NATIONAL COUNCIL for Mental Wellbeing

Workforce Innovations Learning and Action Series:

Session 1: Staffing Model Redesign

Thursday, February 9, 2023

3:00-4:30 PM ET

CCBHC-E National Training and Technical Assistance Center

Funded by Substance Abuse and Mental Health Services Administration and operated by the National Council for Mental Wellbeing

Acknowledgements and Disclaimer

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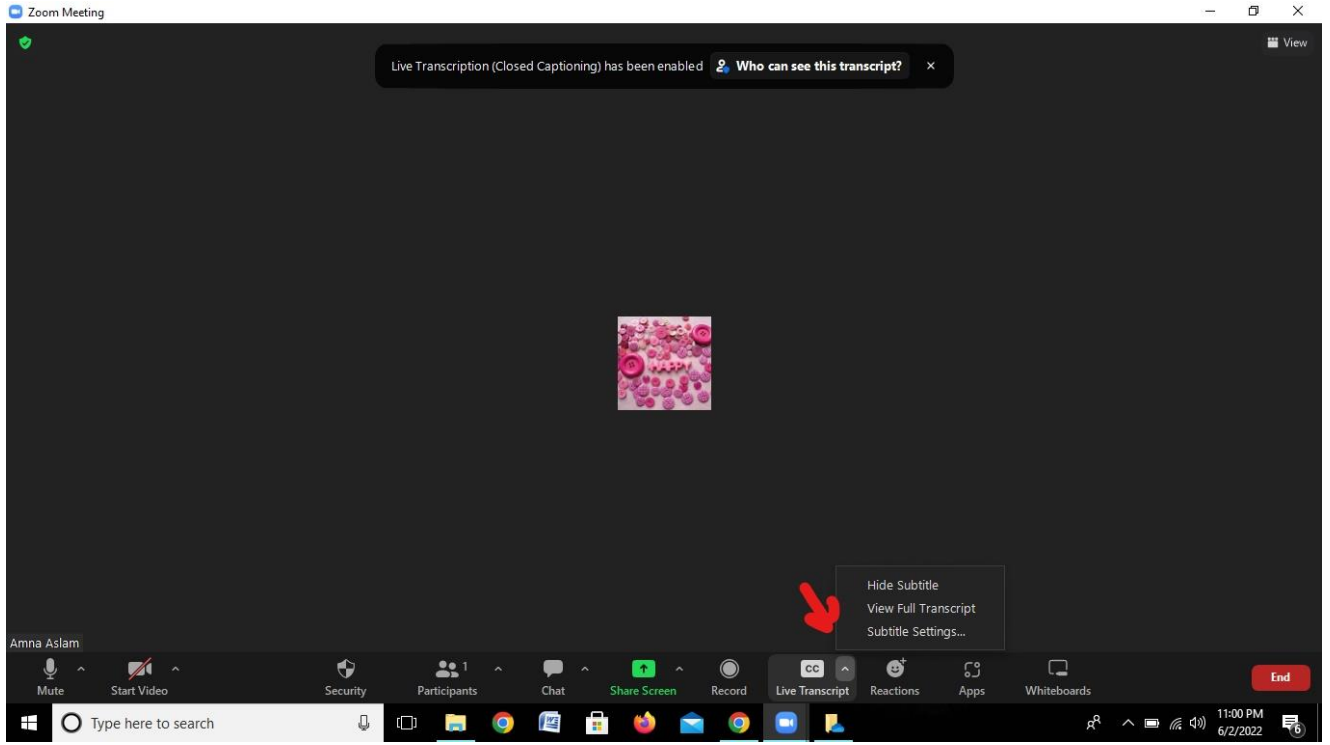

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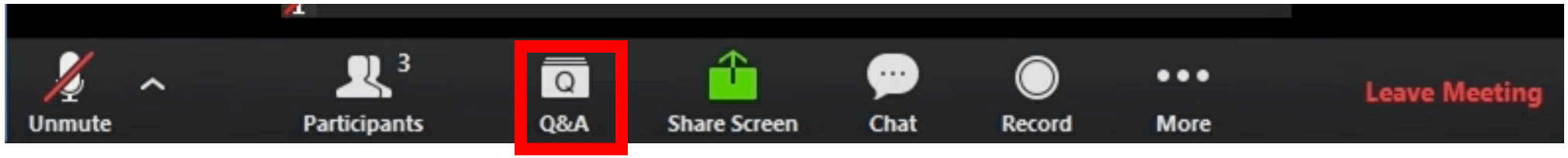
How to Ask a Question



Please share questions throughout today's session using the **Q&A Feature** on your Zoom toolbar.
We'll answer as many questions as we can throughout today's session.

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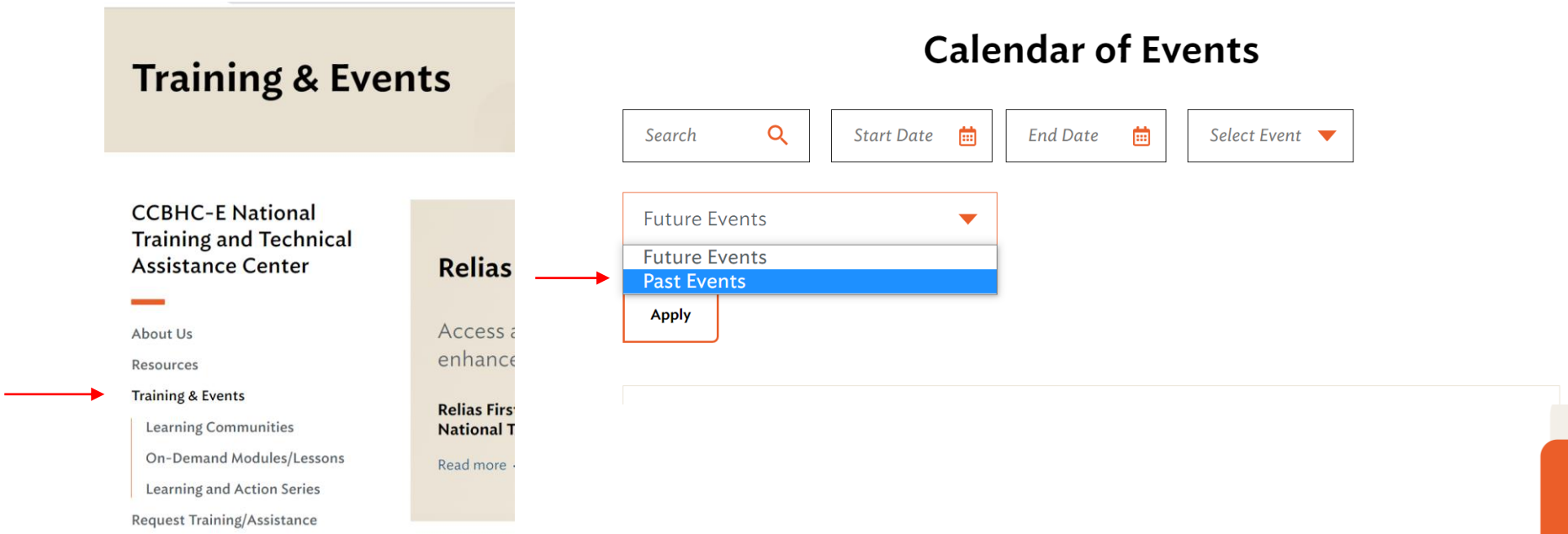
Today's Session: Slides and Recording

Slides and the session recording link will be available on the CCBHC-E NTTAC website under "Training and Events" > "Past Events" within 2 business days.



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Today's Agenda

- Welcome and review of learning objectives and today's presenters
- Overview: CCBHCs and workforce
- Grand Mental Health: Successful CCBHC staffing models
- Endeavor Health Services: Collaborative, team-based approach to care
- Q&A and grantee discussion

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Learning Objectives

- Learn how to implement task shifting and other staffing optimization strategies to optimize the use of staff resources and meet the staffing requirements of the CCBHC program.
- Understand how to redesign roles and responsibilities to better align with the needs of the organization and the CCBHC model of care.
- Identify examples and experiences other CCBHCs have employed to redesign staffing models for implementation.

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Today's Presenters

Larry Smith, CPRSS
Chief Executive Officer
GRAND Mental Health

Josh Cantwell, LCSW, CPRSS
Chief Operating Officer
GRAND Mental Health

Chloe Hurley, MPH
Population Health Specialist
Endeavor Health Services

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Overview: CCBHCs and Workforce

Sam Holcombe
Senior Director
CCBHC-E NTTAC, National Council for Mental Wellbeing

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CCBHCs and Workforce

Since adopting the CCBHC model, clinics report on average hiring **27 new staff per clinic**.
The most common strategies CCBHCs are using to recruit and retain staff include:

- Raising salaries or offering bonuses (92%)
- Engaging in staff wellbeing efforts or revamping employee benefits (86%)
- Partnerships with clinician training programs (62%)
- Revising roles and scope of practice (59%)
- Participation in loan repayment programs such as National Health Service Corps (46%)

The workforce shortage has left many behavioral health providers, CCBHCs included, struggling with recruitment and retention to meet their communities' needs. Policies and practices to build the behavioral health workforce pipeline are critical but are not sufficient alone. Additional solutions are needed for filling gaps in the short-term as well as driving long-term sustainability.

National Council for Mental Wellbeing, 2022 CCBHC Impact Report.

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Rethinking Staffing

CCBHCs have identified efforts related to staff development to address workforce challenges, including rethinking staffing models as well as investing in professional development. Approaches shared include **restructuring teams and redesigning staffing models** to allow for task shifting or growth amongst staff, such as:

- Using staff differently (e.g., practicing at the top of their license).
- Creating new types of positions (such as population health managers, data analysts, integrated team managers).
- Adding additional support roles to help clinicians focus more on clinical service delivery and less on administrative and documentation requirements.
- Enhancing integration and expanded scope of services to help staff engage with clients across their full spectrum of health and social needs, allowing them to feel they are making more of a difference in their clients' lives and more empowered to address clients' full needs.

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Case Study: GRAND Mental Health

Larry Smith & Josh Cantwell
GRAND Mental Health (OK)

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GRAND CCBHC Staffing Model Approaches

- Leveraging operational positions to manage business
- Implementation of a team-based treatment model
- Utilization of peers to enhance the impact of LMHPs

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GRAND
Region 1
Region 2
Region 3
Region 4
County Clinic (13)
Urgent Recovery Center (3)
Satellite Clinic (7)
Residential Treatment Center (2)
Brief Stay Therapeutic Home (1)
Administrative Offices (6)
KAY
Blackwell
Ponca City
OSAGE
Pawhuska
Bartlesville
CLINIC, BSTH
WASHINGTON
NOWATA
Nowata
CLINIC, ADMIN, ERC
CRAIG
Vinita
CLINIC/URC
Miami
OTTAWA
Afton
Grove
Jay
DELAWARE
Kansas
West Siloam Springs
NOBLE
Perry
PAWNEE
Cleveland
Stillwater
CLINICS, URC, BSC
PAYNE
TULSA
Tulsa
ARC, BRYCE, SKYLINE II
ROGERS
Claremore
CLINIC, EOB, ANNEX
Pryor
CLINIC/URC
MAYES
Chouteau
OKLAHOMA
UPDATED 8/11/2022

Approach to Identification and Implementation of New Organizational Structure

- Brought in people with a business background
- Divided responsibilities and outcomes by clinical and business
- Retaining our most competent clinical staff in direct care clinical positions
- Implementation of new executive structure to support growth

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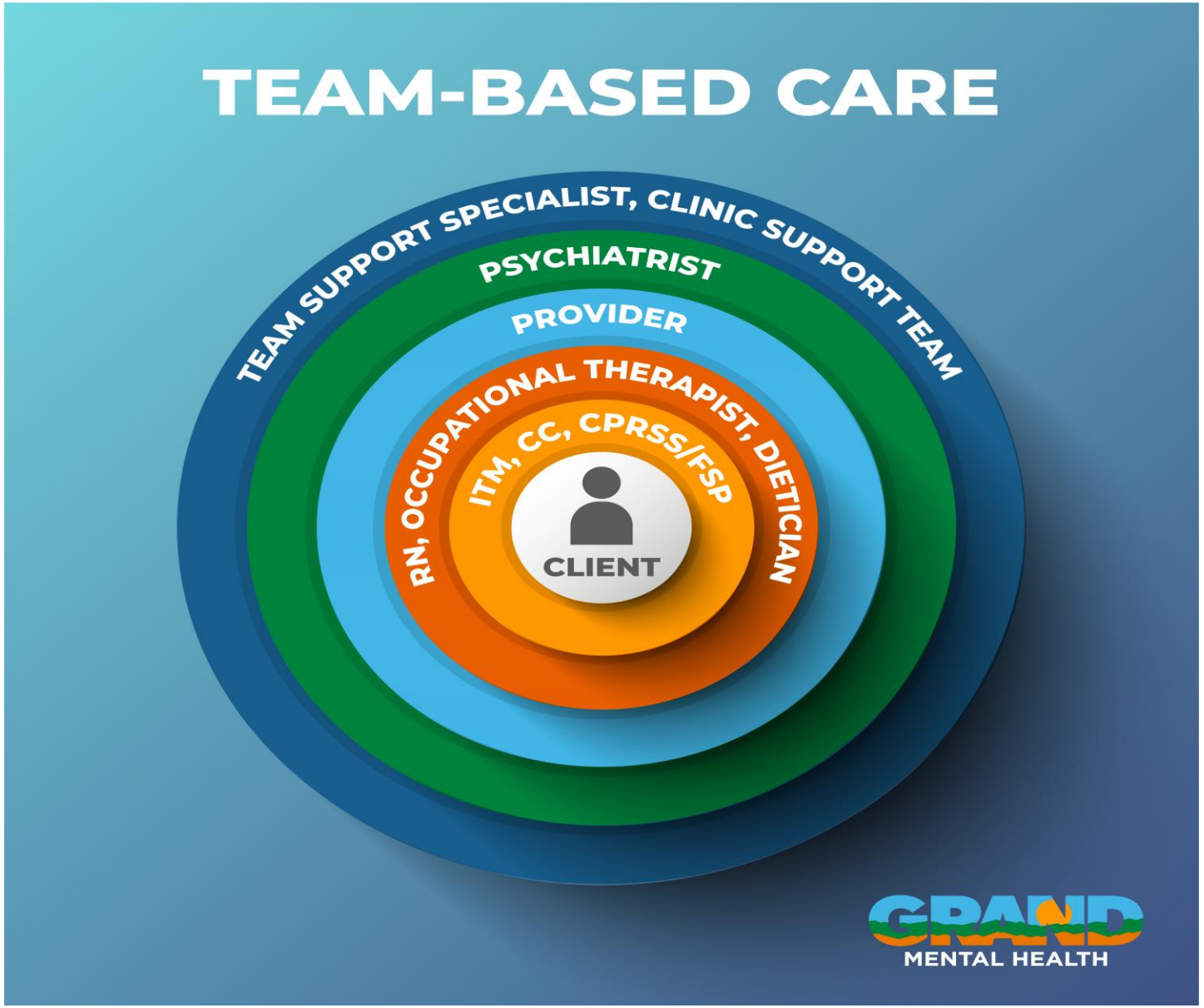
Team-Based Care

- Client-centered with individual consumers being the nucleus of all GRAND efforts
- Core team comprised of:
    - Integrated Team Manager (LMHP)
    - Care Coordinator
    - Staff with lived experience (Family Support Provider)
    - Average caseload of 40 clients
- Auxiliary team comprised of:
    - Team Support Specialist
    - RN Care Manager
    - Specialty Clinicians (Dietician, Housing Specialist, Employment Specialist, OT)
    - Advance Practice Provider
    - Child Certified Psychiatrist



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Integrated Team Managers (ITMs)

- Hybrid clinical/managerial position
- High level care coordination
- Charged with distinct responsibilities:
    - Oversee the health outcomes of 40 clients
    - Orchestration of cohesive team-based care through direct supervision of 2 clinical staff

Redesign to Optimize Staffing: Family Support Provider to enhance LMHP impact

- Family Support Provider (FSP) – Person who has experience raising a child or immediate relative who had behavioral / emotional difficulties.
- The FSP is able to bring a personal “been there, done that” experience to the helping relationship
  - Responsibilities:
    - Provide support and encouragement to family members
    - Assist family in developing and maintaining a natural support system
    - Assisting with parenting skills
    - Assist families in developing and implementing chore charts, behavioral plans, etc.,
    - Help the family make needed connections to the community.
    - Advocate for the family when needed
    - Do for, Do with, and Cheer On
- Over 50 FSPs working with the families we serve

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Case Study: Endeavor Health Services

Chloe Hurley, MPH
Endeavor Health Services (NY)

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Endeavor Health Services

- Private, not-for-profit behavioral health organization across Western New York with locations in Buffalo and Rochester
- Certified Community Behavioral Health Clinic
  - New York was one of the eight states that participated in the Federal Certified Community Behavioral Health Clinic demonstration program
  - Endeavor was one of the original thirteen CCBHCs across NYS
  - Completed recertification in 2022
- Awarded a SAMHSA CCBHC Expansion Grant in 2021

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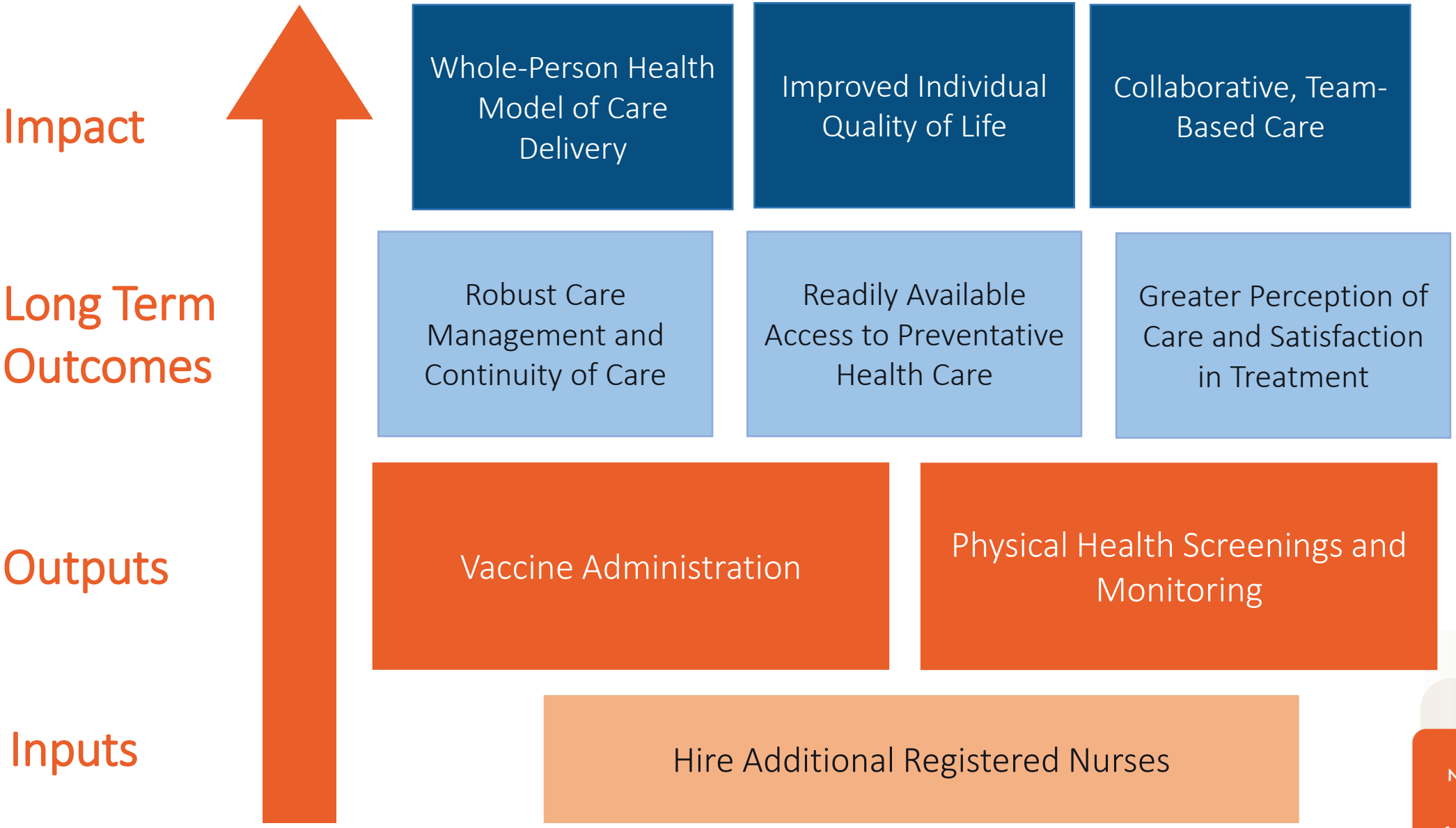

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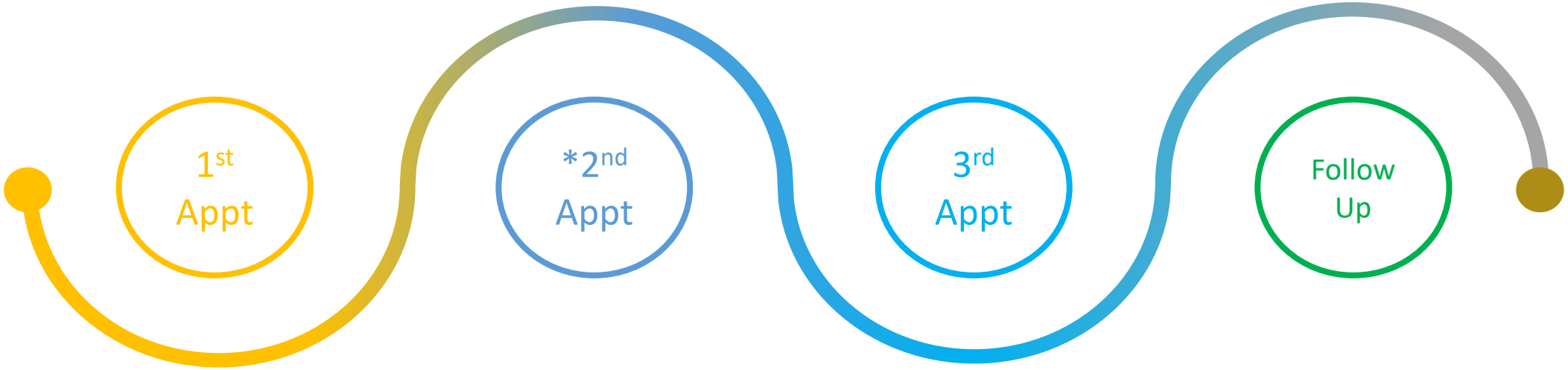
Intake Workflow



Clinical Intake Visit #1

Clinician uses visit to build rapport, perform risk assessment, create safety plan, and other necessary assessments.

Nurse Care Management Visit

The RN completes all medical aspects of the Comprehensive Assessment, performs health screenings, and attempts to obtain labs.

Clinical Intake Visit #2

Clinician uses 3rd intake visit to continue to establish care and to complete remaining elements of the Comprehensive Assessment.

Established Care

The Client proceeds to follow up with both their clinician, their RN, and their PCP for a team-based approach to care.

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Implementation Approach

Targeted and staggered to thoughtfully introduce change in service delivery

Present to Leadership

- Solicit stakeholder feedback
- Address questions or concerns

Launch Pilot

- Increased clinician and RN communication
- Develop staff and client facing materials

Monitor and Evaluate

- Review utilization
- Gather client feedback
- Modify processes

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Questions?

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Breakout Rooms: Workforce Redesign Strategies

In each room, each participant will share:

- What new roles have you added or adapted (or plan to) as a result of your CCBHC grant?
- What is one approach or piece of information you heard today that you will bring back to your CCBHC team?

Be prepared to share some themes from your group!

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Upcoming Events

Event Type	Title	Date + Time	Registration Link
Learning and Action Series	**Workforce Innovations Series Session 2: *Workforce Policies and Procedures*** • During this session we will cover areas to address include hiring (pay for licensing, open door policies, onboarding and exiting, flexible work hours, referral bonuses) new staff (supervision for peers, data analysts, SUD, prescribers); and flexible/remote work arrangements.	**Thursday, February 23rd, 3:00-4:30pm E.T.**	Register here
Office Hour	**Hot Topics: Needs Assessment - Session 2** • An opportunity for grantees to engage directly with experts and get your questions answered.	**Tuesday, March 7th, 2:00-3:00pm E.T.**	Register here

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Monthly Cohort Calls

Monthly cohort calls from the CCBHC-E NTTAC give CCBHC staff members a regular space for sharing with peers, generating solutions and cross-collaboration. Participate as often as you like. Sign up today and share this opportunity with other members of your team!

Event Type	Date + Time	Registration Link
Executives	The **last Friday** of each month from **12:00-1:00pm E.T.**	Register here
Program Directors	The **first Wednesday** of each month from **12:00-1:00pm E.T.**	Register here
Evaluators/CQI Leads	The **first Tuesday** of each month from **3:30-4:30 pm E.T.**	Register here
Medical Directors	The **first Monday** of each month from **12:00-1:00 pm E.T.**	Register here

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CCBHC-E TTA Center Website

Access our ever-growing resource library, upcoming trainings and events, and request for individualized support.

[CCBHC-E National Training and Technical Assistance Center]

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Thank You!

Thank you for attending today's event.

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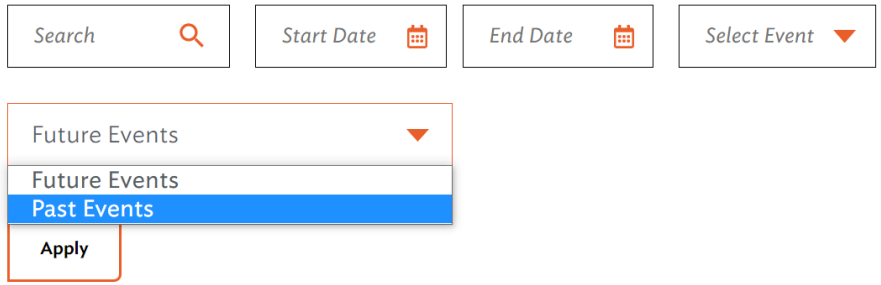
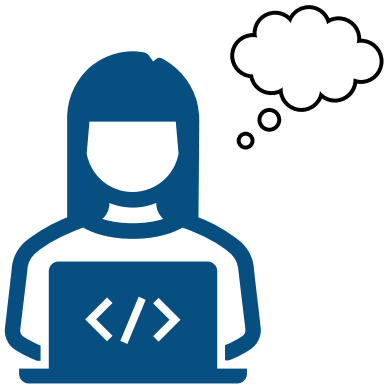
Calendar of Events



Your feedback is important to us!

Please complete the brief event survey that will open in a new browser window at the end of this meeting. Your input helps us improve our support offerings and meet our SAMHSA data metrics.



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