Maine Behavioral Health Workforce Development Collaborative

The Future of Maine's Behavioral Health Workforce: Recruitment and Retention in a Climate of Changing Roles, Qualifications and Opportunities

Wednesday, September 21, 2016

Augusta Armory, Augusta, ME

Description: Workforce Development is one of the top priorities of the Substance Abuse and Mental Health Services Administration (SAMHSA). Nationally, the behavioral health workforce is one of the fastest growing workforces in the country. Employment projections for 2020, based on data from the U.S. Bureau of Labor Statistics, forecast a 36.3% increase from 2010 to 2020 in employment for substance abuse and mental health counselors, more than three times the 11% projected average for all occupations. There are, however, serious shortages in the behavioral health workforce and that is especially true in Maine, with an aging workforce and turnover rates that range from 18.5% to more than 50%. These shortages are occurring during a time of an increased recognition that behavioral health is a significant factor affecting overall health and wellness and that an integrated approach with new competencies is a necessity.

This interactive session examined the challenges in recruiting, training and retaining a diverse and competent behavioral health workforce ready to address current health care needs. A panel of experts shared their perspectives with the approximately 60 attendees, who then participated in roundtable discussions.

Objectives:

1) Identify trends in the behavioral health workforce.
2) Describe the changing competencies the behavioral health workforce need in the changing healthcare environment.
3) Discuss recruitment and retention strategies to maintain and develop the behavioral health workforce.

Panel Facilitator: Nadine Edris, Capital Center Director and Disability and Aging Program Co-Director of the USM/Muskie School, opened the day with brief reflections about the diversity of the roles in the behavioral health workforce, the aging of the workforce and the needs of the workforce as identified by statistics provided by the Department of Labor (DOL). The DOL data underscored the continued growth in healthcare and the social assistance sector in general (please see handout).

Leticia Huttman, the employment and workforce manager at DHHS, SAMHS, made opening remarks identifying the complexity of the behavioral health workforce and its changing focus toward more integrated, holistic care that addresses physical health care needs of the individuals receiving services, the prevention of co-morbidities and the inclusion of peers as part of the workforce. She encouraged the group to think about ways to increase access, retention and recruitment of talented people from across various sectors, including the older workforce and those out of state.

Panel remarks:

Caroline Foster, a National Board Certified Teacher of 6th and 7th grade social studies at Lyman Moore Middle School in Portland, and two of her past students, Tae and Aalliyah, discussed a research project they undertook last year. Caroline spoke about how she has her students undertake projects to research and problem-solve real life, relevant issues by identifying an issue important to them, gathering various perspectives, and developing an action plan. Aalliyah and Tae shared how addiction is touching many students and how they reached out to various leaders in Portland and were welcomed to meetings and then developed an action plan to help educate their school community. They said they learned a lot about the disease and its prevalence. It also was an eye opener to them to see how willing community members were to invite them to meetings and engage in discussion with them.

Tom Richardson, Division Chair of Arts and Sciences, Human Services, and Liberal Studies at the Southern Maine Community College, provided remarks in three areas: trends in the student population; issues related to the recruitment of students; and issues related to the retention of the students. Students at the associate level increasingly come directly from high school; historically, these students were non-traditional students. They are choosing the behavioral health field primarily through word of mouth from a family member or someone they know who is in the field or because they are in recovery themselves and want to give back. He hears that many students are being counseled by family and friends to avoid entering the behavioral health field because it is perceived to be a low paid, dead-end profession. Tom noted that, as a consequence of such perceptions, career paths need to be clearly articulated to prospective students, outlining pathways from entry positions to graduate degrees and the various options for professions across the continuum. In the Portland area multicultural students now comprise about one half of the student body. There is a growing need for more cultural competence training in order to create a more welcoming environment for the various cultures entering the field.

Kelli Fox, Director, Field Education, School of Social Work, University of New England (UNE), noted that UNE offers a MSW program and recently started BSW program. UNE has a significant number of students who participate in online degree programs. UNE has a focus on inter-professional education and creates opportunities for this to happen in school. She emphasized the range and diversity of roles and positions social workers can fill. The challenge is the return on the investment for their education. University programs are expensive and student are laden with student loans.

John Yasenchak, Assistant Professor in the Graduate Counseling and Human Relations Program at Husson University, reflected on the years and the length of time he was involved in his own schooling, from his initial degree through his doctorate. When he started there were no licensing rules. For professional counselors (LCPC, pastoral counselors, LMFT) there now are many different licensing rules among the states. One of the issues facing the counseling professional is the lack of parity in ME and nationally in the inability to bill Medicare for professional counselors. There is strong advocacy for this profession and there are currently bills in both the U.S. House and Senate addressing the issue. Professional counselors have extensive backgrounds and preparation in counseling and contribute greatly to the field.

Catherine Ryder, Executive Director, Tri-County Mental Health Services (TCMHS), said she personally entered the field to provide services and never aspired to be an executive director. First as a counselor and now as an administrator, she is faced with meeting the regulatory burdens from the funders. She is also the president of the newly merged substance abuse and mental health associations in Maine, the Alliance for Addiction and Behavioral Health Services. She surveyed the member agencies and there are

many challenges. These include the challenges of filling positions are in rural areas and hiring prescribers. TCMHS is embracing a consultation model to support PCP prescribers, as they prescribe 70% of the psychotropic meds. She also noted that with the shift towards integrated (behavioral health and primary care) models, LCPCs are not being hired due to the reimbursement issues. She also noted that there is a bottleneck in people getting licensed and certified by the Board of Alcohol and Drug Counselors at the same time that there is an increasing demand for their services. Other challenges are the lack of competitive salaries and the reduction over the years in reimbursement rates for behavioral health services. Catherine noted that there is a program that provides assistance with educational loan repayment if one works in designated rural areas. She also spoke about her work with the refugee population in Lewiston/Auburn to support their inclusion in the behavioral health workforce.

Stacey Ouellette from Maine Behavioral Healthcare spoke about MaineHealth's integrated model, which currently has 45 clinicians embedded in 60 different primary care locations. The behavioral health system is in a process of transformation to integration with primary care. The work is demanding but rewarding. She concurred that reimbursement is difficulty and that these primary care settings are missing out by not hiring LCPCs. In rural areas recruitment can be difficult.

Shelby Briggs is the new C.A.S.H. Coordinator, Community Approach to Stopping Heroin, at the Westbrook Police Department. She identified that she is a person in long-term recovery and that her recovery is an asset in her position and was recognized in her hiring. She highlighted the skills that people in recovery bring to their employment and underscored the inclusion of peers in the workforce to create a culturally competent workforce. Peers need to be represented at all levels in organizations, from the front line worker to the board of directors. She spoke about stigma and the power of language to be empowering or stigmatizing.

Discussion Questions:

1. Do you think there are additional barriers and opportunities for recruitment and retention of the behavioral health workforce in Maine? Who are other significant target populations for recruiting to the behavioral health workforce?

2. What are important pathways into the behavioral health workforce and what strategies would enhance successful recruitment?

3. What are possible retention strategies and supports for the behavioral health workforce?

4. What changes or enhancements to training and educational programs will be helpful and responsive to the changing health care environment and needs (continuing education and college/university preparation)?

Breakout Sessions:

• Low reimbursement • Administrative burden • Population-demographic changing with aging workforce • No reciprocity across states • A need for high productivity • Low wage • Exemption change • Education requirements with low reimbursement/pay • Additional requirements for specialty training	Question 1. Do you think there are additional barriers and opportunities for recruitment and retention of the behavioral health workforce in Maine? What about other significant target populations for recruiting to the behavioral health workforce?

• Supervisor training lacking • Need more mentoring opportunities • Need for an awareness of loan forgiveness programs • *Certified (u/n) supervisor training – good model • Rules about who can supervise who is a barrier • Paid internships/work experience • Recruit from out of state • Market to High School students • Speaking at Middle and High Schools about the career opportunities • Address Vicarious trauma • # Direct Care Group recruiting & retention • dangerous/tough/pay $9/hr. group most promotable • no defined career path • age of staff, difficulty attracting younger staff • # Corrections – small group of employee resources • dry up the group of candidates • #MHRT-C- non-defined positions • Uniformed rules including Licensure/certs • Rural Areas-Clinical Staff • Education of the roles MH/BH – Preparing students • Adequate support to staff • Competencies re: seeing client as person with strengths and challenges as opposed to "pathologizing" clients. • Retention – developing positive work cultures • Providing enhanced training/supervision • The cost of the education with the lack of pay scale to afford the education. • If you have MHRTC, you are potentially eligible for MHSS Component (Could get a waiver for some components) • CPRP – National credential is not established /well-understood in Maine. In Maine, with this credential you could get a waiver. • Reimbursement is huge in terms of recruitment/retention. • Credentialing reciprocity • Loan forgiveness • Lack of entry level positions • Lack of skilled professionals • Cost of living increase – low wages • Lack of opportunity for loan forgiveness (10 period) • Smaller organization can't compete with perks, benefits offered at larger agencies • More new Mainers recruit into the workforce • Students attending college in ME but then leave • Leadership/public policy • Other target populations can include: Recovery communities, retirees may be interested in giving to the field possibly per diem, part time, etc., people who have used service should be recruited and valued • Develop human services component to high school curricula	

• Wages	Question 2. What are important pathways into the behavioral health workforce and what strategies would enhance successful recruitment?
• Retention • Reduce amount of paper work • Improve benefits • Create good supervision • Create other career opportunities and career ladder with flexibility and opportunities for lateral moves • Offer good training • Employee community- Create a sense of mission • More information at H.S. level re: human services careers, requirements, limitations, etc. • In Maine, do not be afraid to look/recruitment in different or unusual places (e.g. lobsterman to behavioral health professional) • Creative use of positions with job sharing, splitting, etc. • Ongoing training/cross-training for retention • Child care supports or employer sponsored daycare • Retention -> breaking down silos within and between agencies. • Encourage direct care / frontline employee driven initiatives.	Question 3. What are possible retention strategies and supports for the workforce?
• Recruiters and recruitment – talking about the role what is it? What is the expectation? • More training on Building Team Roles/Activities • Using exit interviews to recruit/retain • Using workgroups to review communication before using to recruit • Create a self-care environment – promoting a healthy work/life balance • Including additional courses on addiction and vocational specialties • Attaching CEU to trainings • Lack of investment of future workforce: internships, practicums • More education about the “business” of healthcare • More access to prevention training across continuum of services • More access to cultural diversity training	Question 4. What changes or enhancements to training and educational programs would be helpful and responsive to the changing health care environment and needs (continuing education and college/university preparation)?