

## INTRODUCTION:

The Health Resources Services Administration (HRSA) has determined that West Virginia has 127 Mental Health Professional Shortage Area designation sites within West Virginia. With this extreme level of need, it is not surprising that producing sufficient behavioral health providers is a significant workforce challenge for West Virginia. Behavioral health careers cover a range of career options, and many require advanced degrees and specialized training with additional continuing education throughout one's career. Job duties often involve providing services for children, adolescents and adults who may be dealing with behavioral and emotional problems, mental illness, life stresses, trauma and substance use.

Working in behavioral health can be extremely hard work, which can lead to burnout. It also can be very rewarding, and dedication and passion of the workforce are often higher than the salaries. The numbers affected, and severity of current addiction, related to the opioid epidemic in particular, have overwhelmed the current workforce. Consistent with West Virginia's general population, the behavioral health workforce in West Virginia is growing older and many in the workforce are getting closer to retirement.

Through the leadership of the Department of Health and Human Resources, West Virginia has actively sought and received significant federal grant funding to support and improve the state's behavioral health infrastructure. Funding also has been secured from philanthropy and other private entities. Some of these awards have included support for behavioral health workforce development, however, West Virginia still lacks a consistent supply of funding focused solely on behavioral health workforce development, which impedes its ability to advance dedicated and continual resources towards the issues it faces.

In 1991, the Legislature enacted the Rural Health Initiative Act to provide funding towards the placement and retention of primary care providers in underserved areas of West Virginia. Due to the state's leadership in investing in primary care workforce development, West Virginia now offers many rural-focused training and educational experiences for trainees with expressed interest in careers in rural primary care. The funding is allocated to the Higher Education Policy Commission which uses both large and small grants to the academic health centers, primary care employers, and other related stakeholders to pilot new ideas, provide sustainable funding to strategies that are effective, and support key infrastructure like housing for students completing rotations in rural areas.

The model used for the Rural Health Initiative for primary care workforce development could translate well for behavioral health workforce development. The components below describe the key pieces that a sustained funding source for behavioral health workforce development could be allocated toward. This particular proposal focuses on careers in advanced practice social work, psychology, school psychology, and counseling. These professions were selected because they are among the most critical for West Virginia's behavioral health workforce success, but also the programs where the state lacks providers and funding to support workforce development is scarce.

The initiatives described below could be executed through a centralized state-funded program operating out of the Higher Education Policy, which would then administer some initiatives on a statewide basis and advance the rest through large and small grants to training programs, behavioral health employers, nonprofits, and other stakeholders. Alternatively, these initiatives could be supported through a mixed allocation with funding for statewide coordination at the

Higher Education Policy Commission and direct appropriation increases to the budgets of public institutions of higher education.

The Behavioral Health Workforce Initiative would have the following focus areas:

1. Promoting careers in behavioral health
2. High school pipeline programming
3. College pipeline programming
4. Enrichment activities and support for master's/doctoral-level trainees
5. Career development and skills enhancement for the existing workforce
6. Improving trainees' access to clinical supervisors
7. Incentivizing Careers in Behavioral Health
8. Attainment of specialized addiction credentials

#### FOCUS 1: Promoting careers in behavioral health

Behavioral health is a rapidly evolving field with many job opportunities. Students and potential students need to understand what the career options for behavioral health are, what those jobs entail, and the coursework they need to complete to prepare for a particular career. The development of marketing materials in a variety of mediums (live presentations, videos, interactive websites, posters, etc.), and for a variety of audiences (ie high school students, college students, existing workforce who may want to return to school etc) are needed.

Initiatives may include:

- The creation of career pathway infographics that illustrate career options and the education and experience required to succeed in those careers. (brochure from Nebraska: <https://www.unmc.edu/bhecn/documents/career-pathways-brochure.pdf>; Pathways from Nebraska: <https://www.unmc.edu/bhecn/documents/career-pathways-infographic.pdf>), public service announcements/video clips.
- Informational videos about training program in West Virginia particularly the state's advanced practice programs.
- Informational videos about career locations such as behavioral health centers, private therapy practices, and veterans' facilities.
- Outreach materials directed at current practitioners on topics such as encouraging them to return to school to continue their training or to serve as supervisors of trainees.

#### FOCUS 2: High School Pipeline Programming

Programs that expose students during high school to career options have been successful in fields such as STEM and primary care. In order to improve younger students' understanding of what the training and career path for behavioral health looks like, funding is needed for pipeline programming. Early identification of students from high need areas of the state with an interest in behavioral health careers will allow these students exposure to the supportive resources they need to complete their training and the development of relationships that will follow them along their training path. Initiatives may include:

- Modeling Nebraska's successful Ambassador Program, which has successfully created a pipeline of students interested in behavioral health beginning as early as their high school years.
- Job shadowing opportunities in settings such as comprehensive behavioral healthcare settings and federally qualified health centers.
- Behavioral health-focused career fairs as well as better integration of behavioral healthcare employers into existing healthcare career fairs.

- Conference or summer camp for students interested in behavioral health careers. (see sample agenda from Nebraska: <https://www.unmc.edu/bhecn/documents/sample-agenda-bhecn-high-school-conf.pdf>; camp: <https://www.unmc.edu/bhecn/programs/ambassador-program/farm-camp-2017.html>).
- Dual credit psychology class offerings in high schools to allow high school students to receive college credit and a more in depth introduction to psychology.
- Mentoring programs connecting high school students with college students and more advanced trainees pursuing behavioral health careers. This program could be done virtually like the Nebraska Virtual Mentor Network.

### FOCUS 3: College Pipeline Programming

Pipeline activities initiated in high school should extend into the college years as students start to narrow down their career choices and can include more focus on the specifics of the career ladder and the realities of the career. Initiatives may include:

- Continuation of programming begun at the high school level such as mentorship, conferences, and job shadowing.
- Cohort programs for students interested in pursuing advanced degrees. Potential cohorts may include: students with “lived” experience, students from rural areas who want to return home to practice, students with specific interests such as substance abuse, and non-traditional/working students.
- Immersion opportunities that allow students to spend a week during the summer working with other students in a behavioral health setting and learning about the community surrounding the setting.
- Increasing the base funding at the department level to allow for hiring of additional faculty to help with increasing program sizes where appropriate and/or to increase faculty salaries to assist with faculty recruitment and retention challenges.
- Piloting consolidated coursework to get students through the education system faster, i.e. a 4+1 degree to complete a BSW and an MSW.
- Development of academic or professional certificates in addiction or substance use disorders.
- Relationship building between professors at undergraduate and graduate level to improve advising on master’s level programs.
- Community-based training experiences and projects that expose students to high need facilities, agencies and geographic areas.
- Increasing the use of guest speakers in classroom to improve trainee’s understanding of what occurs in the field.
- Hiring behavioral health career advisors for campuses.

### FOCUS 4: Enrichment Activities and Support for Master’s/Doctoral-Level Trainees

West Virginia needs to encourage more students who complete undergraduate degrees in social work, psychology and related majors to continue on to master’s level programs. The state’s behavioral health workforce lacks master and doctoral level specialists particularly those who can practice in clinical environments. Initiatives may include:

- Continuation of programs begun at the high school and college level such as cohort programs, mentor programs, guest speakers from the field, career advisors, and community-based training experiences.
- Identification of more field instructors who can provide advanced supervision to master's and doctoral level trainees.
- Expanded training for field instructors that includes training that occurs at the field site in addition to virtual training and asking field instructors to travel to campus.
- Funding for housing and/or a host family network for students completing clinical rotations away from their campus.
- Developing more formal licensure prep programs that trainees can access to help them navigate the supervision and licensure process.
- Increasing the base funding at the department level to allow for hiring of additional faculty to help with increasing program sizes where appropriate and/or to increase faculty salaries to assist with faculty recruitment and retention challenges.

#### FOCUS 5: Career Development and Skills Enhancement For the Existing Workforce

In addition to the workforce pipeline, it is critical to focus on improving existing employee competencies to address the evolving needs of individuals with behavioral health concerns. New research in the prevention and treatment must reach providers in a relevant and affordable manner, so that they incorporate best practices in providing assessments, brief interventions, proper prescribing methods, and treatment protocols. With the existing workforce already stretched thin and limited budgets, it can be challenging for employers to allow employees to miss work in order to attend trainings or pay the costs associated. The current workforce who does not hold an advanced degree or clinical credential where appropriate should be encouraged to continue their education and advanced to the next level in their profession. Initiatives may include:

- Outreach programs to identify members of the current workforce who would like to return to school to tackle the next step in their career pathway.
- Tuition assistance for existing workforce interested in continuing their career to achieve a master's level or doctoral credential.
- Development of a state funded reimbursement system for employers to access to cover costs associated with sending staff to training programs (everything from one day conferences to education programs resulting in a new credential or degree for the employee) and/or reimburse lost productivity.
- Creation of a centralized web site of upcoming training offerings as well as individuals qualified to provide training on an as needed basis is needed in order to most effectively promote training.
- Often grants cover the cost of training, however, additional sustainable funds also are needed to ensure trainings on all relevant topics are needed and that they are available in a variety of formats and lengths. Funds also could support training with no registration costs, free continuing education, and travel costs for attendees.

#### FOCUS 6: Improving Trainees' Access to Clinical Supervisors

As behavioral health trainees progress towards full licensure, they must meet regularly with an independently licensed clinician for supervision. Unfortunately, connecting a trainee with a qualified professional is often complicated due to the overall number of people qualified to

provide supervision and those individuals having protected time to provide supervision. If West Virginia is able to increase the number of practitioners able to provide supervision, it will allow the behavioral health workforce in West Virginia to grow exponentially as the increased number of supervisors will allow more trainees to complete their supervision and also achieve licensure. Initiatives may include:

- Individuals providing supervision typically charge an hourly rate in recognition of their own lost earning time. Typically, the trainee seeking supervision is responsible for paying these costs. The availability of a funding pool to pay for supervision would eliminate the financial burden on the trainee and allow some trainees to complete their supervision requirements more quickly because they will not have to look for ways to pay for the supervision.
- Utilization of telehealth by licensed providers and supervised trainees to complete the trainee's supervision requirements for licensure. Technical assistance programs are needed to work with existing providers and sites to identify current barriers and resolve them to improve the use of telehealth.
- Development of a centralized listing of individuals qualified and willing to provide supervision.
- Outreach to universities on the value of allowing faculty to serve as supervisors and provide credit for time spent supervising when making determinations related to promotion and tenure.
- Provide CEUs for supervisor training or offer supervisors access to free CEU training on other topics.

#### FOCUS 7: Incentivizing Careers in Behavioral Health

Careers in behavioral health are rewarding but typically not well paid. When coupled with the reality that most trainees will graduate with considerable student debt, opportunities are needed both throughout the trainee path and once in practice to help eliminate debt as a factor in persuading students from pursuing careers in behavioral health. In addition to practice setting, training programs often struggle to pay competitive wages to recruit and retain faculty who are qualified and possess the terminal degree needed to satisfy accreditation requirements.

Initiatives may include:

- Funding to pay for field training, internships, practicums etc. in high need areas and with high need populations, i.e. substance use disorder or in rural areas. Currently, not all students receive payment for practicums or internships and the addition of funding could be a tremendous boost in directing students towards accepting experiences in more challenging settings.
- Reimbursement to employers who allow employees to serve as supervisors or private practice providers who serve as supervisors.
- Increased tuition assistance for students in master's and doctoral programs.
- Development of a state funded behavioral health workforce loan repayment program that includes the professions of advanced practice social work, counseling, psychology, and school psychology. The loan repayment program should target professionals working in the highest demand areas of their respective fields (both types of employment settings and geographic areas). This program or a similar program could also be open to schools of social work, psychology, school psychology, and counseling to use for faculty recruitment.

## FOCUS 8: Attainment of Addiction Credentials

Once professionals secure licensure counselors, social workers, psychologists, and school psychologists, West Virginia would benefit greatly from a large number of these professionals also achieving certification as alcohol and drug counselors or addiction counselors. The certification process involves both supervised practice and the passage of an exam. This additional level of specialized training will allow providers to better serve West Virginians with substance use disorders. Initiatives may include:

- Funding to cover the certification application fees as well as renewal fees to ensure once certification is achieved, providers do not let it lapse.
- Similar to barriers associated with licensure in other fields, funding is needed to help trainees afford the cost of supervision and/or to reimburse employers who allow employees to serve as supervisors or private practice providers who serve as supervisors.