

Behavioral Health Transformational Task Force

Subpanel Preliminary Draft Recommendations

Workforce Pillar

November 1, 2021

Name: _____

The following are preliminary recommendations for addressing the behavioral health workforce shortage and expanding that workforce. The recommendations focus on the areas:

- Recruitment
- Expansion
- Retention
- Training and Competencies

The recommendations represent strategies for investing one time funds will serve to ensure Colorado has a high-quality, trained, and diverse behavioral health professional workforce.

The first series of recommendations are drawn directly from the “Workforce Development Workgroup Report” of the Governor’s Behavioral Health Task Force that met from March through September 2021 and involved 104 individuals. The almost 70 recommendations of that Workgroup emphasize the following

- a. Behavioral Health needs are expected to increase.
- b. Colorado must creatively expand its recruitment methods
- c. Colorado has the opportunity to broaden its current workforce
- d. Colorado should bolster its efforts to retain current professionals and providers
- e. Colorado must develop and increase a culturally competent licensed and unlicensed behavioral health workforce
- f. Colorado must invest in a behavioral health workforce committed to equity, diversity and inclusion

1. Workforce Recruitment: Expand recruitment methods to increase and diversify the behavioral health workforce (Funding)

- A. Conduct research to understand the lack of appeal and diversity in the application field for behavioral health.
- B. Examine other professions that have more diverse employee pools to identify best practices for recruitment and retention.
- C. Identify the challenges faced by people who have felt the impact of marginalization in the field of behavioral health.
- D. Identify the cultural barriers to entering the field of behavioral health and research how other communities have worked to reduce stigma with the profession.

2. Workforce Expansion: Increase the opportunities to enter the behavioral health field in Colorado (Funding and Policies)

- A. Invest in a tiered and expanded workforce that includes clinicians, peer support professionals and other staff.
 - i. Establish foundational requirements for the training of both traditional and non-traditional workforce, including cultural and linguistic competency. Consider replicating other states that have created state approved trainings and exams to credential peer support professionals. **(Funding)**
 - ii. Expand professional and peer support affinity programs for individuals who have been impacted by institutional oppression to promote connection and belonging and opportunities for networking and professional development, particularly for people with co-occurring disabilities, people of color, LGBTQIA+ people and other prioritized populations. **(Funding)**
 - iii. Expand flexible reimbursement options for non-traditional workforce members based on competency. **(Policy)**
- B. Advocate for more flexible requirements related to education/licensure for entry level professionals and advanced level providers based on competency/experience alongside the degree held. Encourage DORA to guide and support potential candidates on how to achieve credentialing. **(Policy and possible funding)**

- C. Adjust requirements so that Certified Addiction Specialist (CAS) and Certified Addiction Technician (CAT) classes can be taught remotely and at the community college level. Explore feasibility of remote supervisory observation. Adjust the services that each credential is permitted to provide under reasonable supervision and staffing. **(Policy)**
- D. Increase the use of mental health nurse practitioners who are able to prescribe psychiatric medications. This could free up psychiatrists for critical patients once the patient is stabilized. **(Policy)**

3. Expanding peer support specialists in the behavioral health workforce (Funding)

- A. Use one time funds for scholarships for cost of training for peer specialist certification and for administrative costs for processing applications for peer certification by certifying organization(s).
- B. Expand the peer support professional workforce to be available throughout the entire continuum of care of individuals, including newly diagnosed or newly engaged in the behavioral health system and in primary care practices that integrate behavioral health.
- C. Invest in peer support programs of all types, including online access, for specific subpopulations: mental health, substance use disorders (SUD), drug specific SUD, criminal justice involved, etc.
- D. Using existing training programs, develop peer specialist supervisor training curricula and develop a plan to recruit and train a targeted number of peer support specialists per county based on population size within the next year.
- E. Train peer support specialists for priority populations, including people with co-occurring disabilities and people who are deaf/hard of hearing/deaf blind.
- F. Fund 2-year grants for behavioral health organizations to hire peers specialist and peer supervisors.

4. Behavioral Health Workforce Training and Competencies (Funding and Policy)

A. Standards Development:

- i. Convene a workgroup of subject matter experts in equity, diversity and inclusion to establish workforce training standards and prioritize training opportunities for licensed and unlicensed staff, including those in the Safety Net continuum. **(Funding)**
- ii. Establishing standards and training that are needed for (1) the pre-licensed workforce, such as Master of Arts (MA) interns and MA graduates; and (2) Peer Support Professionals. **(Funding and Policy)**

B. Develop core competencies:

- i. Develop minimum training guidelines that meet Colorado and National Core Competencies and Ethical Guidelines to maintain behavioral health core competency standards and ensure they are integrated into the Learning Management System funded by SB21-137. This should be part of any licensure, endorsement, or certification process. **(Funding)**
- ii. Implement standardized behavioral health competencies for unlicensed and non-traditional staff that are not monitored by a licensing Board or other professional entity. This may include non-degreed or bachelor degreed staff. **(Funding)**
- iii. Establish requirements for training that meet Colorado and National Core Competencies and Ethical Guidelines in positive behavioral health supports (prevention, de-escalation, and intervention) for licensed and non-licensed workers prior to working directly with individuals. **(Funding)**
- iv. Increase the expertise and competency of providers into safety net workforce strategies to improve access and cultural competency. Develop standards for culturally and linguistically responsive treatment programs to improve opportunities for early engagement for acute clients in need of services. **(Funding)**
- v. Increase compensation for licensed and non-licensed individuals who complete cultural and linguistic training and corresponding assessments. **(Funding)**

5. Recruitment: Identify undergraduate students with an aptitude and interest in a health profession who will promote future diversity in Colorado Health Services Core (CHSC).

- A. Utilize ARPA funds under the traditional CHSC model and allow other state appropriations to be allocated to long-term future benefit in support of diversity and access goals of the CHSC program.

- B. Identify undergraduate students with an aptitude and interest in a health profession who will promote future diversity in CHSC. **For program purposes, diversity will be defined as 1) first generation college students, 2) graduates of rural high schools, 3) first generation immigrants, and 4) students who are Black, indigenous, or other persons of color.**
 - a. Contracts will be created with these students, long before they are finished with training, and guarantee them access to loan repayment funds if and when they complete their health professional education, become licensed in the state of Colorado, and begin employment in a CHSC approved clinical site. Funds will be encumbered by the state and retained specifically for that student until their training is complete.
 - b. Because funds are not awarded until the student is ready to begin qualified employment, the student is not at risk should they change their mind or experience other personal circumstances that prevent them from beginning qualified CHSC service. In such an event, the contract would be void and the encumbered funds would be returned to the pool for award to a new candidate.
 - c. Participating students will receive some (to be determined) mentoring and support from the CHSC during their educational experience in order to facilitate their success.

6. Community College IT infrastructure and adjustment to number of hours of required training for Certified Addiction Technicians/Specialists (CAT/S).

- A. Approximately \$8 million to update IT infrastructure of Colorado Community Colleges to address barriers to offering addiction medicine classes, specifically for Certified Addiction Technicians/Specialists (CAT/S).
- B. Make the required number of education hours for CAT/S equitable to those of certified fields in Colorado. Currently CAT requires 1000 hours and CAS requires 2000 **additional** hours over other certified fields, such as those hours required for a Licensed Practice Nurse, a Registered Nurse, and Certified Nursing Assistant.

7. Behavioral Health Educational and Academic Hubs

- A. Provide funding for established and accredited academic institutions to develop rural behavioral health academic hubs or satellite programs to support virtual licensure-track degree programs. Programs can include Masters (social work, clinical psychology, counseling psychology) and/or Doctorate programs.
- B. Estimated cost of \$200-\$400 per site; approximately \$2.1 million

8. Behavioral Health Comprehensive technology training platform: The Colorado Digital Mental Health Initiative

- A. One-time funding to expand the Colorado Training Innovation Network to reach historically underserved communities and to implement workforce training for current behavioral health providers who are seeking the skills they need, such as youth suicide prevention training, substance abuse prevention and treatment, and training for corrections facilities to ensure the workforce in the corrections system get the whole-person care and step-down training they need to reduce recidivism and increase successful transitions.
- B. Funds will be used to support the following areas:
 - i. community engagement to help our partner organizations identify the best tech-based solutions to address their most urgent needs;

- ii. purchase software and hardware as needed including funds for upgrades and replacements;
- iii. work with established tech developers to refine existing content and where needed, create new content to address specific population and organizational needs;
- iv. fund implementation experts to train organizations and ensure seamless implementation;
- v. conduct thorough evaluations of these efforts to demonstrate their effectiveness and conduct quality improvement work across all areas.