Report to the Hon. Christopher T. Sununu, Governor
Statewide Oversight Commission on Mental Health Workforce Development
Executive Order 2019-03 (March 12, 2019)
Submitted by Will Arvelo – Commission Chair

Per Section 4 of Executive Order 2019-03, this commission is submitting a report that summarizes the Commission's activities and its recommendations, commencing with its organizational meeting on Aug. 15, 2019, and ending on Nov. 30, 2019.

The 10-Year Mental Health Plan from January 2019 recommended the establishment of an oversight commission to coordinate existing mental health workforce initiatives and to develop a comprehensive statewide mental health workforce plan (*also noted in the Executive Order*).

With a seasonally adjusted unemployment rate lower than 3 percent since December 2015, and with thousands of jobs going unfilled annually, New Hampshire has both a short- and long-term workforce challenge. While every sector is impacted, the healthcare industry is of concern because of the impact it has on people's health, the state's aging population, and the potential to place patients at risk.

NH's healthcare workforce problem cuts across all levels of healthcare workers from doctors to nurses and licensed nursing assistant and medical assistants. Of note is the lack of an adequate workforce in the area of mental health. Approximately 10 percent of clinical positions in the state's community mental health system were unfilled in April 2018. NH faces a shortage of psychiatrists and other mental health professionals. According to the United States Bureau of Labor Statistics, the distributions of clinical psychologists, social workers, and mental health counselors are uniquely sparse here as compared to neighboring states. Low pay, large caseloads, demanding productivity expectations, excessive documentation, and limited opportunities for advancement are some of the factors that contribute to a high rate of turnover and the mental health workforce shortage in the state.

This comes at a time when NH, like the rest of the country, has been battling a combination of addiction and mental health challenges amongst its population.

Based on the Executive Order, the Commission's charge is as follows:

To coordinate all efforts to address the state's mental health workforce shortage and develop strategies to boost recruitment and retention of a mental health workforce for the state. To further this charge, the Commission's duties shall include the following:

a) Fostering collaboration, coordination, and learning across existing mental health workforce initiatives;
b) Evaluating potential student loan repayment programs that may serve to enhance efforts to attract and retain mental health workers;
c) Reviewing licensure statutes and regulations governing mental health professions and identifying opportunities for easing or streamlining such requirements;

d) Developing recommendations for professional development programs for mental health workers; Evaluating the feasibility of the establishment of a centralized training and technical assistance center to aid in training mental health workers in the state; and
e) Identifying policy changes that may promote enhanced compensation for mental health workers in the state;
f) Any other duties or activities which may further the Commission's charge.

Commission's Activities in 2019

The commission held its first organizing meeting on August 15, 2019. Chair Will Arvelo reviewed the Executive Order with Commission members, who recommended the Commission needed to understand the workforce landscape through its various committees and, the highest degree possible, coordinate and align information, communication, and collaboration. This will help to identify gaps and strengthen relationships among the different work groups, DHHS, and legislators and the broader public. Commissioner Meyers graciously offered to have DHHS provide any necessary assistance, i.e. data, testimony, referrals, etc.

Members also stressed the need to take a holistic approach to understanding all the working parts within mental health system; changes in one area could affect other areas. The group agreed to receive/seek testimony from community behavioral health entities, the Hospital Association, and Bi-State Primary Care Association. As an action item, it was suggested the Commission create an inventory of all entities within this area, what they do, and how they work together to better understand the landscape and identify gaps. Members of the Commission also stressed that the group must look at telemedicine as an emerging solution, which may address workforce shortages over the long-term. The Commission also needs to gain an understanding of the data already collected and legislation, either enacted or proposed, that would influence mental health workforce development.

To gain a broad overview of the issues related to mental health workforce, the Commission invited Peter Evers, CEO of Riverbend Community Mental Health, to testify at its second meeting. Mr. Evers described the 10 statewide behavioral health centers, and the challenges brought about by the recruitment and retention of a skilled and rewarded workforce; particularly pertaining to consistent delivery of services.

In his presentation, Evers stated that 5 percent of NH's population has serious mental health issues. He described the number of FTE vacancies in the mental health system throughout the state, particularly the discrepancies between budgeted head count, and the actual number of FTEs across the network. The root causes of the vacancies were discussed such as availability of housing and the fact that that there is competition for the same pool of people in the industry: "bidding wars" often result in worker gaps for facilities such as nursing homes. Once younger workers have received the proper licenses, they have expanded career options.

The level of pay is a core issue and there needs to be recognition that Medicaid pay rates have diminished since 2006. This results in a large discrepancy in pay scales between the range of service providers and levels of training throughout the industry. Without a reasonable rate of pay, workers are challenged to find an affordable place to live. Lowering industry costs as a whole is the answer to addressing wage issues. According to Evers, the focus needs to be to shift from

acute care to prevention. This will lower costs and mitigate workload burden for all those employed in the mental health field.

A major disincentive is the massive amounts of paperwork workers at all levels face. The average worker spends most of the time responding to the bureaucracy of siloes and less time on the building and sustaining of relationships; an aspect of the industry that needs to flip. The result is burnout which impacts access, basic care, and revenue.

The Commission also learned that the mental health workforce is distributed unequally across the state's geography and across the different types of healthcare facilities. For example, workers are attracted to work at hospitals where pay is typically higher and where facilities are more centrally located to major population centers. This challenge skews workforce attraction toward hospitals and major population centers. As a result, the population north of Concord is less likely to have access to adequate mental health care.

Evers stressed the need for better use of technology. Mental health care does not need to be delivered exclusively in a face-to-face mode. This type of healthcare lends itself, to some degree, to delivery via online technology. Discussion focused upon the benefits brought about by the Medical Telehealth Bill; a NH House bill that will help by providing access to a higher level of clinical resources. However, one challenge of technology is integration and communication. Different platforms that do not talk to each other across different clinical settings. Additionally, having nimble online scheduling will assist in minimizing missed appointments.

Evers also stated that the legislative approach to oversight of mental health is based on lack of trust, thus creating tension between state overseers and providers. Such responses in the oversight mechanism denote a lack of understanding of the role and challenges of providers. *The Commission will have to explore these statements in more detail to better understand the disconnect, if any, between overseers and practitioners.*

Considerable discussion focused on the role of academia, and members described the individual efforts of their various institutions to address training, and placement of workforce. What is the entry point for workforce in the area of mental health care? Generally, a bachelor's degree is the minimum credential for entry. In certain circumstances, practitioners can apply for a waiver; particularly at associate's degree level, and especially if there is significant life experience. While grants and scholarship resources are available to offset tuition, there is a need for marketing on the benefits to students of working in the area of mental health care. Another key element is the internship experience that allows students to gain experience and elevate the likelihood that a student will remain within in the field and with the organization where they perform their internship. However, the consensus among Commission members is that there is a disconnect between fieldwork and academia. Facilities/industry identify the need, and then approach academic institutions for solutions. It was agreed that academia and policy makers must do more to explain the career ladder and opportunities to students stressing the various pathways of entry. The Commission agreed there needed be a conversation about working in health care as early as middle school to harness interest and passion at the early age. Evers also stressed that there is an untapped workforce within the recovery community that needed to be engaged.

Commission's Future Focus

Having met three times in 2019 and had the opportunity to get testimony from Peter Evers on the challenges within the mental healthcare sector relating to adequate workforce levels, the Commission feels it has the foundation to do much more in 2020. The Commission proposes to focus on the following:

- Develop an inventory of all service organizations in mental health arena.
- Understand the legislative/policy landscape and where alignment may be needed.
- Understand the challenges and gaps within the mental health care workforce arena.
    - What are the services and where/how are they delivered?
    - Where are the most critical gaps in service delivery?
    - How is technology affecting behavioral health service delivery?
    - Generally, where are improvements being made?
    - How does communication happen, if at all, between the different organizations in this arena? How do people work to connect the dots and lessen the silo effect?
- Understand where NH stands related to behavioral health education.
    - What is the general understanding of behavioral health and its career trajectory among the general NH population?
    - What is the trajectory for becoming aware of and/or engaging in behavioral health education?
    - What programs exist and how do they align?
    - How does NH create more understanding of and visibility for these programs and career ladder?
    - How might the state benefit or not from a more centralized approach to educating workforce in this field?
    - What, if any, incentives exist to pull people into this field? Are they needed? If so, what would they look like?
    - What are the different compensation models, if any?
- Understand the licensing parameters and where alignment may be needed.

In the three conversations, focus centered on prevention and how there needs to become more of a mix in service delivery as well as how technology can play a larger role. Utilization and standardization of technology will also help with access and cost. Career ladders, better communication to parents and K-12, better marketing, higher salaries, internships, and more flexibility in credentialing and education will be critical to stabilization.