CCBHC WORKFORCE INNOVATIONS:
Staffing Model Redesign

The Certified Community Behavioral Health Clinic Expansion Grantee National Training and Technical Assistance Center's (CCBHC-E National TTA Center) Workforce Innovations Learning and Action Series provide guidance on building an effective staff infrastructure

RETHINKING STAFFING

Current workforce shortages have exacerbated challenges around staff recruitment and retention. One strategy Certified Community Behavioral Health Clinics (CCBHCs) have taken is rethinking staffing models, including creating new types of positions, adding support roles and enhancing integration to help staff engage with clients across their full spectrum of health and social needs.

CCBHC SPOTLIGHT

GRAND Mental Health (Oklahoma)

GRAND Mental Health, a CCBHC demonstration site, revamped its organizational structure to address its staffing needs. This included bringing in people with business backgrounds to provide managerial and operational support to clinicians, who could, in turn, focus more on service delivery. This added support, in addition to increasing salaries leveraging their prospective payment system (PPS), helped in the retention of the clinicians. The CCBHC also revised its approach to team-based care, creating a core team that includes an integrated care manager (hybrid clinical/managerial position), a family support provider and a care coordinator. Since implementing this model, Grand Mental Health has seen its turnover rate drop from 35% to 10%.

Endeavor Health Services (New York)

As part of its CCBHC-Expansion grant, Endeavor Health Services developed a registered nurse (RN) pilot program with the purpose of hiring additional RNs for patient education and care management. The pilot was designed by medical staff with input from leadership, operations and clinical staff. The goal was to improve client care and staff workflow while also reducing documentation burden. Endeavor uses a team-based approach to the intake process, using both the RN and clinician to establish care before bringing in primary care. Feedback from both staff and clients has been positive to date. Clients also reported more willingness to visit with primary care after meeting with the RN.

ACTIONS YOU CAN TAKE

- Review current workflows and policies to streamline processes that may overburden specific staff roles. This will help identify where task shifting can occur or new roles may be valuable. Specifically assess things such as proportion of clinical staff time spent on administrative or operational tasks.

- Revisit job descriptions and requirements of roles across the organization. Assess the necessary requirements and experiences for roles to determine where there might be flexibilities that expand opportunities for different cohorts of staff and candidates (as scope of practice and licensure allow).

- Review and change current executive structure to set the organization up for supported success.

- Keep staff involved and adapt to any new changes around their feedback and needs.

- Identify barriers and challenges in services and day-to-day operations and develop short- and long-term plans to enhance service offerings and operations along the integration spectrum accordingly.

- Hire staff or consultants with business expertise to assess the current staffing model and develop a strategic restructuring plan.

- Consider redefining roles by areas such as business and clinical to ensure everyone practices at the top of their license and ability.

ADDITIONAL RESOURCES

- Making the Case for High-functioning Team-based Care in Community Behavioral Health Care Settings

- Themes for Workforce Redesign in Mental Health

CCBHC-E National Training & Technical Assistance Center

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