximize Access to Timely Services

[The National Guidelines for Behavioral Health Crisis Care: Best Practices Toolkit](#) discusses how approaches to crisis care should include:

1. Learning how other first responder services like law enforcement, fire, and emergency medical services (EMS) operate in the area.



2. Leveraging existing first responder transportation systems to offer access to care in a manner that aligns with emergency medical services in the area.
3. Incorporating technology such as telehealth to offer greater access to limited licensed professional resources.
4. Developing crisis response teams with members who serve multiple roles in communities with limited demand for crisis care to advance round the clock support when called-upon.
5. Establishing rural reimbursement rates for services that support the development of adequate crisis care in the area.
6. Creating crisis service response time expectations that consider the geography of the region while still supporting timely access to care.

## Bridging the Digital Divide and Building Community Safety Nets in Remote and Rural America

Long before the COVID-19 pandemic, which forced students across the United States into virtual classrooms, internet access was lacking for many rural and remote communities. Dr. Ron Manderscheid, Executive Director of the National Association for Rural Mental Health and the former Executive Director of the National Association of County Behavioral Health and Developmental Disability Directors, discussed in a Crisis Talk article that the pandemic has exacerbated the digital divide and the psychological impact of isolation. Dr. Manderscheid shared with #CrisisTalk that there must be digital equity for rural and remote areas, and local safety nets to help build self-empowered communities. For more information read the [#CrisisTalk](#) article.

## Connecticut's Geolocation Initiative

Connecticut has launched a Transformation Transfer Initiative (TTI) workforce initiative whereby they obtained software that will allow for high-tech, GPS-enabled mobile crisis geolocation and dispatch. This will quickly and efficiently determine the location of the closest available mobile crisis team, track response times, provide real-time performance outcomes dashboards to monitor the quality and quantity of mobile response services, and efficiently connect persons served and their families to needed resources supporting access to and continuity of care. This software will be utilized by both the Department of Mental Health and Addiction Services (DMHAS) and the Department of Children and families (DCF). Real time, geo-location tracking of clinicians in the field will allow for more efficient and effective transitions from one client to the next and timelier responses to crises for both adults and youth. For more information, contact Dana Begin, OTR/L, MPA Director, Evidence-Based Practices and Grants Division DMHAS Office of the Commissioner at [dana.begin@ct.gov](mailto:dana.begin@ct.gov).

## Partnership with EMS Through Telehealth

[Strategies for the Delivery of Behavioral Health Crisis Services in Rural and Frontier Areas of the U.S.](#), page 9, discusses how Charleston County, South Carolina, has partnered with EMS through telehealth. When EMS is called to respond to a psychiatric emergency, they first evaluate whether the crisis is medical or psychiatric in nature. If psychiatric, the EMS crew calls their supervisor to respond in an SUV. Once the supervisor responds, the ambulance is sent back out into service, and the supervisor connects the individual in crisis through a telehealth app on their tablet to the mobile crisis response team. The mobile crisis response team then evaluates and triages the crisis virtually and makes recommendations on next steps. Service is immediate and allows for more appropriate use of EMS time and resources and reduces the number of referrals to emergency departments in the county. It reduces the need for mobile crisis teams to travel long distances to reach people in crisis and allows individuals in crisis to

receive services quickly. Since this program has been implemented, the county has experienced an increase in calls from EMS to mobile crisis from five to nearly 85 per month, and the county has seen a 58 percent decrease in ED use for individuals in psychiatric emergencies.

## Efficacy and Safety of Technological Applications for Crisis Services

[Using Technology to Improve the Delivery of Behavioral Health Crisis Services in the United States](#), page 17, discusses how technological applications are an opportunity for state and federal policy makers and advocates to research the efficacy of apps and establish regulations that promote confidence in their use. Apps also need to be studied to ensure they are culturally competent and do no harm. If certain apps are determined to be effective at predicting and mitigating behavioral health crises, and connecting individuals to care, states may decide to invest in these apps to offset some of the challenges associated with the delivery of crisis care and behavioral health workforce shortages experienced by communities across the U.S.

## Solutions on How Technology Can Address Existing Gaps in Workforce

[Technology's Acceleration in Behavioral Health: COVID, 988, Social Media, Treatment and More](#), page 11, discusses that the United States child and adolescent mental health workforce has suffered from a severe shortage and poor children and rural communities have consistently borne the brunt of the unmet need. The COVID-19 pandemic amplified both the workforce shortages and service disparities by simultaneously reducing the workforce and further isolating children in need. Technology has the potential to address the workforce shortage in three ways:

- Technology can potentially be used to reduce the overall prevalence of behavioral health problems by detecting relatively minor problems when they are easier to treat and might be able to be treated through self-help strategies such as apps.
- Technology can potentially be used to increase access to effective treatment models through tele-mental health (TMH). The use of technology and the dramatic increase of TMH has been a critical strategy to increase access.
- Technology can be used to increase the reach, cost-effectiveness and quality of training and professional development for the behavioral health workforce.

**In-depth State Spotlights:** [Kansas Suicide Prevention Head Quarters](#) and [Oklahoma's Grand Lake Mental Health Center iPad Program](#)

### More Ideas to Consider: Using Technology

- Continue to use telemedicine to help maintain a work environment that has been appealing to many employees.
- Allow primary care physicians to directly serve a larger percentage of individuals with behavioral health needs through access to appropriate and timely consultative service.
- Use satellite phones to link in prescribers in very remote locations thus maximizing the capacities of mobile response teams.
- Develop both community and hospital bed service registries that identify what is available. This can reduce inefficiencies and avoid wasted staff time having to call around to find placement and/or services for individuals.

## Facilitate Access to Interpreters:

UPDATED

### Alabama's Mental Health Interpreter Training Project

People who have limited English proficiency, including those who are deaf, have historically been limited in their ability to access mental health services. Providers should utilize interpreters who have received training in mental health interpreting. An example of such training is the [Mental Health Interpreter Training](#) (MHIT) which was created to train interpreters to work effectively in mental health settings, facilitating communication between providers and consumers who are deaf.

The Alabama Department of Mental Health's Office of Deaf Services partners with the American Deafness and Rehabilitation Association (ADARA) to provide an annual Interpreter Institute for this purpose. Since the first training in 2003, there have been 21 annual institutes attended by 1,923 interpreters. Attending the training, participants can go on to earn certification as a Qualified Mental Health Interpreter by completing a supervised practicum and passing a comprehensive examination. This elite credential has been earned by 181 people.

# Address the Distribution of Professionals



This section includes strategies for underserved communities and geographically underserved areas. It is important to consider the system of care you are trying to develop as you build your workforce. While we certainly need to adopt strategies to attract behavioral healthcare providers to underserved areas, we also want to create a behavioral health system that is culturally responsive and gives people the opportunity to practice within their own communities.

## Encourage Practice in Rural Areas:

### Training Psychologists for Rural Practice: Exploring Opportunities and Constraints

[This paper](#) examines trends in the psychologist workforce, training opportunities, and factors that may influence the decision of clinical psychologists to practice in rural settings.

### Strategies for Developing Workforce Capacity in Rural Areas

[Mental Health System Development in Rural and Remote Areas during COVID-19](#), page 9, discusses how building the rural mental health workforce will require a variety of strategies, such as providing financial incentives, providing training and supervision necessary for licensure, and active recruiting and retention efforts. Developing workforce capacity in rural areas behooves adapting service delivery models, because highly specialized and credentialed providers are less likely to be available in rural and remote areas.

# Improving Behavioral Health Services for Individuals with SMI in Rural and Remote Communities: Rural & Remote Behavioral Health Workforce

[The SMI Adviser](#), a clinical support system for serious mental illness, created the guide [Improving Behavioral Health Services for Individuals with SMI in Rural and Remote Areas](#), which offers strategies and key lessons for developing, implementing, financing, and sustaining behavioral health services for individuals in rural and remote communities who have serious mental illness. The workforce section offers insight on innovative ideas for workforce expansion and retention and spotlights different organizations and state programs assisting with these efforts. These ideas are discussed in brief below:

- **Spotlight on WICHE’s Psychology Internship Consortia**  
**Key Takeaways:** The Western Interstate Commission for Higher Education’s (WICHE) contracts with agencies in each of seven states to develop and support an internship program for students at local universities to pursue training in psychology, thereby enhancing the behavioral health workforce in each of these states.
- **Spotlight on Area Health Education Centers**  
**Key Takeaways:** The Area Health Education Centers (AHEC) program was established in 1971 by Congress with the goal to “recruit, train, and retain a health professions workforce committed to serving underserved populations.” Across the U.S., there are more than 300 AHEC centers, serving 85 percent of U.S. counties.
- **Spotlight on the National Center for Rural Health Professions’ Rural Health Experience**  
**Key Takeaways:** The University of Illinois at Chicago is home to the National Center for Rural Health Professions, which affords students enrolled in any health-related degree program the opportunity to participate in the Rural Health Experience.
- **Spotlight on the University of North Dakota’s (UND) Residency Program**  
Based on their population and size, it is surmised that the state will never be able to develop enough of its own psychiatrists. Therefore, UND set up both a residency program for psychiatrists, and a program that trains primary care providers in how to treat some of the more common, easier to treat mental health challenges.
- **Spotlight on Virginia-Ballad Health’s PEERhelp Certified Recovery Helpline**  
**Key Takeaways:** This is a helpline available to individuals experiencing substance-use issues, loneliness, anxiety and depression, and other emotional or mental health challenges. This program not only helps individuals in need and provides the opportunity for volunteer peer specialists the opportunity to work towards the 500 contact hours required for certification as a peer specialist in Virginia.
- **Spotlight on Texas’s Peer Support Stakeholder Workgroup**  
**Key Takeaways:** HHSC created a qualified peer supervision track to allow peers to supervise other peers resulting in ongoing certification.
- **Spotlight on the Colorado Office of Behavioral Health’s Crisis Services Program**  
**Key Takeaways:** The State is exploring training bachelor’s-level providers and peer support specialists to provide virtual mobile crisis response. The providers and peers would be equipped

with a tablet (e.g., an iPad) that they would use immediately to connect individuals in crisis to a skilled or licensed professional via telehealth services.

- **Spotlight on Nevada**

**Key Takeaways:** During the 2013 legislative session, Nevada lawmakers granted nurse practitioners full practice autonomy as healthcare professional as a way to address the physician and mental health provider shortage gap in rural regions. Since passage, the Nevada State Board of Nursing has seen an expansion in psychiatric mental health nurse practitioners, which has improving access to care for many rural communities. In 2015, legislators also passed a parity law requiring telehealth to be covered and reimbursed under private insurance, Medicaid, and worker's compensation plans to further improve health care access.

## Focus on Equity for Communities of Color

### Oregon's Behavioral Health Workforce Legislation and Initiatives

[Strategies and Considerations for Providing a More Equitable Crisis Continuum for People of Color in the United States](#), page 22, discusses how the Oregon Legislature passed a \$474.4 million behavioral health package that addresses a wide variety of social determinants of health, including housing and residential services, community programs, incentives that attract people to the workforce, and developing mobile crisis units. \$80 million funded two incentive programs to increase Oregon's behavioral health workforce. The funds include scholarships and grants for providers to offer clinical supervision for licensure, specifically to increase the behavioral health workforce to improve access to culturally responsive behavioral health services, and to help transition individuals from incarceration back into the community. This should have profound effects on improving social determinants of health for people of color in Oregon, as Oregon's jail population is disproportionately represented by people of color. They also have plans to improve access to culturally responsive behavioral health services by tribal members; people of color; lesbian, gay, bisexual and transgender youth; veterans; persons with disabilities; individuals with intellectual and developmental disabilities; individuals with limited English proficiency; individuals working in correctional facilities; and residents of rural areas and other underserved communities. There is also a recommendation to integrate peers into crisis response teams to improve diversity and representation.

# Retain Professionals in the Workforce



As the system of care changes, we also need to consider how to support staff as their roles change. The section provides strategies for workforce retention, many of which would be effective recruitment strategies as well. Focusing more heavily on recruitment than retention, however, merely moves people from one area of need to another and fails to collectively solve the national workforce shortage. This section is broken into the following subcategories: consider wages and benefits, foster resilience, and assure continuing education.

## Consider Wages & Benefits

### CCBHCs Support Competitive Wages in Nevada

As a result of the CCBHC demonstration, [CCBHCs in Nevada](#) have been able to recruit and retain all types of behavioral health professionals by offering more competitive wages. Geographic areas that rarely had access to psychiatrists prior to the demonstration now have an onsite psychiatrist and/or psychiatric advanced practice registered nurse, as well as providers to treat certain types of substance use disorders, including providers qualified to use medications for opioid use disorders (MOUD).

### CCBHC Funding Mechanism in New York

Due to CCBHCs' cost-based, provider-specific Prospective Payment System (PPS) reimbursement mechanism, [New York's CCBHCs](#) eliminated wait lists, and the number of Medicaid-eligible individuals served increased by 21% in the first year of operation. New York also reported a 24% increase in services provided to children and adolescents, noting that this was possible, in part, because the PPS allowed CCBHCs to hire more child psychiatrists. Many CCBHCs in New York and other states have implemented

open access scheduling in combination with expanding the psychiatric workforce as a two-pronged strategy to increase access.

## Michigan State Loan Repayment Program

[Michigan's State Loan Repayment Program](#) (MSLRP) helps employers recruit and retain primary medical, dental, and mental healthcare providers by providing loan repayment to those entering into MSLRP service obligations. MSLRP service obligations require participants to provide full-time primary healthcare services in Health Professional Shortage Areas (HPSAs) at not-for-profit health clinics for two years. MSLRP will assist those selected by providing up to \$300,000 in tax-free funds to repay their educational debt over a period of up to ten years.

## Alaska's SHARP Program

[Alaska's SHARP Program \(SHARP\)](#) is a statewide support-for-service effort that provides partial financial support to healthcare practitioners in medical, dental, and behavioral health disciplines. It is a public-private partnership working to improve the recruitment, retention, and distribution of health professionals for Alaska. SHARP offers two types of support-for-service benefits, either (a) education loan repayment, or (b) direct incentive, to practitioners in support of their work, and particularly with Alaska's priority populations. Alaska created an incentive program to attract a larger practitioner pool to address a wide range of practitioner occupations and positions.

### More Ideas to Consider: Salary and Benefits

- Use American Rescue Plan Act (ARPA) funds to support salary increases, loan forgiveness and tuition reimbursement.
- Use HRSA's [National Health Service Corps](#) (NHSC) funding for health shortages areas, including scholarships and loan repayment.
- Use NHSC-HRSA Student Loan Repayment Program (SLRP) funds to supplement salaries as part of workforce retention.
- Increase pay for high-duty positions for periods of time.
- Use Bureau of Labors Statistics data to estimate salaries.
- Review behavioral health clinical claims data to support arguments in support of funding for the workforce.

## Foster Workforce Resilience

NEW

### Kentucky's Well@Work Project

The [Well@Work](#) project hosted by the University of Kentucky Center on Trauma and Children contains information that professionals can use to deal with workplace stress related conditions such as burnout, moral distress, and secondary traumatic stress within and outside pandemic contexts. The website provides Tier 1 universal resources to all health,



behavioral health and client-facing professionals including podcasts, webinars, and downloadable resources. Tier 2 content includes targeted resources for being Well@Work in uncertain times and is the platform for registration to Project ECHO sessions specific to workplace well-being. Tier 3 resources include free, anonymous screeners for a wide variety of occupational stressors, with automatic scoring and links to appropriate resources based on results. Finally, the Tier 3 section of this webpage includes linkages to behavioral health professionals around the state that specialize in addressing workplace stress for those who need specialized care. The creation of the Well@Work platform was funded through a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to the Kentucky Department of Behavioral Health and the UK Center on Trauma and Children.

## The Importance of Supporting Resident-Centered Crisis Responders

Many communities, like Oakland, CA, are pushing for resident-centered crisis responses. However, Dr. Matthew Edwards says it's critical to examine the potential unintended consequences. Crisis workers experience tremendous occupational stress, and by creating a workforce within communities that face structural racism and violence, responders are at greater risk of re-traumatization. " Dr. Edwards is one of the foremost experts on Pittsburgh's Freedom House Ambulance Service and has written pieces on the community-based sociomedical program, race, and policing. As communities build out resident-centered crisis responder programs with increased racial or ethnic concordance, he says they must do so equitably and responsibly to support crisis workers. For more information read the [#CrisisTalk](#) article [here](#).

## Taking Care of Our Workforce

Crisis staff - those dedicated team members that directly care for those in a behavioral emergency - need care and support from the organizations and leaders that run crisis stabilization centers, call centers, mobile teams, and other facilities. Becky Stoll, Senior VP of Crisis Services at Centerstone, joins the 988 Crisis Jam to talk about [Taking Care of Our Workforce](#) on the March 22, 2023 episode.

## Burn Out: Change the Problem

While current research has focused heavily on burnout among clinicians in the academic medical setting, it is important to acknowledge that everyone is susceptible over the course of their career regardless of their role. [Michigan Medicine at the University of Michigan](#) developed a [Burnout Toolkit](#) on Interventions that focuses on organizations and work levels in order to enact lasting change.

**In-depth State Spotlights:** [Arkansas Governor Sends Appreciation Letter to Behavioral Health Staff](#) and [Georgia DBHDD Hosts Self-Care Events for Staff Throughout Pandemic](#)

***More Ideas to Consider: Building Resilience***

- Provide training for supervisors on how to handle difficult interactions with service recipients, how to create hospitable work environments, and how to cultivate a workplace that combats racism and stigma.
- Various team connectivity options can be set up to help responders build community, especially individuals with remote / hybrid set-ups (e.g., team playlists anyone can contribute to, hosting staff parties/events, including remote events via technology platforms such as Zoom).

# Ensure Continuing Education

NEW

## Florida's Learning Management System for Behavioral Health and Training

Florida, in partnership with the Florida Alcohol and Drug Abuse Association, funds free webinars, workshops, and online courses for licensed and non-licensed behavioral health prevention and treatment professionals, health care providers, child welfare practitioners, and other community stakeholders. Trainings are developed and presented by national and state consultants on evidence-based practices for prevention, treatment, and recovery.

Online courses are free to the public and provide continuing education credits (CEUs) at no cost through a [Learning Management System](#). These self-paced courses can be accessed 24/7 which allows learners to take training based on a schedule that works for them. Free live webinars are conducted monthly for two (2) CEUs and in-person workshops are offered quarterly at no cost for four (4) CEUs. Recordings and PowerPoint slides for all webinars are archived in a [Training Library](#) for free public access. Training announcements are distributed via email and posted in a training calendar found [here](#).

During Fiscal Year 2022-2023, 6,026 individuals attended 24 webinars and 258 participated in 12 in-person workshops. Archived webinar recordings were viewed online 3,889 times. There were 13,721 online course completions on the Learning Management System with 2,748 continuing education units issued. Peer specialists are an integral part of Florida's behavioral health workforce. To recruit and retain peers, Florida funds training and some peer certification services. More than 460 scholarships were awarded for peer certification during state fiscal year 2022-2023.

NEW

## *South Dakota's Investments in Workforce Competency*

South Dakota's Division of Behavioral Health has supported no-cost trainings to agencies they contract with in the community behavioral health sector, traditionally around specific evidence-based practices that are purchased for services, such as but not limited to [Matrix](#). Training has also been offered to support staff no matter what specific services they deliver, such as Motivational Interviewing and Native American Cultural Awareness Training. These investments are key to the Division's baseline strategy of ensuring partnering clinicians are equipped with the latest in evidence-based methodologies, and that services are delivered at a high level of competence and confidence. An annual training calendar is kept up to date and published in a timely manner to allow time for agencies and providers to plan their training activities accordingly.

In collaboration with the South Dakota Council of Mental Health Centers and South Dakota Council of Substance Abuse Directors, the Division of Behavioral Health identified areas of highest training need for and importance of for its providers. This public-private partnership allowed for mutual understanding and agreement of what those priorities are and directed funds towards training in those same areas. Efforts to proactively evaluate training needs within the community behavioral health workforce have aided in our state's overall workforce development efforts, including but not limited to rate-setting discussions.

Providers through the Council of Community Behavioral Health shared issues and concerns with legislators during the last legislative session, demonstrating the need for higher rates which was approved and put into law; these rates have allowed agencies to compensate staff at a higher annual salary, aiding in their ability to recruit and retain staff to deliver services and ensure access to quality care.

## Providing Guidance and Support for an Adequately Trained Workforce

SBHAs should [support supportive housing, case management, and employment programs](#) so that staff can effectively assess for crisis risk factors and plan for and intervene as needed to prevent, mitigate, and resolve crises before they escalate and become more challenging to handle. In addition to training providers on the types of program guidance, tools, and protocols that support this goal, SBHAs can offer training and technical assistance on supportive housing, case management, and for provider agencies and staff operating both within and outside of the behavioral health system to equip them with basic skills for recognizing and responding to behavioral health crises.

**In-depth State Spotlight:** [Oklahoma Builds a Skilled CCBHC Workforce](#)

## Conclusion

As we collectively work to shift the system of care paradigm, State Behavioral Health Directors continue to report workforce challenges as a key barrier to effectively implementing services across the continuum of care. States, Territories, Pacific Jurisdictions, the District of Columbia, and federal and other partners have risen to address these issues with highly innovative and successful strategies. Collectively, these strategies have the potential to improve the public sector's ability to recruit and retain staff, while simultaneously improving the system of care for individuals served in the public system. NASMHPD hopes that sharing these resources and examples can assist states to replicate strategies as they see fit and to spur further sharing of ideas and creativity in developing new solutions. Many thanks to all the States, Territories, Pacific Jurisdictions, the District of Columbia, and the many federal, national, and other partners that developed the information shared in this document. NASMHPD plans to continue to gather new and updated information from states in order to release a revised version for 2025.

# Appendix A: State Spotlights

## Alaska's Native Tribal Health Consortium

The Alaska Native Tribal Health Consortium's (ANTHC) Behavioral Health Aide (BHA) Program, implemented in 2008, is designed to promote behavioral health and wellness in Alaska Native individuals, families, and communities through the use of village-based counselors. This multi-level provider model trains and educates community members on how to provide therapeutic services, respond to behavioral health crises, and support the general mental health and well-being of individuals in rural and tribal communities.

A Behavioral Health Aide (BHA) is a counselor, health educator, and advocate. BHAs, employed by their regional tribal health organizations, help address individual and community-based behavioral health needs, including those related to substance use as well as mental health. BHAs seek to achieve balance in the community by integrating their sensitivity to cultural needs with specialized training in behavioral health concerns and approaches to treatment.

The BHA program trains new BHAs, supports current BHAs, works with and offers technical assistance to partners across the state to provide education and assistance to BHAs and their supervisors. The ANTHC BHA Training Center designs and provides training that is required for BHA certification. BHAs are certified by the Community Health Aide Program Certification Board. Once certified, BHAs are qualified to provide and bill for various Medicaid services based on their level of certification, including SBIRT (Screening, Brief Intervention, and Referral to Treatment); tobacco cessation; and individual, group, and family psychotherapy. All BHAs are supervised by licensed clinicians who are able to assist BHAs in connecting individuals to higher levels of care as needed. For more information read the [#CrisisTalk](#) article here.

## Arkansas Governor Sends Appreciation Letter to Behavioral Health Staff

The Governor of Arkansas sent personalized letters thanking behavioral health staff for their work during COVID-19. Administrators in Arkansas also supported direct care staff by assisting in greeting and thanking staff once a week while taking precautionary temperatures. Joan Gillece, Ph.D., NASMHPD's lead on Trauma Informed Care and Approaches, and her team have been working with direct care staff and leaders on what would make a difference for them during COVID-19. The #1 thing identified was appreciation. This type of outreach and appreciation done in Arkansas appeared to build trust and reduce vaccine hesitancy among staff. There are multiple gestures other states have done for direct care staff as well.

## Arkansas Inside Out Program

The Arkansas Department of Human Services (DHS) announce the Inside Out project in collaboration with the Arkansas Department of Corrections (ADC) and the Arkansas Department of Community Corrections (ACC). This two-part peer recovery initiative began May 16, 2022 and focuses on reentry and recovery and adding to the growing peer recovery workforce. Phase One of Inside Out consists of DHS hiring a Peer Recovery Training Coordinator (PRTC) to facilitate a Peer Recovery Training Academy inside the Barbara Ester Unit of ADC. The training academy is a three-month program designed to train thirty

incarcerated people every three months, producing returning citizens as certified Peer Recovery Specialists.

Phase Two sees the program extend its reach across the state through six agencies. DHS will provide funding to ACC to hire a certified Peer Recovery Specialist (PR) at each of their six community re-entry centers. The aforementioned PRTC will oversee each of these Peer Specialists and report to the DHS Recovery Manager. The culmination of these efforts will be an increased peer recovery workforce and the positive ripple effect each peer recovery program will have on their respective communities.

Once requirements have been met and candidates are accepted into the Inside Out program, they will:

- Complete the thirty-hour Core Training for the Arkansas Model of Peer Recovery
- Complete an additional sixteen continuing education hours
- Complete five-hundred domain-specific work experience hours
- Complete twenty-five hours of supervision by a certified PRPS
- Pass the Peer Recovery Specialist credentialing exam

The PRTC and DHS Recovery Manager will work with the Arkansas Peer Recovery Program Manager at NAADAC, the Association for Addiction Professionals, to ensure proper credentialing guidelines are established by staff and met by program participants.

The Inside Out program is expected to yield eighty Peer Recovery Training Academy graduates per calendar year, helping to meet the growing demand for certified Peer Recovery Specialists in Arkansas through consistent contribution to the labor pool. If you would like more information on this program, please contact Jimmy McGill at [jimmy.mcgill@dhs.arkansas.gov](mailto:jimmy.mcgill@dhs.arkansas.gov).

## Colorado's Secure Transport Program at the San Luis Valley Behavioral Health Group (SLVBHG)

In 2019, Colorado's Department of Health Care Policy and Financing (the state's Medicaid authority) partnered with the State's Public Utilities Commission to pilot a program that trains drivers in de-escalation techniques. Each agency contributed funds to train local citizens in two rural communities on de-escalation techniques, and to secure and enhance a fleet of vehicles to make them safe for drivers to transport individuals in crisis to care. The program covers six counties over 8,700 square miles.

All SLVBHG drivers are trained in CPR, Mental Health First Aid, and given additional training on how to build rapport with their clients. A private security company made up of former law enforcement officers was hired to serve as drivers. Each secure transport includes of two drivers for safety. The agency purchased two Ford Explorers and had them retrofitted them with Plexiglas to create a secure area in the back for the individual in need of transport. Cameras were also added to the vehicles to ensure that events were recorded at all times to verify the safety of the drivers and the passenger. Individuals who will be admitted to a hospital must be on the road within 30 minutes to ensure the bed at the hospital remains available. In addition to driver training, the transport service provides snacks, cold drinks, and blankets for individuals to consume and use during their rides.

Upon discharge from inpatient care, the secure transport program brings individuals back to the wellness center to re-engage individuals in community-based treatment. At this stage, SLVBHG also provides cellular phones, clothing, and food. Not only does this program provide safe, timely transport to and from inpatient facilities, it is designed with recovery and comfort in mind. This approach helps to

reduce the trauma and eliminate the stigma of transport to an inpatient facility. The program has also helped to improve the agency's relationship with local law enforcement, as law enforcement is no longer the first to be called to respond to an individual in crisis and transport them to inpatient care. Contact Tammy Obie at [tammyo@slvbhg.org](mailto:tammyo@slvbhg.org) for more information on the program.

## Connecticut Health Horizon Initiative

Connecticut Health Horizon is collaborative partnership between Connecticut State Colleges and Universities (CSCU), the Office of Workforce Strategy (OWS), multiple state agencies, the University of Connecticut (UConn), the Connecticut Conference of Independent Colleges (CCIC), and the Connecticut Hospital Association. The \$35 million initiative seeks to address the state's healthcare workforce shortage and is funded with federal American Rescue Plan Act money. The program includes three categories: tuition assistance, faculty support and innovative programs.

- **Tuition assistance** (\$12,000,000) to incentivize low-income and minority students to enter accelerated and cost-effective nursing and social work programs. The goal of the program is to increase reach an estimated 1,200 students at \$10,000 each over the period of three years. Students must meet Federal Pell Grant eligibility, or be from a designated in-need school district, and in some cases have a salary below the state's living wage, or demonstrate financial hardship. Students may be pursuing traditional AND, BSW or BSN, or an accelerated BSN, MSW, or PMHNP program.
- **Faculty support** (\$12,850,000) to rapidly expand seat capacity and train the next generation of nurses and social workers. This funding is projected to support an estimated 42 faculty, which, in turn, will support 1,000 new students in nursing and social work programs. Faculty can serve in classroom, virtual instruction, medical simulation, and in clinical placement settings. Institutions are encouraged to use flexible hiring practices such as joint appointments and utilizing faculty waivers.
- **Innovative programs** (\$6,000,000) to promote partnerships between healthcare employers and institutes of higher education to accelerate entrance into careers in nursing and social work. Innovative program proposals must include a 50% match from an employer partner, philanthropy, or in-kind resource. Staff time is an acceptable form of matching funds. The types of programs that are encouraged include developing hiring and talent pipelines between higher education and healthcare employers, and creating education/career pathway programs for entry and mid-level workers to become nurses and social workers. Also encouraged are agreements to create formalized series of stackable credentials/degrees for RN and/or MSWs, addressing barriers in licensing and/or degree completion, and curriculum development for accelerated, 4+1, and nontraditional programs.

NEW

- **Funding awards** thus far have included hiring nursing faculty at 17 schools to try to address the nursing faculty shortage that has led to nursing programs only accepting one quarter of qualified students. Nursing tuition support at 16 schools, with a priority on accelerated Bachelor of Science in Nursing (BSN) degree programs. Master of Social Work (MSW) tuition support at six schools and hiring of faculty at five schools. Licensed clinical social workers are the most needed positions in the behavioral health workforce, officials said. Support for innovative nursing programs at seven schools, and innovative social work programs at four schools with a 50% match from employer partner or in-kind support. More than 45 faculty are expected to be

hired by the third year of the CT Health Horizons initiative and an additional 1,000 students will be provided with tuition support.

UPDATED

## Connecticut's Workforce Development, Recruitment and Retention Learning Collaborative

Connecticut utilized Substance Abuse Block Grant - COVID-19 Supplemental funding to assist DMHAS SUD treatment organizations to align with ASAM 3 Criteria, including additional staffing and supervision requirements, as part of their 1115 Waiver system transformation. Compliance with ASAM 3 is predicated not only on providers retaining current staff, but also on their ability to hire new staff to execute various facets of programming. DMHAS elicited assistance from [The Annapolis Coalition](#), which developed and began offering these learning collaboratives with funding from Mental Health Technology Transfer Centers, foundations, and a regional mental health board.

The Learning Collaboratives were led by Michael Hoge, Ph.D. and Manuel Paris, Psy.D., both of whom are clinical psychologists. Two cohorts of ten (10) organizations were invited to participate in the collaboratives and each organization created a three-person Change Management Team. Each collaborative spanned approximately 10 months. All team members participated in a series of three virtual sessions (three hours each) that involved education and workforce planning. During these sessions teams received: (1) information on best practices in recruitment and retention, including strategies to strengthen diversity, equity, and inclusion; (2) technical assistance on developing a recruitment and retention plan for their organizations; and (3) guidance on managing the change process in their organizations. After these sessions, teams proceeded to work within their organizations to fully develop and then implement their recruitment and retention plans with ongoing technical assistance from the Learning Collaborative facilitators. The collaborative was extended for an additional 12-month follow-up phase to promote further attainment goals, which involved four individual technical assistance calls/consultations and two additional all-agency meetings of the collaborative.

The response of participating organizations was resoundingly positive. The co-facilitators reported that while there were no magic answers the cohorts developed a long list of strategies they could pursue with the potential to make a significant impact. During the final nine months, most agencies reported significant increases in the number of qualified applicants and number of new hires, while turnover remained variable. Improvements in the labor market, 'resignation regret' among the workforce, and R&R strategies implemented by the agencies were apparent factors in this improvement. Licensed clinicians and nurses remain extremely difficult to recruit.

Pre-Post agency self-assessment ratings by Team Leaders reflect a positive shift on all six of the key dimensions that the collaborative was designed to address. The greatest change reported was moving from having no recruitment and retention plan to having a comprehensive written plan in place; and putting structures in place (committees, workgroups) to address recruitment and retention. Agencies also reported notable increases in the number of active interventions underway to address R&R and the level of engagement of senior agency leaders in supporting R&R interventions. Somewhat lesser change was reported in increases in level of knowledge about R&R best practices and in the level of support for R&R interventions among lower staff ranks in the agency.



NEW

## Florida's Behavioral Health Professional Recruitment and Retention Grant Program

In 2023, Florida made a significant investment in workforce development for the State's behavioral health system of care. Through the "Recruit and Maintain Behavioral Health Professionals" grant program, Florida allocated funding to support increased recruitment and retention efforts for behavioral health professionals. Grants may be used to provide professional development opportunities to enhance upward mobility or develop innovative workforce initiatives. Specifically, the grants focus on recruitment and retention of the following professionals: social workers, psychologists, marriage and family therapists, mental health therapists, psychiatrists, and certified peer specialists.

Florida contracts with Managing Entities to provide a network of behavioral health services and to award these recruitment and retention grants. Local providers were awarded funding based on sustainable strategies, plans, and actions to address the workforce challenges in the behavioral health labor force. The State will closely monitor the impact of this grant program, but initial reports from behavioral health providers indicate these efforts are already producing positive results towards increasing the number behavioral health professionals practicing in Florida.

## Georgia DBHDD Hosts Self-Care Events for Staff Throughout Pandemic

The COVID-19 pandemic led state behavioral health agencies across the country to examine how they can best support the mental health and wellbeing of not only the individuals their systems serve, but also their leadership and staff. In a time when many behavioral health systems are faced with workforce recruitment and retention challenges, creating support mechanisms for staff and leadership is important. To address this need throughout the pandemic, The Georgia Departments of Behavioral Health and Developmental Disabilities and Public Health have hosted twice-weekly webinars, called their [2x2 Series: Self-Care Tips and Support for Managing Life](#).

These engaging and interactive sessions are open to participants not just from the state of Georgia, but nationwide, and are described as "just the break you need from a challenging workday". They are designed to promote wellness and provide self-care tips and support for managing life during unprecedented times. The 2x2 Series is held live on Tuesdays and Thursdays, and each session provides attendees with mental health tips about managing stress, grief, work/life balance, and wellness. Recent webinars covered topics such as Emotional Regulation, Effective Communication, Meditative Techniques, Easy and Healthy Meals on a Budget, and Adaptive Leadership.

UPDATED

## Illinois Division of Mental Health CRSS Success Program

The Illinois Department of Human Services Division of Mental Health awarded \$11.2 million in grant funds to eleven post-secondary educational institutes to fund the Certified Recovery Support Specialist (CRSS) Success program. The CRSS Success Program provides post-secondary education for individuals with lived experience of mental health and/or substance use recovery to enter the behavioral health workforce. The CRSS Success program prepares students for entry-level positions in a variety of capacities, such as inpatient and outpatient mental health and substance use treatment services, mobile crisis teams, and recovery homes. Students in the program receive full funding to overcome practical barriers to success, including tuition, textbook costs,

application fees, childcare, and transportation. Program participants are prepared to sit for one of two certification exams through the Illinois Certification Board—Certified Recovery Support Specialist (CRSS) or Certified Peer Recovery Specialist (CPRS)—to further pursue their careers in behavioral health. The program is expected to serve up to 800 individuals in its first three years and has already enrolled over 460 students who are working towards their credential. Contact Nanette Larson, Deputy Director of the IL Division of Mental Health, at [Nanette.Larson@illinois.gov](mailto:Nanette.Larson@illinois.gov), for additional information.

## Kansas Suicide Prevention Head Quarters

Annie Murdock, coordinator of the Core Chat Program at Kansas Suicide Prevention Head Quarters, shares the value of chat as a means to reach out to the National Suicide Prevention Lifeline. The Lifeline received 6,734 chats during its pilot year in 2012, and during the pandemic, from July 2020 to July 2021, the Lifeline received over 586,000 chats. Murdock says young people and those with a higher intensity of symptoms are more apt to reach out by chat. The chat format, notes Murdock, also provides more anonymity and privacy than a call. For more information read the [#CrisisTalk](#) article here.

## Louisiana's Center for Evidence to Practice

The Center for Evidence to Practice is an initiative of the Louisiana Department of Health – Office of Behavioral Health in collaboration with the Louisiana State University Health Sciences Center (LSUHSC) School of Public Health – Behavioral and Community Health Sciences Program. The Center's mission is to support the State and its agencies, organizations, communities, and providers in the selection and implementation of evidence-based interventions to promote youth and family well-being, improve behavioral health outcomes, and to address challenges related to sustaining quality practice.

During 2017, OBH and LSUHSC collaborated on a statewide Behavioral Health Provider Survey of Youth Related Services. This survey found that about 60% of the mental health services delivered under Medicaid coverage were self-reporting utilizing an evidence-based practice and even fewer providers reported the adoption of key research supported components (e.g., written training curricula, practice specific supervision, fidelity monitoring, etc.) in practice delivery. This disparity between reporting that they were using evidence-based practices and not identifying the quality components of such programs, suggested an over-reporting, or misunderstanding, of what evidence-based practices are in the field.

Through the work of the Center, the expansion of child and adolescent best practices created a set of providers that the State knows and trusts to provide high quality, evidence-based behavioral health services to Medicaid-insured children and youth. Now serving as a hub for innovation and cross-sector collaboration to improve behavioral health services through capacity building with service providers and managed care organizations, the Center bridges gaps to bring more evidence-based behavioral health practices to communities across the state.

The Center is now expanding its role to help build a new crisis system; the Louisiana Crisis Response System began rolling out new crisis response services to Medicaid-insured adults. Through the new Mental Health Crisis Response Workforce Development Training Program, the Center assists the State by identifying the crisis workforce, developing and implementing a training curriculum for crisis responders, facilitating technical assistance and coaching, and monitoring quality.

As the Center develops, its training menu will grow and change to meet the needs and recommendations of communities and organizations throughout Louisiana. Ongoing monitoring, evaluation, and needs assessments will allow for data-informed decisions regarding upcoming workforce

development and practice opportunities. The Center’s extensive collaborations and partnerships with State agencies, providers, families and communities, and institutions of higher education across the State will aide in efforts to expand evidence-based practices to better serve Louisiana’s behavioral health needs, as well as enhance and expand the workforce.

## Maine’s Strengthen ME Program

Maine’s StrengthenME program was developed via a Federal Emergency Management Agency (FEMA) Crisis Counseling Assistance and Training Program (CCP) grant and offers free stress management and resiliency resources to anyone in Maine experiencing stress reactions to the COVID-19 Pandemic. These resources include a statewide call line, resource guides, an online wellness assessment and referral tool, and a coalition of community organizations to provide stress management and wellness support.

Leadership recognized the need to ensure the StrengthenME program was reaching historically underserved communities who were disproportionately impacted by the pandemic. They also recognized that behavioral health workforce shortages were a limiting factor in serving these populations. To address both these challenges, the State identified and aggressively recruited eight organizations that employ Community Health Outreach Workers (CHOWs) that have existing access to and trust from Maine’s historically underserved communities, many of whom are representative of the populations they serve.

Acknowledging that many of these organizations did not have the existing capacity to apply for State contracts, State administrators worked to create a more equitable process, remove unnecessary barriers to application and implementation, provide individualized and hands-on support for suitable potential partners in applying for State contracts, and offer needed flexibility. Identifying and contracting with these organizations that have strong existing relationships and provide direct services in the community has been key to the success of the initiative.

CHOWs were trained via zoom to provide behavioral health crisis counseling and support via the CCP, and CHOW organizations report outcomes data in keeping with the CCP grant requirements. State staff meet regularly with CHOW organizations to gather feedback and provide support. A spirit of equal partnership and appreciation of the value and expertise of CHOW organizations is key to the program’s success. Recognizing that these organizations are the experts on the populations they serve, they are given flexibility to provide behavioral health support in the manner and settings they deem most appropriate. CHOW organizations have engaged in tailored outreach and interventions, such as facilitating WhatsApp chat groups for families with school-aged children, setting up information booths outside housing developments, holding support groups for immigrant mothers, and other strategies to reach individuals in a natural and comfortable way. CHOW providers have served over 13,895 program participants through one-on-one and group support since August of 2020.

## Maine Workforce Initiatives

Maine has invested in entry-level positions and frontline healthcare workers to make entry-level healthcare jobs more appealing to a broader candidate pool. To retain a critical workforce and reduce turnover, Maine has established tuition-free community college programs to expand clinical education and training programs through incentives for preceptors and clinical sites to address rural health access. Furthermore, navigators with expertise in healthcare pathways guide job seekers and incumbent workers on how to access tuition remission programs, stackable credentials, credit for prior learning,

and health care apprenticeships. These navigators also assist medical professionals with out-of-state or foreign trained credentials to quickly re-enter or advance in the healthcare sector in Maine.

Maine's short-term strategies include making the credentialing process more understandable and portable across providers to create streamlined career pathways. Where possible, they are continuing to build opportunities within curricula and training programs to align required certifications for entry level positions with stackable credentials that lead to career and educational advancement. For credentials, healthcare workers can work while achieving on-the-job competencies, allowing frontline staff to advance their careers and increase the pool of healthcare workers with degrees. Lastly, Maine's long-term initiatives include working with the Department of Labor and Department of Tourism to recruit health care professionals to work and live in Maine.

## MassHealth's Children's Behavioral Health Initiative (CBHI) Innovative Workforce Strategies

These efforts, aimed to attract and retain staff, were developed jointly between the Department of Mental Health and the Medicaid Authority. Relatively small amounts of funding from Block Grants, ARPA, and other streams were utilized to implement initiatives aimed at supporting graduate students as they enter the field, providing education and support for supervisors and students, and increasing outreach to potential employees through partnerships. Examples included:

- Licensure reimbursement (minimum time in the public system required)
- In-Home Therapy Fellowship (student preparation for working with children and families effectively; students and supervisors receive stipends)
- Training Opportunities (Wraparound Fundamentals Training and Assessment & Clinical Understanding Training)
- Higher Education Partnerships (Elective Course focused on basic system knowledge and other elements, and Lunch and Learns that provide bachelor's and master's students the opportunity to hear about services and job opportunities within the public system)

[These presenters](#) explained that their strategy is to offer numerous opportunities in various programs rather than one sweeping solution to tackle their workforce challenges.



## Nebraska's Frontier Area Rural Mental-Health Camp and Mentorship Program (FARM CAMP)

[Nebraska's Frontier Area Rural Mental-Health Camp And Mentorship Program](#)

[\(FARM CAMP\)](#) is a week-long summer program designed to introduce rural students who are interested in behavioral health careers to the field and connect them with mentors working in rural communities. The program is also intended to help with the drastic shortage of mental and behavioral health providers in Nebraska's most rural settings. As Catherine Jones-Hazledine, Ph.D., founder of FARM CAMP and a psychologist in western Nebraska, states, "It is often difficult to recruit behavioral health providers to come to rural areas to live and work [and they often don't stay] ...We need to be accessing the incredible resources that are already here in our youth."

FARM CAMP was first held in 2013 in Rushville, Nebraska, and has continued to be held annually (with the exception of 2020 due to COVID). In the summer of 2023, they have completed their 10th annual camp and have completed informal and occasional survey follow up with participants. They continue to

meet with the Behavioral Health Education Center of Nebraska (BHECN) research team to determine a plan for a more rigorous look at outcomes. BHECN has been a funding partner since the camp began and leadership is interested in evaluating all aspects of its outcome to date, as well as looking at ways that it can grow and improve.

The program was also expanded by Dr. Jones-Hazledine and Dr. Anitra Warrior to include a week-long program in Winnebago. “With reservations in Nebraska, services are often limited, and cultural practices of American Indian tribes may not be appropriately incorporated into treatment. The expansion of FARM CAMP to Winnebago allows students from the area to increase their awareness of the field of psychology while also promoting the importance of service delivery from a cultural perspective,” said Anitra Warrior, Ph.D., director of the Winnebago FARM CAMP. The program is funded in part by the Behavioral Health Education Center of Nebraska (BHECN) at the University of Nebraska Medical Center. In both camps, students learn about careers in behavioral health, as well as diagnosis, basic clinical skills, psychology, mental health treatment, cultural competence and ethics. Participants earn college credit through Chardon State College or Little Priest Tribal College. Outside of their classes, students participate in full wellness activities and work on community projects and a PhotoVoice projects about rural life or reservation communities. If you have follow-up questions, Dr. Jones-Hazeldine can be reached at: [drcate@westernnebraskabehavioralhealth.com](mailto:drcate@westernnebraskabehavioralhealth.com)

## New Jersey to Train Peers in CT-R

Through the Transformational Transfer Initiative (TTI) in 2020, New Jersey began their project to train peer support specialists in Recovery-Oriented Cognitive Therapy (CT-R) and provide incentives to the trainees and their clients via gift cards. This initiative is a partnership between the Beck Institute for Cognitive Behavior Therapy, Rutgers University, and the NJ Division of Mental Health and Addiction Services (DMHAS). Numerous agencies in multiple counties expressed interest in sending peers to this training, which began in August 2021, to enhance peer efficacy.

The Beck Institute designed a 16-hour virtual workshop for the basics of CT-R training to address the significant health and life-span disparities of the clients, introduce a way of understanding how clients may become stuck, and include practical, trauma-informed strategies and interventions for engaging vulnerable individuals and actively collaborating with them on the life they desire. Peers learn how to address challenges related to COVID in the context of life-aspirations, as well as how to effectively utilize incentives. Beck, Rutgers, and DMHAS will formally evaluate the incentive aspect to determine its efficacy.

Following this workshop, experts from the Beck Institute will help the trained peers integrate CT-R into their existing skill base. Peers will implement these strategies and effectively leverage their role to engage individuals in reaching their aspirations who historically may have been less involved in treatment in reaching their aspirations. To sustain these trainings and peer-delivered CT-R, the Beck Institute has begun developing online (on-demand) modules of learning. These involve Recovery Mapping, ways to understand and connect with clients that can be hard to engage and accessing intrinsic motivation.

## Oklahoma Builds a Skilled CCBHC Workforce

The Child and Family CCBHC Learning Community, led by NASMHPD, the [National Council for Mental Wellbeing](#), and [The Institute for Innovation and Implementation at the University of Maryland](#), recently

hosted a session showcasing Oklahoma's workforce investments and innovative planning to build a skilled CCBHC workforce.

The Oklahoma System of Care (OKSOC) believes that the key to improved outcomes for children, youth, young adults, and families is continuous job-embedded learning for staff. Sheamekah Williams, Director of Children, Youth and Family Services with the [Oklahoma Department of Mental Health and Substance Abuse Services](#), and Josh Cantwell, Chief Operating Officer and Larry Smith, Chief Executive Officer with [GRAND Mental Health](#), spoke on several different ways Oklahoma is leveraging its workforce and creating opportunities to include coaching and on-the-job training, onboarding strategies, a focus on communities of practice, using platforms to make data-informed decisions, and creating Medicaid billable job opportunities. OKSOC has been able to maintain and enhance fidelity to evidence-based practices, find and address any challenges, celebrate successes, and plan and forecast to identify trends and needs. [Click here to watch this session](#) and learn more about Oklahoma's workforce development. This session was hosted by the [CCBHC-E National Training and Technical Assistance Center](#) and was funded by the Substance Abuse and Mental Health Services Administration (SAMHSA).

## Oklahoma's Grand Lake Mental Health Center iPad Program

Oklahoma creatively used their Transformation Transfer Initiative (TTI) 2020 funds for the Mental Health Association of Oklahoma to identify needs among the homeless population through street outreach, and they leveraged other State funding to purchase tablets to ensure access to services. Through this program that connects to providers through a partnership, they have connected at risk people with resources already downloaded on the tablet and crisis specialists that can be reached when in need. In addition, OK providers have given tablets to law enforcement, allowing them to hand a tablet to someone in crisis for them to talk face to face with a crisis informed specialist. To ensure sustainability of the initiative, they plan to use evaluation methods and cost savings to justify budget proposals for the future. Tablets can be quite inexpensive, in some cases priced at \$60 per tablet. For more information read the #CrisisTalk article here. Please contact Jackie Shipp, Senior Director of Treatment, Oklahoma Department of Mental Health and Substance Abuse Services at [JShipp@odmhsas.org](mailto:JShipp@odmhsas.org) for more information.

This National Association of State Mental Health Program Directors Research Institute (NRI) report presents the findings of an independent evaluation of Grand Lake Mental Health Center's (GLMHC) Grand Response Access Network on Demand Model (GRAND Model). The purpose is to establish the evidence-base for producing the following outcomes: reduction in inpatient hospitalizations among adult GLMHC clients; increase service utilization among adult GLMHC clients, and cost savings from decreased inpatient hospitalizations and use of law enforcement.

## Wisconsin's Emerging Leaders Program

[Wisconsin's Emerging Leaders Program](#) is a six-month program designed to prepare the next generation of behavioral health leaders in the African American, Hispanic/Latinx, Asian, Middle Eastern/Northern African, Native American/Alaskan Native, and LGBTQ2S+ communities. Established leaders from these respective communities developed the curriculum for the program, which focuses on cultural and community traditions, strengths, resources, and challenges. The Department of Health Services (DHS), Division of Care and Treatment Services (DCTS) believes that it is crucial to increase the representation of diverse groups among behavioral health leadership and address inequity within the behavioral health workforce to improve access and quality of services across the state of Wisconsin.

This project is a unique opportunity for DCTS to learn from, train, and foster individuals from underrepresented populations and apply it to the behavioral health workforce. The program encourages Emerging Leaders to illustrate areas of their choosing within their communities and present methods of how to address those concerns in a final project. Emerging Leaders attend immersion sessions and booster sessions, undertake their projects designed to further their skills and success in the behavioral health field and introduce that project at the graduation ceremony. All training and graduation sessions begin and end with a ceremonial cultural experience to promote learning about each other's culture. This workforce development initiative builds diversity and capacity by providing professional development and mentorship to individuals from minority populations who are early in their careers and seeking to improve leadership skills in their professional future. Please contact Allison Weber at [Allison.weber@dhs.wisconsin.gov](mailto:Allison.weber@dhs.wisconsin.gov) for additional information on the Emerging Leaders Program.



NASMHPD (2023). Workforce Resource Document (2nd ed.)