NACBHD
National Association of County Behavioral Health Directors

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Bulletin

As Goes California…
Dearth of Human Resources in MH is at a Crisis Level

If California's energy emergency has sounded a warning to the rest of the nation, so should its crisis in human resources in the public mental health system. The CA Mental Health Planning Council studied 20 MH occupations and found that vacancy rates for some specialized positions ran to over 50% while unfilled unlicensed positions ranged from five to ten percent.

Openings for much needed unlicensed and licensed social workers are running at 22%, hitting a high of 35% in Los Angeles County. In CA's northern Superior Region all positions for child psychiatrists are vacant, as well as 55% of positions for psychiatrists in general. County operated programs statewide have a vacancy rate of 37% for psychiatrists.

A year ago the Planning Council convened a Human Resources Summit to address staffing problems. Looking closely at a variety of issues from work readiness in the classroom to job retraining to professional recruitment to the special needs of rural areas and cultural responsiveness, the summit came up with a ten point strategy with multiple sub-plans which reveals how difficult an issue human resources is.

According to a recent briefing paper by Council Executive Officer Ann Arneill-Py, the council is currently surveying county mental health departments to determine an interest in 20/20 programs which pay staff to work 20 hours a week and attend school 20 hours. Even if the interest is overwhelming, high-level lobbying will be required to convince the legislature to appropriate funding.

Increasing the number of psychiatrists requires advocacy of a different sort since the training of psychiatrists in CA is limited by a cap restricting specialty residencies to 50% of all residencies. The CA Psychiatric Association reports that last year more than 400 medical school graduates applied for only 48 psychiatric residences at University of CA medical schools. Since CA medical schools are run by a board of regents, the legislature cannot mandate change.

Not only do CA schools not produce enough MH graduates but those they do graduate are not prepared to work with the seriously mentally ill. This issue will be the basis for the 2001 Human Resources Summit. The goal of that meeting will be to initiate five regional training centers, conceived as collaborative ventures between postsecondary institutions and MH programs. The Planning Council is also working with the CA Institute of MH to develop training materials for staff newly hired to work in the MH system.

Given the shortage, competition for MH staff is fierce and community agencies are at the greatest disadvantage. In the hierarchy of MH salaries community agencies that contract with county MH departments are at the very bottom after state institutions, county governments and public sector agencies at the county level. One Los Angeles County agency just increased salaries by 20%, yet those wages are still 10-15% lower than those of the LA County MH Department. To document these disparities the Planning Council is conducting a survey, although fixing the problem will require budgetary increases.

Making community mental health jobs even more unaffordable for school graduates is often their own educational debt loads. Through its National Health Service Corps (NHSC) program, the federal government does forgive loans of graduates planning to work in areas that are designated as shortage areas. But in the last four years six CA counties have been able to hire only four psychiatrists, one psychologist, one licensed social worker, and one marriage and family therapist through the NHSC program. The federal budget for the program is $79 million to cover all states. Last year the agency turned away 600 applicants for lack of funding.

Arneill-Py's briefing does note one trend that may help alleviate the staffing crisis: the hiring of consumers and family members. Because the state is working toward implementation of the system of recovery with

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its mandate of self-determination, people, who have experience with mental illness, are uniquely qualified to provide services. Also, consumers are particularly effective in conducting homeless outreach, while family members are in demand as parent advocates. Later this month the council hopes to have the results of a survey of county MH departments to see just how many consumers and family members are currently employed and what barriers exist to expanding their employment.

As grim as it is, CA's current crisis in human resources is only "the tip of the iceberg in documenting the need for additional staff", according to the briefing. Some 600,000 CA residents, in need of MH services, are not getting treatment. That figure, derived from a council study, is about one and a half times the treatment capacity of the state's entire MH system. Thus, the need for human resources will only continue to grow, as funding becomes available to expand the MH system.

SA Staffers in Ohio are Being Lured Away by Prisons

When Bennett Cooper's father headed up the Ohio prison system in the early 70's there were 8,000 prisoners in it. Today it tops out at 50,000. So, no wonder Cooper, who is Executive Director of the Central Community Health Board, is losing staff to the corrections system. He jokes that the plan seems to be "to put a lot of unemployed folks in prison and then have other potentially unemployed folks to watch them."

But staffing is a serious problem for Cooper, whose agency treats mental health patients, most of whom have substance abuse problems. With slots for 165 full time employees, most with bachelor's degrees and below, the agency runs a significant deficit. "If folks have options, they don't work here," Cooper says.

"Really scary," breathes Nan Franks-Richardson, Executive Director of the Alcoholism Council of Greater Cincinnati, which serves the Ohio county of Hamilton and three Northern KY Counties. Out of 35 clinical staff at her agency, five positions are unfilled at any one time. She says it's difficult to compete because funding has been flatlined and pay remains low. Her independent, non-profit agency, which is largely government funded, no longer offers health benefits but instead gives a $200 stipend so that employees can purchase health insurance. Her own family policy costs $600 a month. Perhaps it is no wonder that employees will jump ship for a $3,000 raise.

On top of low salaries, new administrative burdens have made hiring and retaining staff even tougher for both agencies. A new OH billing system tagging Medicaid rates to 1999 levels plus inflation, has added to Cooper's administrative costs and the paperwork required of his staff… and that has led to lower morale.

It "makes them feel our society and government doesn't value their profession," emails Sherry Knapp, Executive Director of the Hamilton County ADAS Board. She reports that OH alcohol and drug providers have position vacancies that last for two to six months as they struggle to find replacements.

Franks-Richardson's hiring problems began about five years ago and became serious in the last three years. She thinks the reason is the booming economy, which led people to expect and receive higher salaries. But she fears it may be the advent of a new generation, expecting higher financial return and motivated less out of caring. And that may reflect the stigma that overhangs addiction, thought to be a problem of choice.

Tipping the scales even more is that Franks-Richardson is seeing a larger and larger number of clients with increasingly complex problems, especially lower level MH concerns such as housing, marital and job-related problems, and depression. Her agency served 6800 people last year.

Back in the 70's Cooper's father was trying to reduce the number of people in prison, because he thought 8,000 was too many. Cooper, whose agency carries a caseload of 1,000, says gloomily, "You know the reason a lot of folks are in jail is drugs." But he brightens a little when describing a new drug court OH is experimenting with, that substitutes intensive outpatient treatment for jail time. Cooper likes being part a program that keeps people out of jail.

Bulletin

NACBHD

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Tommy Thompson, Doing Things "Differently" at DHHS, What does it mean for Behavioral Health?

"Nobody would say Tommy Thompson was passionate about mental health," says Kathy Eilers, Administrator of the Milwaukee County MH Division about Wisconsin's governor who has just assumed the leadership of the Department of Health and Human Services (DHHS) in the new Bush Administration. Colleague Tim Steller, CEO at the North Central Community Services Program in Wausau, echoes her sentiment almost exactly, "I would not portray Tommy Thompson as an advocate for mental health." That said, the window into Thompson's future at the national level is anything but clear and views of his Wisconsin legacy differ slightly.

Looking ahead: So what is Thompson going to do at DHHS? "Some of us wonder." chuckles Steller, "Will he become a central government person or stay sensitive to states?" What Steller feels comfortable in predicting is that Thompson will take on the tough issues, from Medicare on. "He'll try, when he gets behind something, he really goes. But whether he will succeed or not who knows." Steller continues, somewhat more gloomily, "Thompson will privatize services. He'll go in the direction of the faith based initiative."

"What Thompson is passionate about," reflects Eilers, "is self-proficiency." Demonstrable in his vaunted welfare reform program, Eilers has also seen it play out in some mental health programs, such as one that creates wrap around services for TANF eligible women with substance abuse problems. Nervous about the effect of so much self-proficiency, her department carefully tracked the uninsured people entering the system behind welfare reform to see if the number went up. "It didn't happen," she reports. But some concerns remain, especially that Thompson will not see prevention and early intervention as priorities.

People in Wisconsin really wanted Thompson to become Secretary of Transportation, Eilers says, because they saw him helping the state in that position. HHS is another story. "There is no expectation that he'll do anything there," Eilers maintains. But then former HHS head Donna Shalala, who was a dean at the University of WI at Madison, when she was tapped to run HHS, isn't viewed as having done anything for the state either. "She turned her back on WI," says Steller, adding that Thompson fought HHS "tooth and nail" – a fact acknowledged by Thompson in his opening remarks to DHHS employees (see box). Thompson had to get waivers from DHHS to establish his welfare reform, managed care and health insurance for kids programs. It wasn't easy.

> **"It has probably not escaped your attention that I have spent the last 14 years persuading many of you in this Department to let me try things a little bit differently in WI. We stretched the rules…some of you are probably wondering just what it is I'm doing here now. Well, I'll tell you. I'm here to do things just a little differently on the national level."**
>
> **Tommy Thompson**
> **Address to HHS Employees 2/2**

Both Eilers and Steller agree that Thompson is a man who inspires people. "He will stand up there and cheerlead, and guys in $2,000 business suits will cheer like at a football game," says Eilers. Steller puts it this way: "Thompson is not an intellectual but he is a master politician." For that reason Steller finds it baffling that Thompson would even want to go to Washington to head a big, bureaucratic department; a member of the cabinet, when he had been CEO. And, Steller predicts, he'll get "very unhappy, very quickly."

Wisconsin Legacy: In 1996, ten years into a 14 year governorship, Thompson established a WI Blue Ribbon Commission (BRC) on MH Care. Made up of 40 stakeholders, who ran the gamut of the MH system from consumers to service providers to elected officials, the commission examined the state's MH system and the principle of state/county partnership on which it was based. The commission was the result of a long campaign by the man, who eventually chaired it, Peter DeSantis. DeSantis had ties to the governor and according to Eilers, believed that WI had been in the forefront of MH systems and had lost that edge.

A year later the commission made its report, adopting the concept of recovery as the key tenet in an MH system that would be county based and carved out from Medicaid. It would demand performance review and emphasize prevention. All 40 commission members agreed on the plan, which concluded, hopefully, "The next step in improving MH services in WI is implementation of these recommendations."

"Sometimes things get done and nobody pays attention," says Eilers, "that's not true in this case. The BRC created a life of its own." By that she means that the legislature and the state have been trying to move things in the direction defined by the plan. Because of

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In Kansas Hiring is a Struggle, But Not a Crisis

"It's harder than it used to be," admits Executive Director of Comprehensive Community Care of Sedgwick County Deborah Donaldson. "There's lots of talk about growing folks in house, helping them get their masters etc,. being flexible about hours so they can go to school."

The biggest difficulty is finding psychologists and social workers. But there are lots of psychiatrists. Donaldson says private practice hasn't fared well for them in KN and that she attributes to cost. She can hire a psychologist for $50,000 a year but a psychiatrist costs $130,000.

The people Donaldson gets are not trained as well as she'd like. For instance, anyone dealing with DD patients has to be trained on the job. "I'd like all the therapists to be proficient in both areas but that's not going to happen," Donaldson sighs. She'd also like to see more training in cultural diversity. "I can see (hiring) is a future problem," she concludes.

Fewer Applicants for Behavioral Health Positions in Virginia

"In the last year we have noticed a significant decrease in applicants for all positions," reports NACBHD President elect and Executive Director of the Henrico Area Community Services Board Jim Stewart. But compared to other states, Virginia is having only minor problems with recruitment. Stewart attributes this to the competitive salaries the state offers.

"Historically, we have had numerous applicants for standard positions like clinician, case manager, residential counselor and training specialist," Stewart says. VA has more trouble finding people to fill specialty positions such as MH nurses, jail psychologists and occupational therapists for infants. Stewart attributes the current downturn in applicants to the low unemployment rate.

Behavioral Health

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it, contracts have been let for community service oriented services and four demonstration projects to manage MH services have been started.

Director of Kenosha County Division of Disability Services Ron Frederick says the commission report is a "fine philosophical document" but nobody has backed it up with any money. According to Frederick, education and corrections have been Thompson's priorities at the expense of human resources. Steller points out that the four demonstration projects, for example, have been minimally funded. He doubts the money is adequate.

But Eilers wonders if some perspective isn't called for. While she too worries about the amount of back end funding (prisons) and the lack of money for prevention, she says, "WI taxpayers have been very generous. Around the country the impression is that WI has so much money it doesn't need to have managed care." On a trip to Houston a few years ago, Eilers was surprised to find that the budget there matched hers but had to cover a much larger area. So she wonders if expectations in the MH community aren't ratcheted a little high. "We could all use more money but you have to balance the need versus what people are willing to pay."

Eilers believes the state has been supportive of community based care, switching money over from the former system as it becomes available. But the future of community based care is exactly what worries Steller. Just before Thompson left office he appointed another blue ribbon commission, this one he was enthusiastic about. Its purpose was to study and refine state and local partnerships. Says Steller, the recently released report recommends the state take over MH and contract it out (see box).

> **"To transform the state's shared revenue and targeted aid programs for counties into purchase-of-services contracts for human services and criminal justice, in which: the state defines the outcomes; the state contracts with the counties to deliver them; the counties have great flexibility in how to produce those outcomes; and the counties report to taxpayers on the results they achieve."**
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> **From the Commission on State/ Local Partnerships Report Highlights**

What happens to this BRC report depends on WI's new governor, former Lieutenant Governor Scott McCallum. Steller says McCallum, who was always in Thompson's shadow, is something of an unknown.

Strategizing to meet Social Care Workforce Needs in the United Kingdom

"An immediate shortage of front line social workers and care staff, particularly in child care and domiciliary care," is one of the reasons behind a comprehensive national training strategy issued last year by Teachers of Psychology in Secondary Schools (TOPSS) in the United Kingdom.

The five year plan lists shortages of "occupational therapists, part-time frontline staff, Diploma of Social Work holders to fill key posts created by new policies, approved social workers, managers at all levels, people to work with drug and other substance misusers and foster carers to work with older and more vulnerable children and young people."

The plan goes on to list 12 strategic objectives to be met by 2005. Among them are the adoption of national standards for planning, job definition and skills assessment; development of local, regional and national training strategies; collection and analysis of workforce data (age, gender, ethnicity, race and disability); increasing minority hiring to reflect the general population; standardized inductions for new workforce entrants; individual training and assessment for all employees, who will be expected "to take personal responsibility for their own continuing development"; allocation of three percent of staffing budgets for direct training; and national annual targets for achieving qualified staffing in all sectors of the social care workforce.

Successful Hiring is a Matter of Self-Promotion

So says Headhunter Michael Shirley, President of Shirley & Associates. Shirley, who will speak at the NACBHD Annual Conference in July, has been recruiting BH professionals for the last 15 years. Hiring in today's BH market, according to Shirley, takes proficiency in leadership and management, skills that BH professionals are not, as a rule, trained to have. "They know nothing about team building, staff development, management training or organization development and effectiveness," Shirley points out.

But he adds, those abilities can be learned: "Lots of organizations complain about the difficulties of staffing and recruitment but they aren't doing anything to get better at it." He offers a five point primer:

1) **Do promotional interviewing.** Hiring is a buy/sell equation, a matter of finding the right person but also selling the organization. Also, keep the interview process simple. Often it's muddled and inefficient. It doesn't need to be a long drawn out process with multiple meetings.
2) **Plan ahead.** It's going to take awhile to find replacements. Medical directors, for instance, take 6 to 12 months to find. Don't wait until someone retires, begin recruiting beforehand
3) **Be creative in your search.** Most organizations run ads in trade publications and that's all they do. Find creative ways to get the word out and do a lot of networking.
4) **Offer non cash incentives.** You probably can't offer potential employees more money, so be creative about recruitment, offering other incentives, such as scholarships, leadership development or just a better culture, a great place to work.
5) **Articulate your vision.** Promote your organization, not just in-house and among recruits, but also in the community. If the community has a poor opinion of you, it will make hiring more difficult.

The marketplace is going to continue to be challenging, predicts Shirley. Professionals in short supply include child psychiatrists, child psychologists, licensed social workers, medical directors, executive directors and case workers. In rural communities the pain has been and will continue to be most acute. "Sometimes organizations go years without key personnel," says Shirley.

In addition, the employment picture has become more complicated because of government rules and the growth of independently owned centers, making behavioral health a "less gratifying" field to work in. Filled with people whose motivation is largely to provide service and help people, Shirley says, BH workers are being asked to do more and not getting paid for it. Because of the shortage many organizations have grade creep in which people get promoted beyond both their level of competence. It all leads to burn out. Shirley sees a lot people leaving the business all together.

He often gets called when organizations are looking for "change agents", somebody to reorganize their entire structure. He likes his job because "when you put someone into these organizations who's really good, it has a good effect on the community. You really make a difference."

A Pennsylvania School Retools to Train Behavioral Health Professionals for Today's Workforce

"The largest number of people working directly with behavioral health patients are people with a bachelors degree and below," asserts Ronald Comer, Director of the Mental Health Technology Program (MHTP) at MCP Hahnemann University, soon to be part of Drexel University. Comer says more than half of the people staffing community mental health systems have no higher than bachelors level training.

Since 1969, MHTP has been in the business of training entry level professionals to work with Ph.D.s in the behavioral health field. What Comer has done with the program in the past year is upgrade the curriculum to meet the needs of today's horizontally integrated mental health system. Among these needs are using resources to get a handle on costs, emphasizing recovery, rehabilitation and work rather than controlling symptoms, responding to cultural diversity and partnering with consumers and families. In particular, the latter, says Comer is a major shift and training hasn't kept up with it.

The baccalaureate degree program has 50 students, 25 in Behavioral Health Counseling and 25 in Addictions. But there is considerable course overlap. Students in both sections, for instance take ***Foundations of BH Care, Behavioral Disorders, Multicultural Counseling, Cognitive-Behavioral Counseling, Group Counseling, and Ethics and Professional Responsibility.*** All students are being trained to understand Community Support Program (CSP) and Children and Adolescent Services Programs (CASP) principles. What Comer wants, he says, is not to train therapists but to educate members of a professional framework.

Comer is trying to create a partnership that doesn't currently exist between BH providers and academics, who train professionals according to workplace needs. "Can you imagine any other profession in which academics dictate workers' training," he asks. That the need is out there, he has no doubt, having heard from agency directors, who sometimes talk about 100% staff turnover in the course of a year. "Workforce development is generally about system improvement," says Comer.

Although he has yet to graduate a class in either behavioral health or addictions, Comer is not in the least worried about his students finding jobs. Traditionally he gets more calls that he has MHTP graduates to fill them. They go on to become unlicensed BH professionals, providing a range of services such as middle management, group therapists and program supervisors.

At the moment the MHTP is one of a kind. The closest thing Comer has been able to find is a program at the University of Maine, which was established by a grant from the state legislature there to fill a critical need in the workforce.

Trying to even the Playing Field in Ohio

County authorities in Ohio are prohibited from providing direct service but among providers there is a critical shortage of BH professionals, reports Bill Harper, Executive Director of Recovery Services of Warren/ Clinton Counties and outgoing NACBHD President. One provider in the Cincinnati area has a 30% vacancy rate for case management positions, he says.

Hoping to alleviate the situation, Warren/Clinton Counties is doing a compensation study. The study will look at what providers can do to be more competitive in the private sector and…among themselves.

According to Harper's assistant Kelly Brown, the various agencies have similar positions that are often compensated differently, a fact that doesn't go unnoticed by employees. It causes friction," she says, especially since the agencies are all part of the same system and have to work together. What the salary disparities do is place them in competition with one another.

The answer, part of the compensation study, is to establish a salary schedule. Recovery Services can't mandate agency directors to adhere to the new salary schedule but, Kelly says, they view it favorably and are likely to anyway. The study can also be updated every two years or so to keep it current with the marketplace.

CALL FOR COMMITTEE MEMBERSHIP

NACBHD is creating an **Ad Hoc HIPAA Committee** to work with HCFA, CMHS and the public sector behavioral health community to ensure that county/local directors get the information they need to implement this monumental effort in a timely fashion and make sure that the county/local voice is heard on this issue. We anticipate a six month commitment with one or two conference calls during that time. It is a great opportunity to contribute your skills and expertise to the association. Please express your interest to Lauren Wolfe at the NACBHD office: Lauren@nacbhd.org or (202) 234-7543.

Positions Available

President/CEO

We represent a respected, Des Moines based, Community Mental Health Center and its affiliates. This multi-faceted, non-profit organization provides specialized services to behaviorally disadvantaged adults. They are seeking a Chief Executive Officer to provide overall direction and administration along with supervision of fiscal performance, strategic planning, and staffing. The CEO serves as liaison to legislative bodies, regulatory agencies, the community, etc. and reports directly to the Board of Directors. Requirements include minimum of 5 years experience in a relevant field, Masters degree (health care or business preferred), outstanding oral and written communications, and strong management skills. Compensation commensurate with responsibilities and experience. If you are a committed individual, attracted to challenging situations and seek high gratification in your work, contact us in confidence and without obligation.

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Executive Director

The Harrisonburg-Rockingham Community Services Board (HRCSB) seeks an experienced executive to head agency operations. HRCSB is a public agency responsible for planning and providing a program of innovative community-based mental health, mental retardation and substance abuse services in the Rockingham County and Harrisonburg area of Virginia. Executive Director provides leadership/management for all agency programs, services, and administration; developing and implementing program, personnel, and fiscal policy; representing the agency and its programs in the community and to local and state government and human services agencies; establishing an open, energetic, stimulating work environment which motivates staff to maximum productivity.

Successful applicant must have knowledge, skills and abilities related to position functions including knowledge of complexities of health care system and sensitivity to issues in mental health, mental retardation, and substance abuse and previous work experience in management and administration of behavioral health care services involving a policy setting Board of Directors. Advanced degree related to public or health care administration is preferred.

Interested and qualified applicants should request application packet. All inquiries will remain confidential. Application deadline: **April 1, 2001.** EOE.

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GRANT OPPORTUNITY

SAMHSA'S Center for Substance Abuse Treatment announces the availability of $2.4 million in grants to implement six or seven practice-research collaboratives. The grants will help community-based substance abuse treatment providers and researchers identify local needs and implement appropriate treatment strategies.

Applications for grants of $300,000 to $400,000 a year for up to three years must be received by May 4, 2001. Applications are available on SAMHSA's web site: www.samhsa.gov and 1-800-729-6686. Request a copy of GFA No. TI-01-001.

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