From: NACBHDD/NARMH <jcunningham@nacbhd.org>
Sent: Monday, November 28, 2022 1:06 PM
To: clarkeross10@comcast.net
Subject: Under the Microscope: October/November 2022

October/November 2022 Issue

NACBHDD National Association of County Behavioral Health & Developmental Disability Directors
The voice of local authorities in the nation's capital

Perspectives on the Behavioral Health Workforce Crisis

How States are taking the lead on solutions

ISSUE

People talk about the behavioral health workforce "crisis". But there are multiple behavioral health workforce crises, reaching all across the continuum of care, so it's important to specify which one you're talking about. There's a shortage of psychiatrists, especially outside urban areas, that makes recruitment and retention of these professionals very difficult for publicly funded behavioral health organizations. There's also a shortage of psychologists, especially those that will accept Medicare, Medicaid or other insurance payments. And, although there are qualified marriage and family therapists and counselors that could fill some of the gaps, current Medicare and Medicaid payment practices limit their ability to help.

There's also a "direct-care" workforce crisis, a shortage of workers to serve people with behavioral health conditions and intellectual and developmental disabilities (I/DDs). As a result, a significant percentage of available positions remain unfilled, and those that are filled often turn over quickly. Direct care workers include positions such as:

- Certified nurse aides
- Direct support professionals
- Home health aides
- Hospice care aides
- Personal care assistants
- Psychiatric aides
- Peer support specialists

So, when it comes to addressing the workforce crisis, it matters a lot which group you're talking about because of the differing situations and needs of the groups.

ANALYSIS

Addressing the shortage of clinical professionals

Chronic shortages among highly trained clinical professionals like these have been on the radar for years. As a result, behavioral health advocates, including NACBHDD, have developed and advanced a variety of strategies. Unfortunately, due to the constantly changing make-up of Congress and the shifting status of behavioral health issues on the national agenda, making sustained progress has been challenging.

However, a recent and unmistakable increase in the incidence of depression and anxiety among adults and children stemming from COVID-related social isolation, increasing numbers of suicides and opioid-overdose deaths, and alarm from continued mass shootings has focused increased public attention on the troubled state of the nation's behavioral health. Thankfully, Congress and the Administration got to work on investigating and addressing the problem. Through the American Rescue Plan Act and COVID-related legislation, the Biden Administration and Congress provided increased funding for many initiatives, including behavioral health, and studied possible solutions to address the workforce crisis.

The most hopeful prospects for workforce relief from Congress are found in the mental health workforce discussion draft issued by the Senate Finance Committee. This draft, released on September 22, is the third of a series of five anticipated committee reports on key mental health issues – which also include youth, telehealth, parity and integration. This draft proposes legislation that would include several key steps to help address the shortage of clinical professionals, including:

- State workforce expansion planning grants, which would allow creation of state demonstration programs that would receive additional Medicaid funding to expand the capacity of mental health and SUD providers in their state.

- Expanded coverage of Marriage and Family Therapist services and mental health counselor services under Medicare Part B, along with improved access to clinical social work services and simplify reimbursement for services by advanced psychology trainees

- Support for 400 new Medicare-funded residency slots a year for training psychiatrists

- Expand eligibility under Medicare's professional shortage areas

Click here for a summary listing of provisions in the Senate Finance Committee report.

Workforce legislation is one of several behavioral health issues that await action following the November 8 midterm elections. The House has already passed a measure reauthorizing SAMHSA programs and block grants, and establishing a crisis coordination center, so workforce legislation could be combined with those, pass as a stand-alone, or included as part of an Omnibus appropriations bill that must be passed to fund government operations.

Even if all of these federal workforce proposals are approved by Congress before year-end 2022, they won't provide all of the needed help anytime soon. Few changes would be enacted before January 2024 and talent pipelines would take additional time to fill.

Addressing the shortage of Direct Care Workers
Direct support professionals/Direct care workers (DSP/DCW), in the behavioral health sector, are those who provide essential services through behavioral health and community mental health systems to support individuals with mental illnesses, substance use disorders, and intellectual and developmental disabilities in a range of settings including their own homes. The core assignments shared by the bulk of DSPs/DCWs include assisting with hands-on personal care, activities of daily living, instrumental activities of daily living, rehabilitation, vocational assistance, and other tasks that contribute to an individual's highest possible level of independence and quality of life. These workers are also essential to the success of Home and Community-Based Services (HCBS) programs that enable disabled people to live in the "least restrictive" environments, namely, communities, whenever possible.
A recent study by the Center for Health Care Services, commissioned in the state of Michigan and titled, *"Forging a Path Forward to Strengthen Michigan's Direct Care Workforce,"* provides a state-level microcosm of the nationwide challenges with the direct care workforce:

- DSPs/DCWs are underpaid due to low Medicaid reimbursement rates and a long-standing undervaluing of the importance of their work.

- Because it is relatively easy for many DSPs/DCWs to find higher-paying and less demanding jobs, recruitment is difficult and turnover is high. Turnover became worse during COVID-19 due to the risk of infection and the need to quarantine.

- Core competencies and work skills for DSPs/DCWs are often poorly defined, and employers do not or cannot invest much in training them. Therefore, these workers often begin their work with less-then-adequate training that results in added stress and difficulty.

- DSPs/DCWs are not valued as professionals within the healthcare sphere, despite their vital role in caring for disabled people and a fast-growing aging population.

Another Michigan-based study examined how DSP/DCW wages compared with "living wages," and examined the causes and costs of the high rates of turnover. This study found that of the direct-care positions listed in the introduction, only certified nurse aides ($15.18) made a "living wage," defined as greater than $13.63 for one adult with no children. The other positions all received lower wages. For example, Direct Support Professionals were paid a mean wage of $12.43 per hour, a rate less than half of the mean ($25.67) hourly wages for all occupations in Michigan and low enough that many qualify for federal SNAP and Medicaid benefits. Among DSPs specifically, the study went on to document an annual turnover rate of 43 percent statewide and estimated the total direct/indirect costs of each turnover occurrence to the employer equaled 25 percent of the DSP's annual wages ($6,464 of $25,864).

A survey conducted by the Community Mental Health Association of Michigan (CMHAM, a NACBHDD member) documented the impact of low wages and other challenges on the workforce. It documented a 20.58 percent vacancy rate in DSP/DCW positions among community mental health centers, prepaid inpatient health plans, and their provider networks in December 2021. Extrapolated statewide, the survey projected that approximately 10,200 of the state's 50,000 DSP/DCW jobs in the public behavioral health and I/DD systems are going unfilled. Click here to see that survey.

In May 2022, CMHAM released a follow-up report, *Addressing Michigan's Behavioral Health Workforce Shortage* that provides recommendations specific to the behavioral health workforce as a whole, and then to expanding and supporting key workforce segments including DSPs/DCWs, Peers, and Clinicians. The report breaks these recommendations into two parts: short-term, concrete steps for immediate improvement, and longer-term steps toward process change. Click here to see a summary.

ACTION

What states are doing now
Meeting the behavioral health workforce crisis will require concerted action on both the federal and state levels. As noted earlier, federal action will likely be shaped by the recommendations in the Senate Finance Committee report and could be acted upon in the lame duck session in December. But the impact of any new federal moves won't be felt until 2024 and beyond. So, any more immediate actions are in state hands.

Fortunately, some states are responding, as explained in another workforce report, Strengthening the Direct Care Workforce: Scan of State Strategies. This study highlights legislative language and actions, ARPA-funded workforce investments, and direct-care workforce training and funding models used by Colorado, Iowa, Illinois, Indiana, Massachusetts, Minnesota, Nevada, New Jersey, Tennessee, Washington, and Wisconsin. Few states have yet undertaken the depth of research so far accomplished by Michigan, but there are many promising and common legislative and agency proposals among them, including:

- "Big picture," multi-agency, cross-disciplinary approaches to workforce challenges that span not only behavioral healthcare and disabilities, but also long-term and elder care, which account for an even larger segment of direct-care workforce demand.

- DCW/DSP resource databases to track ongoing changes in workforce and guide future workforce-development actions.

- HCBS workforce grants for training stipends, training reimbursement, sign -n bonuses, scholarships, and achievement awards. Training partnerships with local colleges and universities and paid apprenticeships with local provider organizations.

- Training access for family members or approved third parties to be certified as certified nursing assistants for individuals, with training costs assumed by the state.

- Increased financial support for improved wages, paid time-off, and training stipends with funding either from ARPA or projected increases in federal HCBS funding.

# # #

REFERENCES

Forging a Path Forward to Strengthen Michigan's Direct Care Workforce. The Center for Health Care Strategies, 2021. Accessed online at: https://www.chcs.org/media/Forging-a-Path-Forward-to-Strengthen-Michigans-Direct-Care-Workforce.pdf

Michigan's Direct Care Workforce: Living Wage and Turnover Cost Analysis. Public Sector Consultants, 2021/ Accessed October 2022 online at: https://www.chcs.org/media/Michigans-Direct-Care-Workforce-Living-Wage-and-Turnover-Cost-Analysis.pdf

Behavioral Health Workforce Vacancy Study, December 2021. The Community Mental Health Association of Michigan. Accessed October 2022 online.

Addressing Michigan's behavioral healthcare workforce shortage. The Community Mental Health Association of Michigan. Accessed October 22 online at: Proposals-to-address-Michigans-BH-workforce-shortage-CMHA-4.2022-high-leverage.pdf (See pages 13-14, 17, 20.)

Strengthening the Direct Care Workforce: Scan of State Strategies. The Center for Health Care Strategies. Accessed October 2022 online at: https://www.chcs.org/media/Strengthening-the-Direct-Care-Workforce-Scan-of-State-Strategies.pdf