Growing and Strengthening the Behavioral Health Crisis Response Workforce

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Background
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• Workforce shortages are widespread and negatively impact employee, organizational, and patient outcomes
• Greatest shortages are seen among social workers and within mobile crisis teams
Methodology
Methodology

• Conducted a review of the literature relative to the behavioral health workforce
• Completed seven case study interviews

Limitations
• Not all states and territories were interviewed
• There is a dearth of empirical crisis-specific workforce research, therefore general information on the behavioral health workforce was included
Highlights and Recommendations

Lance Washington, MA
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• Workforce **shortages exist among most behavioral health positions and across all crisis response service settings** including call centers, mobile crisis teams, and crisis centers.

• **Low pay and funding barriers** present the largest challenge to recruiting and retaining the behavioral health crisis workforce.

• **Utilizing paraprofessionals including peer support professionals and bachelor-level staff, with appropriate supervision** across crisis response components may improve access to care for individuals in crisis.
• Promoting the work of master and doctoral level clinicians and psychiatrists to perform functions that require licensure and supporting multidisciplinary teamwork can help extend capacity.

• Diversity, equity, and inclusion (DEI) in the workforce go beyond ideology in the workplace and should be implemented in organizational hiring and selection practices and policies. Diversity in the workforce is linked to positive client outcomes.

• Championing employee wellness including reducing burnout, providing employees with flexible schedules, and reducing administrative burden are critical factors in retaining a qualified workforce.
• **Leveraging data** can create a more diverse workforce, better understand the sociodemographic characteristics of communities being served, and improve patient-provide concordance.

• **State-operated systems face unique barriers** including slower job posting and approval processes and lower and less competitive wages than private systems, which may hinder initiatives to grow and strengthen the behavioral health crisis response workforce.
Recommendations

(1 of 2)

• Work with the Centers for Medicare and Medicaid Services (CMS), state Medicaid offices, and private insurers to increase the reimbursement rate.

• Leverage a broader spectrum of providers across the crisis continuum, including specialized behavioral health practitioners.

• Utilize existing data to make more informed organizational decisions and create data sources for more robust analyses of employees and individuals served.
• Apply an intersectionality lens to the organizational framework, including hiring candidates from diverse backgrounds and with unique lived experiences that reflect the communities of individuals served to improve supports for them

• Remove barriers to hiring peers in crisis settings.

• Establish programs that champion employee wellness, prevent burnout, and help employees navigate stressful workplace scenarios within crisis response work settings.

• Leverage technology across the crisis continuum, including for crisis response.
Strategies for Improvement

Recruitment, Retention, and Employee Wellness
Recruitment Strategies

- Increase employee salaries and compensation
- Offer recruitment bonuses
- Offer scholarships, loan forgiveness, and loan repayment
- Improve the education-to-employee pipeline through academic partnerships
- Highlight competitive long-term benefits such as retirements and pensions offered to government employees
- Use targeted recruiting strategies (e.g., job fairs at Historically Black Colleges and Universities, Native American reservations, older adult community practices, etc.)
Retention Strategies

- Increase Medicaid and private insurance reimbursement rates
- Offer more mentorship opportunities
- Improve organizational culture centered around employee-specified needs and cultural competence
- Provide specialized training and development to increase knowledge, skills, and abilities specific to working in a crisis response setting
- Use learning management systems (LMS) to house trainings and track employee trainings and development
- Utilize technology and telehealth to extend the reach of the workforce and increase the ability to hire providers with appropriate licensure across state lines
- Connect with behavioral health workforce centers for resources and evidence-based approaches to workforce development
Employee Wellness Strategies

- Build an **employee wellness planning and implementation taskforce**
- Conduct a **needs assessment** to highlight employee needs in the workplace and develop improvement strategies and interventions around the most salient needs
- Complete **stay interviews** to identify the characteristics and mechanisms/tactics of employees currently excelling within the crisis response framework
- When hiring, ensure a **good person-environment fit** at various levels including person-job, person-team, and person-organization
- Address the **risk factors for poor employee wellness** including underutilization of skills and training, poor working environments and organizational culture, inflexible schedules, job insecurity, and limited career development.
- Use **behavioral health mobile applications** to reduce stress and improve coping mechanisms among the crisis response workforce
WORKFORCE CAPACITY: Crisis Infrastructure

**Someone to Call**
- Crisis calls via 9-8-8
- Available 24/7 for calls, text and chat
- Peer-run warm lines offering callers emotional support, staffed by individuals who are in recovery themselves

**Someone to Respond**
- Mobile crisis available statewide
- Coordinate with 9-1-1/EMS as appropriate
- Co-responder Models
- Outpatient community provider response

**A Safe Place to Go for Crisis Care**
- Crisis stabilization units (voluntary or involuntary)
- Crisis walk-in centers
- Peer-run respite
- Detox and Substance Use Disorder (SUD) treatment
- Inpatient/acute beds
- Outpatient crisis interventions
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Practice Policy
Practitioner Policy
Workforce Compensation
Workforce Pipeline
Data-Informed Workforce
WORKFORCE CAPACITY: Practice Policy

- CSU/MCRS Telemedicine Protocols
- MCRS Team Structure:
  - Flexibility in Team Pairings
  - Specialties
    - Youth
    - ASD
    - IDD
- CSU:
  - Staffing:
    - Waivers
    - Design Reconsiderations
  - Specialties
WORKFORCE CAPACITY: Practitioner Policy
Georgia’s CHW Considerations

- A Community Health Worker (CHW) is a person who is trained in health and has knowledge of the community.
- CHWs work with community leaders and residents to enhance health outcomes.
- CHWs can help in policy development and implementation.
- CHWs are often trained in areas such as health education, case management, and community organizing.
WORKFORCE CAPACITY: Compensation

- Rate Study Commissioned by Legislature
- Result:
  - System needs ~$17M for Medicaid State Matching Funds
  - System needs ~$22M for State Funds for supporting the Uninsured
- Conversations Underway - ?
WORKFORCE CAPACITY: Compensation

Community BH Centers
- Unit-based
- FFS

CCBHC
- PPS-1
- Including Crisis Walk-in (24/7), Temp Obs, Outpatient Crisis (in-home and clinic-based)
- DCO- Call Center & MCRS

Workforce Compensation
WORKFORCE CAPACITY: Pipeline

2022 Legislature: $10M in New BH Loan Forgiveness Program
- GA’s Student Loan Commission
- Service cancelable loan (SCL) program
- Effective July 1, 2023
- For students enrolled at an Eligible Postsecondary Institution
  - Matriculated status
  - Public/Private Institutions
  - Behavioral Health advanced degree
- Awards:
  - Annual award maximum: $20,000 full-time or $10,000 part-time
  - Maximum aggregate limit: $120,000 with 6 years of eligibility
- Work one full year in field in Georgia to qualify for a one-year loan to be service canceled

On the Horizon:

- Currently proposed legislation may sweep in currently working staff
- Senate Study Committee: Looking at global workforce
WORKFORCE CAPACITY: Pipeline

Certified Peer Specialists:

Additional Training Events (3+)

Psychiatrist Residency Program:

Including Behavioral Health Crisis Center rotations
WORKFORCE CAPACITY: Data-Informed
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