NATIONAL COUNCIL for Mental Wellbeing

USF CJMHSA TAC Workforce Solutions Webinar

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MORNING CONSULT

IMPACT OF COVID-19 ON BEHAVIORAL HEALTH WORKFORCE

National Council for Mental Wellbeing

SEPTEMBER 2021

Key Findings

National workforce shortages

- Challenges with recruitment and retention
- Staff burnout
- Administrative burden

Demand for services is increasing

- Rates of MH and SU are high and rising
- Waitlists are growing
- Increased client severity and caseloads

58% "My waitlist for clients is longer than it has ever been in the past."

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Treatment Demand

- During the pandemic, 4 in 10 adults in the U.S. have reported symptoms of anxiety or depressive disorder, up from 1 in 10 adults who reported these symptoms in 2019.
- Over 107,000 drug overdose deaths occurred in the U.S. in the 12 months ending in April 2021, a 28% increase from the same period the prior year.
- In 2021, more than a third (37%) of high school students reported they experienced poor mental health during the COVID-19 pandemic, and 44% reported they persistently felt sad or hopeless during the past year.
- Rates of suicidal ideation are highest among youth, especially LGBTQ+ youth. In September 2020, over half of 11-17-year-olds reported having thoughts of suicide or self-harm nearly every day of the previous two weeks. In 2022, 45% of LGBTQ youth seriously considered attempting suicide.
- Nearly half of all Black, Hispanic, Asian, Native American, and LGBTQ+ individuals say have personally experienced increased mental health challenges over the last year, but few received treatment.
- Black and Hispanic people were less likely to receive behavioral health services compared to the general population and deaths by suicide are historically higher among communities of color.

Workforce Crisis

- Nearly half of US Population 47% or 158 **million** people live in a mental health professional shortage area.
- In 2020 39% of Medicaid enrollees were living with mental health or substance use challenge.
- Incidence of mental health and substance use conditions nationwide have **risen significantly** from pre-pandemic levels.
- Increased demand is causing patient **waitlists to grow.**
  - 60% of organizations say their waitlist has grown in the last 3 months.
  - A 17% increase in demand since February 2021.
- Organizations are having trouble **recruiting and retaining employees.**
  - Nearly all (97%) organizations say it's difficult to recruit, with ¾ saying it's very difficult.

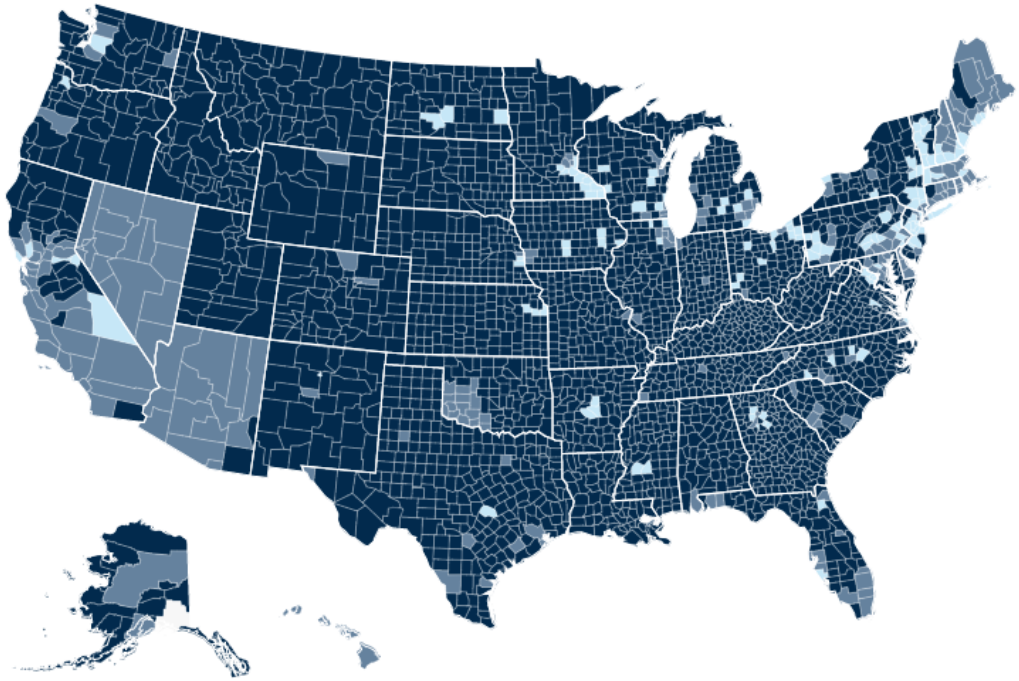
Source: 2022 Access to Care Survey by the Harris Poll on behalf of the National Council for Mental Wellbeing, and surveys from the National Council and Morning Consult on the impacts of COVID-19.

Lack of Diversity among Workforce

- Recent data from American Psychiatric Association indicates only 2 percent of the estimated 41,000 psychiatrists in the U.S. are Black, and just 4 percent of psychologists are Black.
- On college campuses, close to 61 percent of counseling center staff are White, and 13 percent are Black, according to a 2020 Association for University and College Counseling Center Directors survey.

https://www.insightintodiversity.com/addressing-the-lack-of-black-mental-health-professionals/

Workforce Crisis and Access to Care



None of county is shortage area | Part of county is shortage area | Whole county is shortage area

Source: data.HRSA.gov, July 2022.

Solutions

Three Policy Briefs

1. Policy, Financial Strategies, and Regulatory Waivers
2. Clinical Care Delivery Models and Digital Solutions
3. Strategies to address Diversity, Equity, and Inclusion

Key Recommendations

Policy	Organization	Enhancing DEI in the Workforce
Leverage innovative financing	Disruptive innovation	Engage BIPOC in strategic efforts
Promote loan repayment	Enhance the workforce pipeline	Use data to understand needs
Reduce regulatory barriers	Partner with HR	Build DEI in workforce efforts
Extend telehealth policy reforms	Reduce administrative burden	Address structural barriers
Leverage peer support	Invest in training support	
Measure the impact of workforce shortage	Support apprenticeship opportunities	
Invest federal relief funding in workforce efforts	Increase entry-level employment	

CA implemented a comprehensive approach to diversifying the health workforce - **California Future Health Workforce Commission.**

CO: Proposed budget through American Rescue Plan Act (ARPA) of $280 million to strengthen the workforce and enhance rural sustainability focusing on stabilizing the workforce crisis; increasing quality through training; creating career paths and investing in rural providers. LINK

Key Recommendations

- Investment in National Health Service Corps, Behavioral Health Workforce Education
- Minority Fellowship Program
- Promotion of the mental well-being of frontline Healthcare workforce
- Launch of 988 crisis response and strengthen community-based crisis response
- Expanding tele/virtual options
- More health services for justice involved populations
- Focus on children and youth prevention (ex. Schools)
- Use of MHFA to support professionals across the social and human service fields
- Expand funding and support for CCBHC adoption

Figure 1

Key Medicaid Strategies to Address Behavioral Health Workforce Shortages in place or planned as of FY2022

Increasing Rates

Nearly two-thirds of responding states reported rate increases

Reducing Burden

Most responding states reported at least one strategy to reduce provider administrative burden

Extending Workforce

Almost all responding states report at least one strategy to extend the workforce

Incentivizing Participation

For example, most responding states reported prompt payment policies.

SOURCE: Behavioral health supplement to the annual KFF survey of state Medicaid officials conducted by Health Management Associates, October 2022

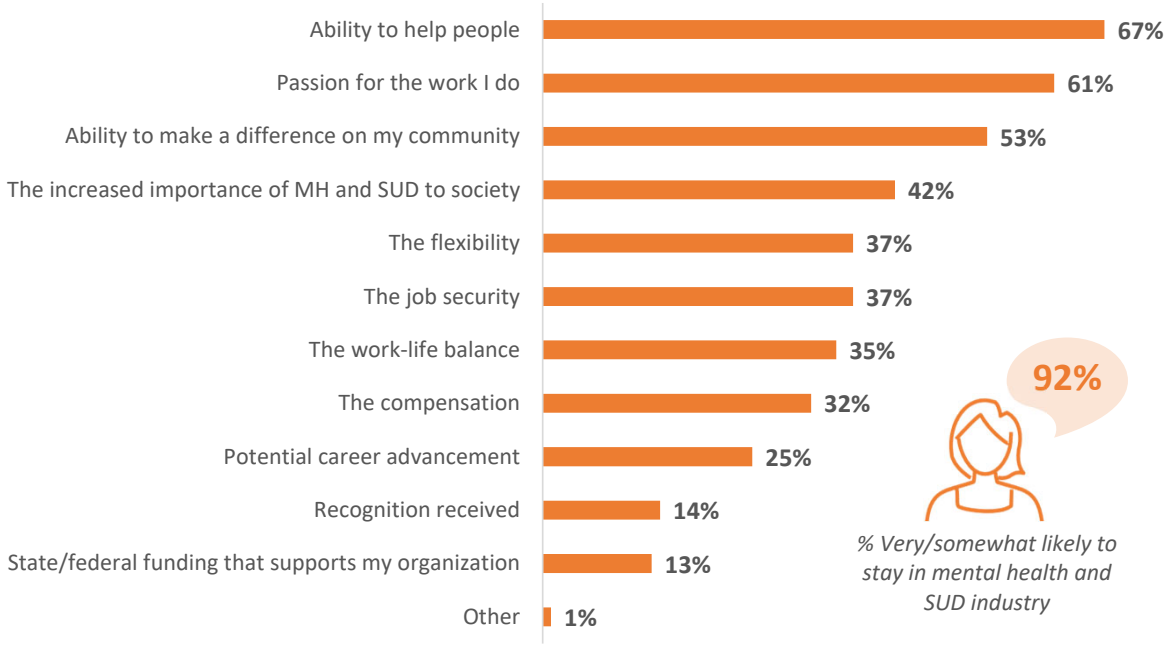
KFF

Ability to help people and passion are top reasons to stay in the industry, something that is unwavering for most

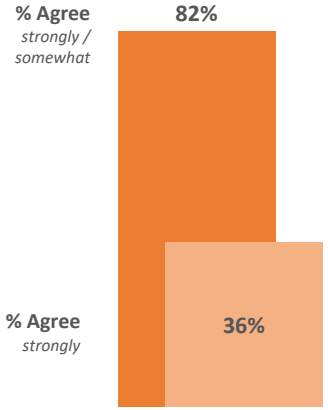
Three-quarters say their investment in their career is too extensive to leave the industry now.

Influencers on Likelihood to Stay in Mental Health and SUD Industry

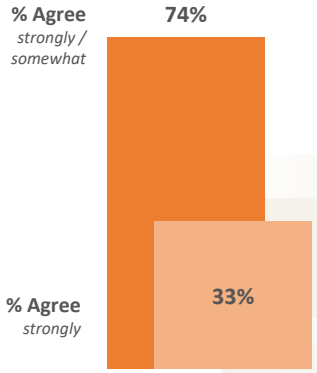
(among those likely to stay)



% Very/somewhat likely to stay in mental health and SUD industry



"My passion for working in the mental health and substance use disorder industry is unwavering."



"I have invested too much in my career to leave the mental health and substance use disorder industry now."

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BASE: LIKELY TO STAY IN MENTAL HEALTH AND SUBSTANCE USE DISORDER INDUSTRY (n=695)
Q917: Which of the following influence your likelihood of staying in the mental health and substance use disorder industry? Please select all that apply.
BASE: ALL QUALIFIED RESPONDENTS (n=750)
Q925: How much do you agree or disagree with each of the following statements?

92%

% Very/somewhat likely to stay in mental health and SUD industry

87%

% Very/somewhat likely to recommend working in mental health and SUD

33%

*Of mental health and SUD employees spend **a majority** of their weekly hours on administrative tasks*

80%

Say their life has been negatively impacted by their work in some way

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Number one ask of legislators related to mental health and SUD…

"I do not believe those working in this field are considered as financially important as other fields; if compensation was better there would be less turn over and more consistency from providers to meet the increasing severity of mental health needs within our communities."
Clinical Position
Pennsylvania

To put a cap on how many patients a provider can see daily
Registered or Advanced Practice Provider
Connecticut

We do not have enough resources in the state. The funding that is going towards mental health is not going to the places with the highest need. They need to come and talk to the rural areas, the people who are working on the front lines and really see what resources and support we need.
Patient Navigator
New Hampshire

"We need more facilities. All facilities need updating."
Supportive Service Position
Illinois

"To make sure we can provide clients a safe place to go when they complete treatment. A lot of clients end up in shelters or back on the streets which contributes to relapse Re entry into a program and even death from over dose"
Front Desk
New York

"Make services more widely and readily available to disadvantaged populations with a societal effort to destigmatize the patients."
Other Position
California

"Please understand the relationships between trauma and substance use disorder, and that these are our neighbors and members of our communities. We cannot forget their humanity, and they deserve resources and respect."
Therapist/Licensed Clinical Social Worker
Pennsylvania

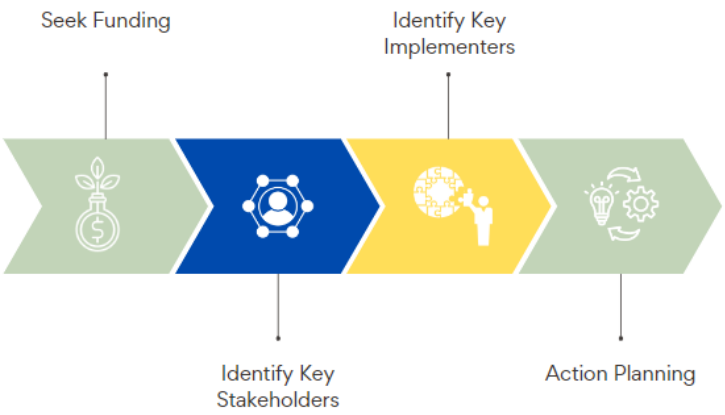
"More finance and training for other public service workers like law enforcement to acknowledge and understand mental health and substance abuse issues to appropriately address individuals needs."
Clinical Position
Oklahoma

"Less college time more hands on experience. More training aids more awareness of clinics for Mental disorders earlier diagnoses."
Other Administrative
Ohio

"Drop student loans, pay more."
Care Coordinator/Manager
New York

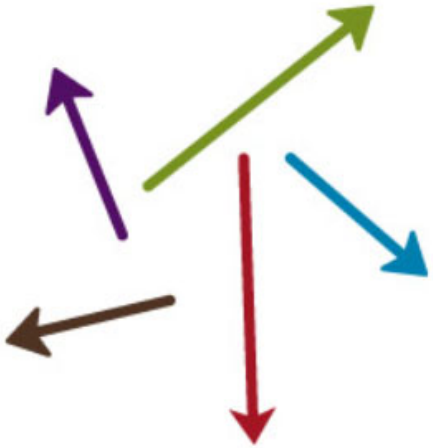
BASE: ALL QUALIFIED RESPONDENTS (n=750)
Q605: If you could speak to legislators or decision makers, what would your number one ask related to mental health and substance use disorder care be?

Enhancing the Behavioral Health Workforce



Current State

- Multiple convenings on workforce crisis and identification of challenges
- Multiple sets of recommendations for short-term and long-term solutions
- Organizations working on specific areas or efforts
- In some cases, there is limited action occurring post recommendation setting



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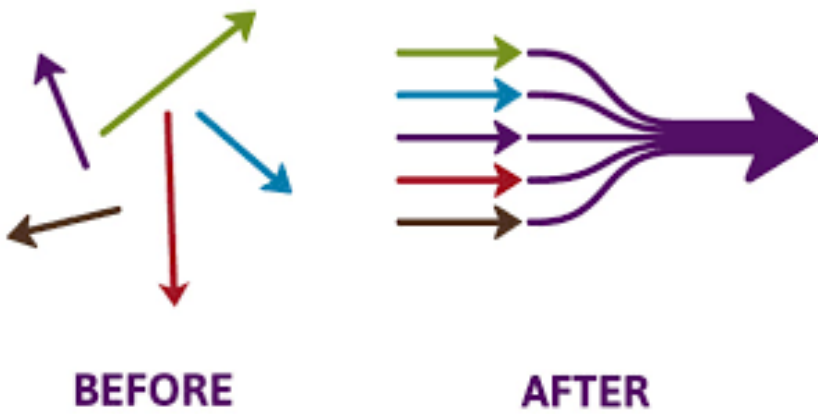
Potential Approach to Drive Action



Moving to ACTION

- Determine shared priorities
- Engage organizations in working together
- Leverage various strengths across partners
- Reach more areas of work through collective effort

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Using Collective Impact for Workforce

- Facilitate process for identifying shared priorities, shared measurement of efforts
- Organize and support working groups and support connection to organizations/partners with reinforcing activities
- Provide communication and connection between partners
- Identify and seek funding to support a collective effort

Common Agenda
- Shared vision for change
- Common understanding of the problems

Shared Measurement
- Collecting data and measuring results
- Shared accountability

Mutually Reinforcing Activities
- Differentiated approaches
- Coordination through joint plan of action

Continuous Communication
- Consistent and open communication
- Focus on building trust

Backbone support
- Lead organization with role of support
- Resources and skills to convene and coordinate participating organizations

Draft Framework

REGULATORY CHANGES PRIORITIES

Key			
Now	Next	Future	Partner activities
+			Lead Implementer

		Key Implementers					Potential Risks
		Regulators	States, Counties	Payers	Providers	Individuals and Families	
REGULATORY CHANGES							
Recommendations	**Sample Activities**						
1. Work with SAMHSA and CMS to minimize intake requirements that reduce access to care	*Create parity of front door expectations for behavioral health with health care. Refine standard requirements for psychosocial assessment at intake to allow for more person centered approaches, symptom reduction and engagement.*	✓+	✓+	✓	✓	✓	• *States don't adopt changes* • *Payers or providers maintain status quo for desire to have data.* • *Training of providers to adapt practice to routine updates of service planning rather than periodic* • *Too much time is taken in design and change to impact workforce (waivers or pilots could be a solution)* • *Information regarding changes is not spread quickly*
2. Work with CMS to remove requirement for separate service plan for BH and create parity in documentation	*Remove separate service planning requirement for specialty behavioral health and allow for behavioral health to document a plan and next steps similarly to other health care settings (such as SOAP notes which results in more robust updates to the service plan at each session.*	✓+	✓+	✓	✓	✓+	
3. Work with accrediting organizations (CARF, Joint Commission) to adapt intake requirements	*Parity of BH entrance to care is paramount in reducing administrative burden AND improving quality and experience of care. Initial intake aimed at symptom reduction versus history gathering can be a win for providers and patients.*	✓+	✓+	✓	✓	✓+	

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Discussion

What are the key issues you are seeing related to the workforce?

What priorities are you working on in each of the six areas of the framework?

What partnerships or innovations are you seeing to address the workforce?

Who are the main influencers to address the workforce crisis and who is missing from the discussion?

Resources

- Center of Excellence for Integrated Health Solutions – Resources Page
- Substance Use Education Practice-National Council
- 2022.02.07_NC_AABHCoE_Addressing-Access-to-MH-and-SU-Services_Toolkit.pdf
- Policy Briefs
- Guiding Principles for Workforce Development
- Medicaid Strategies to Address Workforce Shortage - KFF