





Transforming Through Crisis

Occupational burnout and compassion fatigue have pushed workforce shortages to crisis level. The increase in demand for mental health and substance use treatment services, the higher acuity of need due to COVID-19's impact on families, and administrative burden all contribute to the emotional exhaustion and occupational stress that behavioral health providers face. Burnout among healthcare providers is driven by high job stress, time pressure, over capacity workload, and poor



consultation and communication between behavioral health providers and other clinical care teams, such as primary care providers.

- » **Dive adoption of care management and related reimbursement by state Medicaid, including chronic care management and transitional care management, as well as ICD 10Z codes for social determinants of health. Advance currently available reimbursement mechanisms for care management to develop and support care teams.**



Spotlight: Clinical Transformation Model

The national mental health and substance use workforce shortage requires immediate attention to restoring diminished morale and mitigating burnout. The **Certified Community Behavioral Health Clinic (CCBHC)** demonstration offers an opportunity to transform clinics sustainably and is structured to train, recruit and retain highly qualified staff, as well as build a supportive system of care to handle increased demand, with far-reaching impact.

The House passed the **Build Back Better (BBB) Act** on Nov. 19, 2021, which includes several key Medicaid provisions. The BBB Act includes language that would, if passed, allow any interested state and territory to apply to join the 10-state CCBHC demonstration. In essence, the BBB Act would fund additional CCBHC grantee sites (\$125 million) and provide \$5 million for a TA provider to state officials as they develop their CCBHC model.

CCBHC status and funding significantly impact an organization's ability to enhance the workforce by offering a sustainable payment mechanism to support the workforce and the training necessary to ensure quality services and local access to care. For states that are not participating in the demonstration, adopt CCBHC standards. The SPA or 1115 waiver should include program requirements at least as comprehensive and rigorous as the current Substance Abuse and Mental Health Services Administration and CMS CCBHC program requirements and prospective payment system (PPS) methodology that adequately covers the actual costs of care.

Consider advocating for extended implementation timelines and request free **technical assistance** and support on CCBHC implementation and best practices.

See

Immediate CCBHC Actions for States and Options for Long-term CCBHC Planning Strategies.

Potential Solution and Outcome:

- » Convene providers as stakeholders to actively seek feedback related to the workforce barriers and challenges they face. Use that feedback to inform policy changes that will drive systematic improvement.
- » Develop a standardized workforce data tracking system to identify causation and impact of workforce shortage.

Measured by states as part of a system of metrics to understand how workforce shortages and mitigation strategies are working where to focus effort and funding where best practices are emerging etc.

Examples of measures may include the Maslach Burnout Inventory, Short Form Health Survey (SF-8/12/36), Utrecht Work Engagement Scale, Stress Meter or Mini Z Survey.

Burnout is presently higher than previously reported rates among providers working during the COVID-19 pandemic, and is related to high workload, job stress, time pressure, and limited organizational support (Morgantini et al., 2020).

- » Invest federal relief funds (e.g., FMAP, ARPA) in supporting hiring and incentive programs to address occupational burnout and promote workforce wellness.

Support the adoption of digital tools and resources to strengthen the workforce such as [Supportiv](#), a support network for employees to connect with mental wellness peers.

: The American Medical Association's [Coping with COVID-19 Caregiver Survey](#) which aided organizations in monitoring and assessing the wellbeing of physicians and care teams.

- » Identify opportunities such as the [Substance Use Disorder Treatment and Recovery Loan Repayment Program \(STAR LRP\)](#) and the [National Health Services Corps \(NHSC\)](#). The STAR LRP provides loan repayment for individuals working in either a full-time substance use disorder (SUD) treatment job that involves direct patient care in a county/municipality where the average drug overdose death rate exceeds the most current national average overdose death rate per 100,000 people -- as reported by the Centers for Disease Control and Prevention (CDC) -- or in a mental health professional shortage area (MHPSA). Connect with current approved [STAR programs](#) to identify lessons learned and to scale future opportunities. NHSC provides scholarships and loan repayments to healthcare providers in exchange for a period of service in a health professional shortage area (HPSA).



Expand the workforce through innovative approaches to building a behavioral health workforce pipeline.

The pipeline for a new and adequate workforce, including peers support specialists and community health workers, has dwindled. Organizations and systems must adapt recruitment strategies to address shortages and lack of adequate and diverse employees, equipment and mental health resources (Morgantini et al., 2020).



Potential Solution and Outcome:

»



Policy Recommendation

- » Support using telehealth and offering flexible work-from-home options as a mechanism to reduce occupational burnout.
- »





