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WHO WILL DO THE WORK?

Strengthening the Children's Behavioral Health Workforce to Meet Families' Increasing Behavioral Health Needs

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OVERVIEW

The children's behavioral health workforce is being stretched to its limit, and urgent action is needed to strengthen and expand this critical resource for children and families. Prior to the pandemic, it was estimated that 1 in 5 children in the United States met the criteria for a mental health condition each year.[1] The pandemic has resulted in rising rates of anxiety and depression among children, particularly among the most vulnerable families, increasing the need for services and exacerbating longstanding strains on the behavioral health system and its workforce.[2]

State and national leaders, in response to demand from families, advocates, and providers, have acknowledged the children's behavioral health crisis. **In Connecticut, recently passed legislation will fund an expansion of services**, such as additional inpatient beds, new acute and sub-acute levels of care, and extended hours for Mobile Crisis services. This investment in direct care is critical to closing the gap between needs and available services, especially among the state's most vulnerable children. **Services, however, cannot be implemented and sustained without a proportional investment in the behavioral health workforce.**

This Policy Brief explores Connecticut's behavioral health workforce crisis and presents recommendations for recruiting, retaining, and diversifying the workforce to fully meet the needs of the state's children.

WHO IS THE BEHAVIORAL HEALTH WORKFORCE?

SAMHSA* includes the following professions as primary members of the behavioral health workforce:

- Addiction counselors
- Advanced practice psychiatric nurses (APRN)
- Certified prevention specialists
- Marriage and family therapists
- Mental health/professional counselors
- Paraprofessionals (e.g., case managers, homeless outreach specialists, or parent aides)
- Peer support specialists
- Psychiatric aides and technicians
- Psychiatric rehabilitation specialists
- Psychiatrists
- Psychologists
- Recovery coaches
- Social workers

Substance Abuse and Mental Health Services Administration
https://www.samhsa.gov/workforce#

THE CHILDREN'S BEHAVIORAL HEALTH WORKFORCE IS STRETCHED TOO THIN

Connecticut has significant strengths in its children's behavioral health system, including its youth mobile crisis services and its availability of evidence-based treatments in home, community, and school settings. **However, community-based behavioral health providers face a growing number of challenges,** including an overall staff shortage, competition with national and local private practice providers, significant increases in the cost of staff benefits, and insufficient diversity among staff. A 2018 report ranked Connecticut among lower-performing states regarding the number of mental health workers compared to population need, with 52% of state residents living in an area that qualified as a designated "Mental Health Professional Shortage Area."[3] This was prior to the rise in behavioral health needs and workforce shortages during the pandemic.

The pandemic gave rise to new opportunities for clinicians while simultaneously adding stress to the workforce. Increased demand for, and access to, telehealth allowed Connecticut-based clinical staff to provide virtual services through their existing employer and increased the presence of national private companies serving Connecticut's families. The significant expansion of telehealth services helped families by increasing safe access to behavioral health care during the pandemic.[4] It has also allowed clinicians to work from home, often for higher pay, with less acute clients whose families have the means to pay for such services. Although some of these changes have benefited behavioral health clinicians and clients, they have exacerbated recruitment and retention challenges for community-based providers, threatening access to care for the most vulnerable children and families.

INVEST IN BEHAVIORAL HEALTH PROVIDERS

Increase Reimbursement Rates. Clinicians at non-profits serving primarily lower-income families are typically paid less than those at private practices or national teletherapy companies serving clients who can pay deductibles and co-pays out of pocket.[5] **Behavioral health agencies in Connecticut reported a 21% vacancy rate in 2021[6], putting pressure on the remaining workforce to meet the needs of families seeking services.** This contributed to burnout and staff turnover. Many outpatient clinicians in Connecticut carry caseloads of 60 to 80 children or more to meet high productivity requirements for weekly billable sessions.

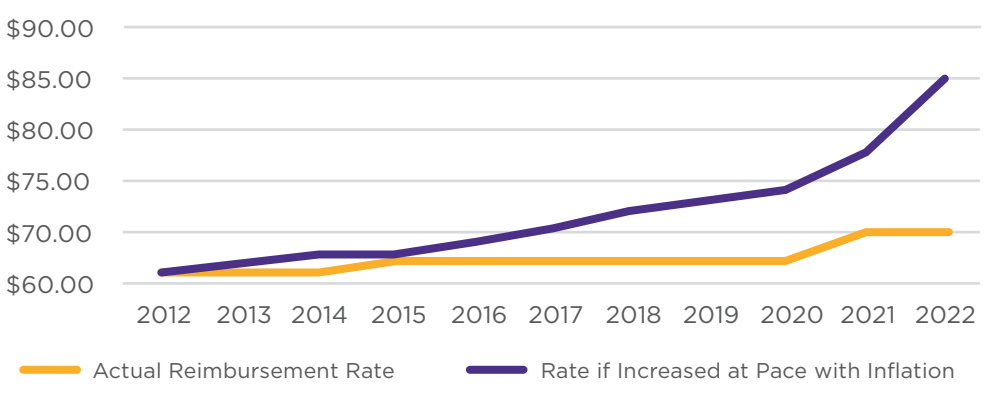
To be competitive, public and private insurers and state agencies that provide grant funding must pay for the *actual cost* of quality services, including fair wages, to attract and retain clinicians. Rather than setting increasingly high caseloads and productivity requirements for providers to make ends meet, reimbursement rates should be tied to an effective model of care, including reasonable caseloads, associated administrative and client management work, and professional development time. Performance-based incentives or enhanced reimbursement rates should be part of rate reviews, such as paying more for delivery of EBTs and/or meeting child outcome benchmarks. Connecticut recently increased its Medicaid reimbursement rates for some services by 4%, but this falls short of the increase in costs from inflation alone.

As shown in Figure 1, between 2012 and 2021, Medicaid reimbursement for a 45-minute therapy session increased from $66.25 to $70.23 (inclusive of the recent rate increase). If adjusted for inflation, during the same time period, the rate would now be $85.18.[7]

The lagging growth in reimbursement compared to inflation effectively reduces 2021 annual reimbursement payments by over $17,000 per clinician (assuming 24 sessions per week). In turn, **salaries have not kept up; between 2012 and 2021, median wages for those in behavioral health and social service professions in Connecticut grew by 25.3%, while wages across occupations overall increased by 30.9%.**[8] Rapidly increasing inflation this year will further widen the gap between current reimbursement rates and rates that allow competitive salaries in a tight job market. Connecticut is again in the process of reviewing its Medicaid reimbursement rates for behavioral health services, which provides an opportunity to close the gap between reimbursement and actual costs for an effective model of care. Oregon offers a potential model for action; the state recently authorized increases in Medicaid reimbursement for behavioral health services averaging 30%.[9]

Offer recruitment and retention incentives. In addition to increasing reimbursement rates, the state can support community-based providers by funding recruitment and retention incentives, such as sign-on and longevity bonuses and loan repayment programs. Recent state legislation expanded loan repayments to include behavioral health professionals, but a broader investment will be needed to meet the needs of the workforce. Models from other states may offer strategies for Connecticut; Oregon recently dedicated $7.5 million specifically for incentivizing recruitment and retention of behavioral health staff working with high acuity clients[10], and Massachusetts is providing $20 million in loan forgiveness programs specific to the behavioral health workforce.

Fig. 1: Actual Medicaid Reimbursement Rate vs. Rate if Increased Proportionally to Inflation (45 minute outpatient therapy session)



MOVE UPSTREAM AND DIVERSIFY THE PIPELINE

The behavioral health workforce in Connecticut is not reflective of the diversity of the children and families it serves. **Among licensed behavioral health professionals, approximately 80% are White, with 6% identifying as Hispanic/Latinx and 15% identifying as Black or African American.[11] In contrast, only about 50% of the child population in the state identifies as White Non-Hispanic.**[12] To staff the behavioral health workforce sufficiently and better meet the needs of children in the state, we must recruit more individuals and a more diverse group into the field.

Start the Pipeline Early. Connecticut's recent investment of $35 million in workforce development for nursing and social work (including tuition incentives for low-income students and students of color), as well as enhancing partnerships between higher education and employers, will pave the way for an improved behavioral health workforce pipeline. To generate interest in behavioral health careers, investments should engage high school students and continue through AA, BA, and graduate programs. For example, Nebraska's "Ambassadors Program" recruits students into the behavioral health field beginning in high school, offering group and individual mentorships and peer support continuing through college, graduate school, and residency.[13] To diversify the pipeline, high schools, colleges, and universities with higher enrollment of students of color or bilingual students should be prioritized.

Grow Entry Level Pathways and Utilize Task Shifting. In its 2011 report, the Connecticut Workforce Alliance on Behavioral Health developed a "blueprint" associated with various behavioral health professions, including education and licensing requirements, average salary, and related higher education programs.[14] An updated "blueprint" is needed given the rapidly changing landscape of behavioral health in the past few years, especially one that identifies entry-level pathways and opportunities for career advancement into leadership and administrative roles. To promote more supply and diversity within the field, there should be opportunities for those seeking educational advancement into licensed professions and career entry for those with limited educational attainment (e.g., certification or 2-year degrees). **A 2020 scan found that 32 states plus Washington DC allowed reimbursement for family and youth peer supports; Connecticut was not among them.**[15]

Supporting entry-level pathways for staff roles such as peer support specialists, community health workers, and care coordinators will bring new individuals into the workforce. It also presents an opportunity to improve the cost-effectiveness of services by identifying aspects of licensed clinicians' roles that can appropriately and safely be provided by non-licensed staff while facilitating growth and diversification of the workforce. Additionally, a clear pathway for advancement to managerial and administrative roles may appeal to those seeking opportunities for leadership positions and higher salaries.

Reduce Barriers to Licensing. The current licensing process can be grueling for behavioral health professionals. The time and cost associated with mandatory supervision hours, licensing exams and associated preparatory courses, and the licensing application can deter or even prevent graduates from fulfilling licensure requirements. As Connecticut recently acknowledged through state legislation, these barriers may disproportionately affect graduates who are BIPOC[1] and/or non-native English speakers. PA 22-47 designated scholarships for licensing applicants who meet eligibility requirements in an effort to increase diversity. Continued assessment of opportunities to remove other barriers to licensing, including ensuring sufficient funds to offset licensing costs for all eligible applicants and consideration of removing the exam requirement for social workers (as Illinois recently did), is needed.

Expand Organizational Leadership Engagement. Leaders within community-based provider agencies have an important role to play in recruiting and diversifying staff. Providers should implement recruitment strategies that incentivize applicants from under-represented demographic groups. For example, agency leaders can use job posting sites that intentionally target diverse candidates (including from the local community served), can offer financial incentives such as bilingual stipends, and can promote an organizational culture that prioritizes diversity, equity, and inclusion, and can offer staff training on cultural responsiveness and anti-racism. **The Culturally and Linguistically Appropriate Services (CLAS) Standards provide a blueprint for organizational progress** in this area.[2] Demonstrating a commitment to the community served by building partnerships with local community-based organizations and intentionally focusing on equity within quality improvement efforts both improves services and increases recruitment and retention of staff.[16]

SUPPORT STAFF TO INCREASE RETENTION

High turnover rates have a detrimental effect on the continuity and quality of care,[10] and behavioral health staff are at increased risk for burnout.[17] **Connecticut behavioral health providers reported an average turnover of 39% of staff in 2021.**[6] As staff leave in response to rising caseloads and acuity, caseloads increase for remaining staff, creating a cycle of burnout, turnover, and vacancy. Staff retention can be improved through a variety of strategies to reduce turnover and improve staff wellbeing. It should be noted, however, that increasing reimbursement rates, as discussed above, is critical for retention not only to maintain competitive salaries but also to allow flexibility in budgets and staff assignments to implement the other retention strategies described below.

Reduce Burnout. Research finds that burnout among behavioral health staff can be mitigated when they discuss challenges at work, feel engaged with and heard by leadership,[18] and are able to address underlying needs (e.g., housing or food insecurity) among their clients.[19] Retention strategies are being promoted in other states as well. Tennessee's Behavioral Health Workforce report includes recommendations to offer staff opportunities for peer learning, networking, and sabbaticals.[20]

Burnout is also associated with the extensive paperwork required of behavioral health providers on top of their clinical work. Both efficiency and staff retention can be improved by reducing administrative mandates that divert clinical staff time from treatment to documentation, such as challenging timelines for comprehensive assessments and treatment plan updates. Opportunities to align the requirements of behavioral health staff with those of primary care providers have been offered as a potential starting place for addressing this burden.[21]

To take an assessment on individual or organizational wellbeing, visit the newly launched ProviderWellbeing.org hosted by the Central East Mental Health Technology Transfer Center

Offer Professional Development Opportunities. In a 2021 survey, 60% of community-based providers identified staff training as a top retention strategy.[22] Staff report higher satisfaction in their roles when they feel successful in their interactions with clients.[19] Allotting time and funding for professional development should be prioritized by funders and provider agencies, including in the formulation of reimbursement rates. Connecticut already has a robust infrastructure for training on evidence-based treatments (EBTs)[23] and has access to academic institutions and other experts to support professional development opportunities. Expanding training on topics to serve diverse clients, such as developmental disabilities, intellectual disabilities, substance use disorder, culturally responsive treatment, and working with LGBTQIA youth would improve services and support staff retention.

SUMMARY AND RECOMMENDATIONS

The following recommendations will strengthen the children's behavioral health workforce. These recommendations should be integrated into and aligned with existing groups in Connecticut that are working on this issue, including the Governor's Workforce Alliance, Ready CT, and the Connecticut Recruitment and Retention Learning Collaborative, among others. Specifically, Connecticut should:

1. Develop a comprehensive children's behavioral health workforce strategic plan.

The state can benefit from an inclusive, efficient, and sustainable approach that improves the workforce's supply, retention, diversity, and career pathways. To identify funding, policy, and practice changes, a comprehensive strategic plan encompassing short- and long-term strategies should be developed that is data-driven and informed by multiple stakeholders, including payers, employers, staff, researchers, and families with lived experience.

2. Increase and sustain reimbursement rates.

As rates are assessed, the state must increase funding to meet the actual cost of services, including competitive salaries for community-based providers to attract and retain staff and minimally keep pace with inflation. Reimbursement should be based on a quality model of care, including appropriate caseloads, time for administrative and client-management tasks, and professional development. It should be tied to inflation or other indicators to remain competitive and predictable over time. Some increases in reimbursement rates should be tied to performance, such as providing an enhanced rate for delivery of EBTs or for meeting child outcome benchmarks.

3. Diversify the pipeline.

Build upon the governor's initiative to strengthen the pipeline and increase diversity among social work students by extending the pipeline upstream to high school students and broadening it to other behavioral health professions. Financial incentives, such as tuition support, loan repayments, and sign-on and longevity bonuses, should be expanded and prioritized for students and staff who are bilingual or BIPOC. Barriers to degree programs, licensing, and employment should be identified and addressed to facilitate improved diversity throughout the pipeline.

4. Promote opportunities to task-shift and reduce administrative burdens.

The state should collaborate with providers and higher education to update the blueprints of behavioral health career pathways and expand entry-level opportunities. Openings for entry-level staff can be created by developing new professional tracks (such as peer support specialists or community health workers), identifying appropriate and safe roles to task-shift from licensed staff to these professionals, and enacting changes in coverage and reimbursement policies among insurers as needed to support diversification of the workforce. Additionally, the state should work with providers to identify unnecessary and inefficient paperwork requirements and reduce the administrative burden on staff.

5. Increase opportunities for professional development and training.

For the workforce to have the time to engage in professional development and training, the state should fund the creation and delivery of training and offer financial support to providers to allow staff time for professional development.

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