POLICY BRIEF

Identifying Systems-Level Factors That Influence Workforce Capacity

Project Team

Nicole Cadovius, MBA, MSM
Shannon Mace, JD, MPH
Courtney Brown, MPH

Background

In November 2016, the U.S. Department of Health and Human Services estimated there will be shortages for all levels of behavioral health professionals, including a deficit of more than 250,000 full-time equivalent employees by 2025 when factoring in unmet need.[1] Workforce capacity will likely be further affected by the coronavirus disease 2019 (COVID-19) pandemic. Beginning in March 2020, the pandemic resulted in a declaration of a national emergency in the U.S., causing a rapid transition to virtual healthcare services, including telebehavioral health.[2] Regulatory and policy modifications were made by federal and state regulators to allow provider flexibility in billing and remote service delivery.[3-5] In response to the COVID-19 pandemic, the Centers for Medicaid and Medicare Services issued temporary waivers and new rules to ensure flexibility in behavioral health care provision and removal of barriers for the healthcare systems workforce.[6] Understanding how systems-level factors affect workforce capacity following these changes will yield insight on the pandemic's impact on service delivery and effectiveness.

Methods

The National Council for Mental Wellbeing (National Council) research staff, in partnership with the Behavioral Health Workforce Research Center at the University of Michigan School of Public Health, collected quantitative and qualitative data on systems-level factors from behavioral health provider organizations nationwide. Researchers collected data in two phases: (1) An electronic survey deployed in August 2020 to examine which systems-level factors impact behavioral health services delivery, and (2) key informant interviews completed in October-November 2020.

The research team collected quantitative data via an electronic survey tool from a convenience sample of behavioral health providers in leadership positions. The survey was designed to be completed within approximately 15 minutes. Researchers distributed the survey via e-mail in August 2020 through the National Council's mass communications list of more than 50,000 behavioral health stakeholders. Owing to the method of survey distribution, a response rate was not calculated. Participation in the survey was voluntary and a $25 electronic gift card was provided as an incentive to the first 350 participants who completed the survey. Quantitative data generated from the survey were analyzed with Microsoft Excel software.

To gain a deeper understanding of key factors impacting workforce capacity and effectiveness in service delivery, policy and regulatory factors, and the impact of the COVID-19 pandemic on workforce capacity and service delivery, the research team collected qualitative data through recorded semi-structured key informant interviews conducted in October-November 2020. Key informants were individuals in leadership positions at behavioral healthcare organizations that provide a range of behavioral health services

and either expanded or adopted telebehavioral health due to the COVID-19 pandemic. Interview questions focused on the impact of systems-level factors within organizations that affected service delivery prior to the onset of the pandemic. Participation in key informant interviews was voluntary and key informants were offered a $25 gift card incentive for interview completion.

The research team performed a thematic analysis of survey and interview data to identify common themes shared across respondents.

Key Findings

- A total of 215 individuals from all 50 states and Puerto Rico participated in the survey, while 9 organizations from 8 states participated in key informant interviews
- Participants had diversity of organization type, location, subpopulations served, and included representatives from urban, rural and frontier communities
- Staff turnover, financing, and licensing requirements had the greatest negative impact on capacity and ability to effectively deliver services prior to the COVID-19 pandemic
- While scope of practice guidelines in some cases were reported to have a positive impact on an employee's ability to effectively deliver behavioral services prior to the COVID-19 pandemic (especially for mental health counselors and social workers), a majority of responses (57%) indicated that this factor had minimal to no impact across employee type
- Health information technology, including telebehavioral health, had the greatest positive impact on service delivery in response to the COVID-19 pandemic, while other social and economic factors related to accessing and engaging in treatment (e.g., transportation, child care, employment) had the greatest negative impact
- All respondents reported being impacted by the COVID-19 pandemic: 66% reported difficulties hiring; 40% reported financial harm
- A majority of key informants reported benefiting from policy changes that allowed for flexibility in service delivery as organizations implemented new or amended telehealth procedures
- While 59% (or 5 of 9) of key informants expressed plans to increase the use of technology in service delivery or incorporate aspects of telebehavioral health in the long term, others were unsure about expansion due to uncertainty surrounding the timeliness and effectiveness of the COVID-19 vaccine, how the presence of COVID-19 will continue to affect them financially, and how federal and state policies adapt to COVID-19

Survey Data

Individuals with leadership roles in private and public behavioral health organizations completed the survey (n=215), with respondents representing agencies that provide services across 47 states, the District of Columbia, and Puerto Rico. Delaware, Utah, and Vermont were not represented in survey responses. Response rates varied substantially by survey item and the corresponding rate is listed for each item. More than half of all respondents (52%) were from urban areas with populations of >50,000 people. Approximately one quarter of respondents (28%) were from areas with populations of between 2,500 and 49,999 people. Nine percent of respondents reported being from medically underserved areas. Seven percent of respondents were from rural areas with a population of <2,500 people, and 2% were from Frontier Health Professional Shortage Areas. Approximately 2% of respondents were from tribal areas.

The most common types of organizations represented were those that provide both mental health and substance use disorder services (70% or 66 of 95 respondents), integrated health care services or collaborative care (41% or 39 of 95 respondents), mental health services (19% or 18 of 95 respondents),

substance use disorder treatment services (6% or 6 of 95 respondents), and general health care (8% or 8 of 95 respondents).

All respondents reported being impacted by the COVID-19 pandemic. Provision of telebehavioral health was frequently named as an area of major change in service delivery, with more than half of those surveyed reporting having shifted to telebehavioral health with a major telephonic component. This transition necessitated additional training for staff on new policies, procedures, and utilization of technology to better support clients in adapting to a telehealth model of care. The shift to telehealth also introduced new challenges to key informants' practice, particularly in rural areas where internet connectivity is not equal or guaranteed across service areas. Additionally, the availability of proper equipment for clients to access telebehavioral health services was not uniform, which one key informant reported as a cause of increased no-show rates. However, most key informants reported a decrease in no-show rates overall.

Respondents evaluated their daily professional functions to determine the impact of COVID-19 of policy and regulatory changes on their staff's ability to effectively deliver services. Health information technology, including telebehavioral health, incurred the greatest positive effects on service delivery with 71% (80/113) participating respondents reporting its impact as significantly or minimally positive. The largest significant negative impact concerned social and economic factors related to treatment access and engagement, including transportation, child care, and employment. Of the 116 respondents to this item, 86% (98/116) reported a significant or minimal negative impact in this area.

Respondents also reported on 20 factors that impacted service delivery and workforce capacity following state-level changes to behavioral health service policy and regulations as outlined in Table 1 (pg. 4).

Policy changes had a notable positive impact on services by allowing for increased flexibility in service delivery and reimbursement. The ability to expand and implement the use of telebehavioral health via phone, video, or alternate device enabled continuity of care for clients as providers pivoted from in-person to virtual care. Increased state and federal regulations and reimbursement flexibility due to COVID-19 also had a significant positive impact on workforce capacity: Approximately 87% (99/113) of respondents indicated that the changes that had the greatest positive impact were flexibility in the kinds of telehealth authorized during the pandemic and allowing for provision of telehealth services in alternate settings (88%, (100/113)).

To better understand the factors impacting service delivery prior to the COVID-19 pandemic, 6 systems-level factors were evaluated: overall staff competency, staff turnover, organizational structure, available financing and resources, licensing, and scope of practice guidelines. Respondents noted that staff turnover, financing, and licensing requirements had the greatest negative impact on capacity and ability to effectively deliver services.

Regarding the organizational hiring process, 66% (66/100) of respondents reported their organization was experiencing difficulties with hiring.

Key Informant Interviews

To further explore trends identified in the survey, key informants were asked a series of questions to uncover workforce challenges and strengths prior to and during the COVID-19 pandemic. Several key informants reported that prior to the pandemic, insufficient financing and resources had an impact on workforce capacity, citing issues including an inability to offer staff competitive salaries and Medicaid rates that do not meet the current need. Key informants also identified staff hiring and competency issues, explaining that it was difficult to find qualified master's level professionals and those who had expertise in medication assisted treatment and providing services to individuals with serious mental illness.

Key informants reported that the pandemic led to major shifts in the workforce landscape, most notably the increase in telebehavioral health services. Though all key informants reported an uptick in telebehavioral health services, 33% (3/9 key informants) expressed uncertainty regarding their organization's

Table 1. Impact of Policy and Regulatory Changes						
	Most Positive Impact	Minimal Positive Impact	No Impact	Minimal Negative Impact	Most Negative Impact	Total
Flexibility in the kinds of telehealth authorized during the pandemic	81	18	9	4	1	113
Allowing for provision of telehealth services in alternate settings	79	21	12	1	0	113
Changes to Medicaid telehealth policies	80	17	13	2	1	113
Flexibility related to prescribing using telehealth services	58	25	22	3	0	111
State-level policy or regulatory changes	36	42	26	5	3	112
Flexibility in state licensure requirements for telehealth	50	32	27	4	0	113
Changes to Medicare telehealth policies	52	26	28	5	2	113
State initiatives to maintain funding/keep providers whole	45	24	30	5	6	110
Paycheck Protection Program	60	15	35	1	1	112
Changes to Medicaid State Plan Amendments	39	31	35	3	1	109
Changes to federal privacy and confidentiality regulations	34	39	36	3	0	112
Changes to private insurance telehealth policies	35	33	37	4	1	110
Private insurance reimbursement flexibility	23	42	40	4	3	112
Changes to Medicare coverage and payments	27	21	50	9	5	112
Public insurance reimbursement flexibility	26	24	54	4	3	111
Flexibility in prescribing medications for opioid use disorder	21	22	65	3	0	111
U.S. Small Business Association's Economic Injury Disaster Loan Program	18	25	67	0	1	111
Section 1115 state waivers	22	17	64	1	1	105
Substance Abuse and Mental Health Services	14	25	69	0	0	108
Section 1135 state waivers	17	18	73	0	0	108

five-year plan and intentions for how they will approach telehealth services moving forward. Several key informants expressed that organizational plans are dependent on the timeliness and effectiveness of the COVID-19 vaccine, how the presence of COVID-19 will continue to affect them financially, and how federal and state policies adapt to COVID-19.

Eighty-nine percent of key informants (8/9) identified counseling services as the area most greatly affected by hiring challenges. Other areas identified as impacted by hiring difficulties include staff training, difficulty finding or referring clients to a therapist, long wait times for initial psychiatric assessments, cost-prohibitive services, ability to secure placement for individuals to enter treatment centers including on weekends, recruiting and retention of qualified clinicians due to the inability to pay market value, high acuity of client care, and supervision of services. Thirty-three percent of key informants (3/9) reported needing to increase staff to accommodate demand for services, and 22% (2/9) reported that increased revenue had not led to increased hiring and that finding licensed staff to backfill positions was difficult.

Conclusions & Policy Considerations

Flexibility in service policy, regulations, and delivery in the wake of the COVID-19 pandemic positively impacted providers' ability to continue serving clients. Service delivery and billing flexibility was a major factor

in continuity of services for all of providers because they were able to pivot to and bill for telebehavioral health services. Respondents reported lower no-show rates and increased engagement when they were able to offer telebehavioral health options ranging from telephonic to video services. More than 50% (5/9) of key informants reported a rapid shift to virtual supports, a change that was challenging for rural clients who did not uniformly have access to technology. Thus, telephonic support played a large role in the continuation of behavioral health services. These findings support the continuation of policy and regulatory reforms currently in place due to the pandemic in order to help augment staffing shortages, efficiency in service delivery, and facilitation of clients' increased access to and engagement with telebehavioral health.

Staffing shortages, recruitment challenges and staff turnover and burnout had a negative impact on capacity before and during the pandemic. Eighty-nine percent of respondents (8/9) named counseling services as significantly impacted by staffing shortages. One key informant noted the importance of promoting self-care among staff as an effort to reduce burnout and referenced providing support to local hospitals by training staff in how to practice self-care and understanding the link of mental and physical health.

Opportunities for further research on systems-level factors include investigating innovation in service delivery models following the onset of the COVID-19 pandemic, resiliency of the behavioral health workforce, and the perceived quality of telebehavioral health services following the rapid adoption of telebehavioral health.

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References

1. Health Resources and Services Administration/National Center for Health Workforce Analysis; Substance Abuse and Mental Health Services Administration/Office of Policy, Planning, and Innovation. National projections of supply and demand for behavioral health practitioners: 2013–2025. https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/behavioral-health-2013-2025.pdf. Published November 2016. Accessed November 14, 2020.
2. Pinals DA, Hepburn B, Parks J, Stephenson AH. The behavioral health system and its response to COVID-19: a snapshot perspective. Psychiatr Serv. 2020;71(10):1070–1074. doi: 10.1176/appi.ps.202000264.
3. Center for Connected Health Policy. Telehealth coverage policies in the time of COVID-19. https://www.cchpca.org/resources/covid-19-telehealth-coverage-policies. Published 2020. Accessed November 14, 2020.
4. Center for Connected Health Policy. COVID-19-related state actions. https://www.cchpca.org/covid-19-related-state-actions. Published 2020. Accessed November 14, 2020.
5. Federation of State Medical Boards. U.S. states and territories modifying requirements for telehealth in response to COVID-19. https://www.fsmb.org/siteassets/advocacy/pdf/states-waiving-licensure-requirements-for-telehealth-in-response-to-covid-19.pdf. Published October 16, 2020. Accessed November 14, 2020.
6. U.S Centers for Medicare and Medicaid Services. Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs): CMS flexibilities to fight COVID-19. https://www.cms.gov/files/document/covid-rural-health-clinics.pdf. Published November 4, 2020. Accessed November 9, 2020.