

Growing and Strengthening the Behavioral Health Crisis Response Workforce

Lance Washington, M.A.

Veterans Affairs, Stanford University

Robert Shaw, M.A.

NRI

Wendy Tiegreen, M.S.W.

Georgia

Dale K. Adair, MD, LFAPA

Pennsylvania

Background

Background

- 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

Veterans Affairs, Stanford University

Highlights

(1 of 3)

- **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.

Highlights

(2 of 3)

- **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.

Highlights

(3 of 3)

- **Leveraging data** can create a more diverse workforce, better understand the sociodemographic characteristics of communities being served, and improve patient-provider 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.

Recommendations

(2 of 2)

- **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

Crisis Workforce Maximization

BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities

NASMHPD Annual Conference

Wendy White Tiegreen, MSW

July 2023



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

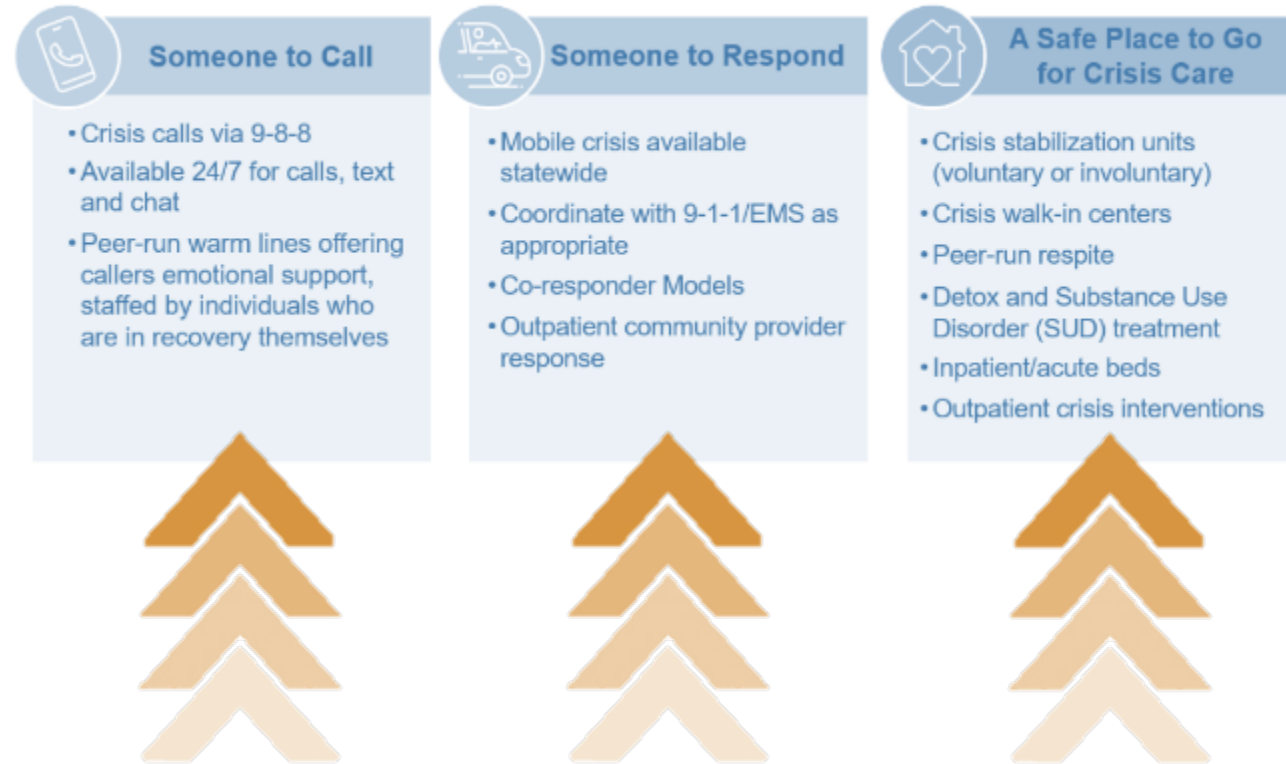


A Safe Place to Go for Crisis Care

- 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



WORKFORCE CAPACITY: Crisis Infrastructure



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

A vertical stack of seven upward-pointing chevrons in varying shades of gold and brown. A central gold chevron is highlighted with a rounded rectangular box containing the text "Practice Policy".

Practice Policy

CRISIS SYSTEM





Practitioner
Policy



Community
Health
Workers

Georgia's CHW Considerations

- A **Community Health Worker** is a trained and certified individual who is a member of the community and is able to assist in the promotion, improvement, and protection of the health of the community. CHWs are often the first point of contact for many individuals in the community and play a vital role in the delivery of health care services.
- CHWs are trained to provide health education, health promotion, and disease prevention services. They are also trained to provide case management, health care navigation, and patient advocacy services. CHWs are often employed by community-based organizations, health care organizations, and government agencies.

WORKFORCE CAPACITY: Compensation

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Workforce
Compensation

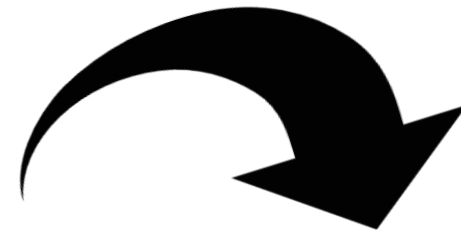
- Rate Study Commissioned by Legislature
- Result:
 - System needs ~\$17M for Medicaid State Matching Funds
 - System needs ~\$22M for State Funds for supporting the Uninsured
- Conversations Underway - ?

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 CAPACITY: Pipeline



Workforce
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 parttime
 - 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

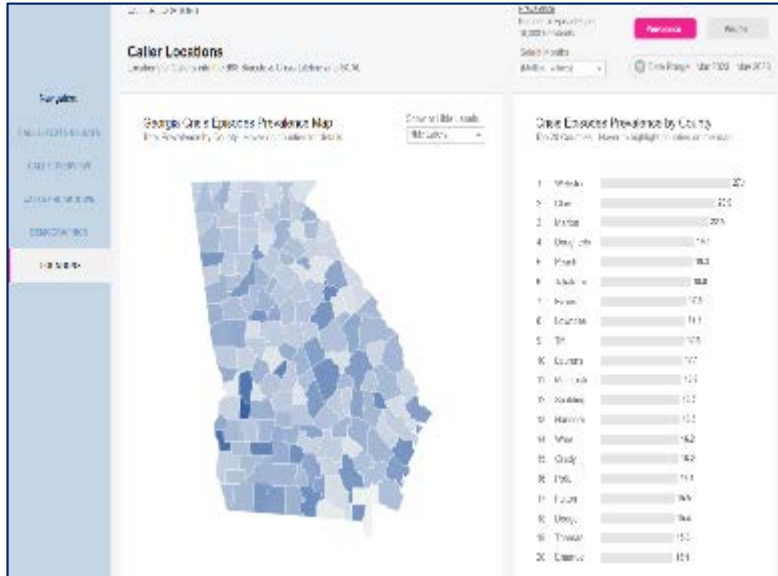
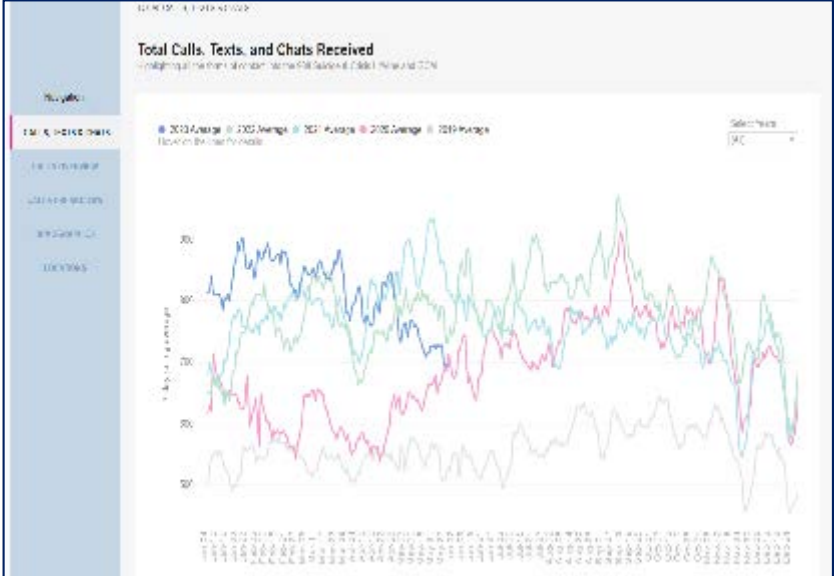
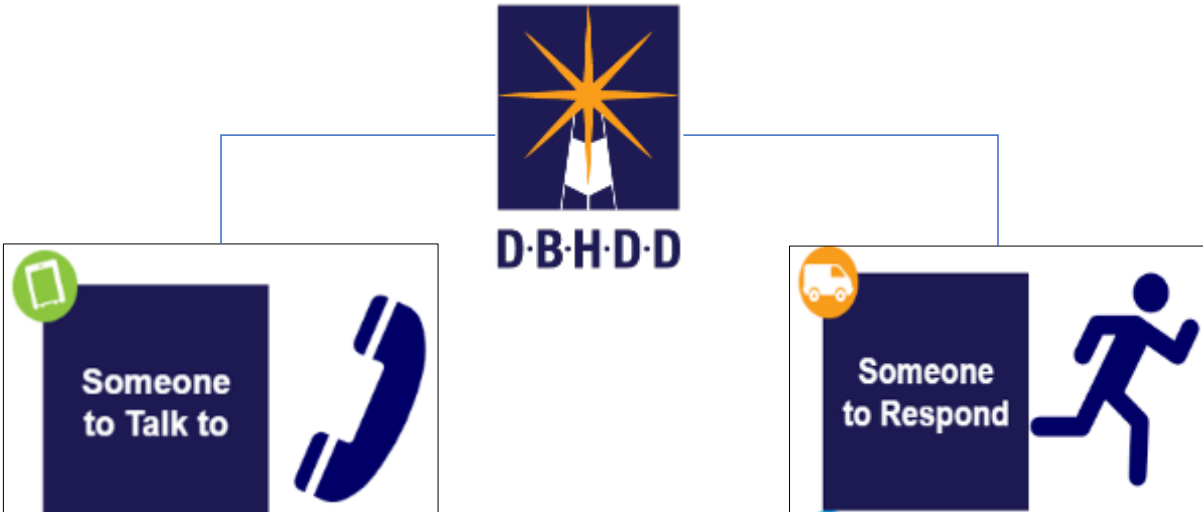


Workforce
Pipeline

Data Informed Workforce

WORKFORCE CAPACITY: Data-Informed

988ga.org



Dale K. Adair, MD, LFAPA

Pennsylvania