Public Behavioral Health Workforce Workgroup

Strategies for Meeting the Need in our Communities
December 2021

TN Department of Mental Health & Substance Abuse Services

TN Division of TennCare

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Executive Summary

Over the last several years, Tennessee State Government and the Tennessee General Assembly have made significant investments in both expanding and enhancing the state's public behavioral health system. With primary funding coming from TennCare (the state's Medicaid agency) and the Tennessee Department of Mental Health and Substance Abuse Services (the state's behavioral health authority), Tennessee's public behavioral health system exists to serve Medicaid covered or uninsured Tennesseans living with serious mental illnesses, serious emotional disturbances, substance use disorders, and co-occurring disorders. This system is supported with state appropriations and federal funds and provides for a continuum of care that encompasses prevention, early intervention, treatment, and recovery support services. Through a large network of community mental health centers, substance use treatment centers, non-profit agencies, faith-based communities, managed care organizations, and other direct service providers, both TennCare and the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) support evidence-based services and supports that create pathways to recovery and independence for those impacted by behavioral health disorders who are either covered by Medicaid or uninsured.

Pressures on the workforce coexist with an increasing need for behavioral health services. With challenges exacerbated by the COVID-19 pandemic, it is imperative that all partners in the public behavioral health system assess for opportunities to grow and strengthen the community of professionals who provide mental health and substance use treatment and supports.

Despite the significant progress made in strengthening Tennessee's public behavioral health system, challenges persist. Like many other sectors and industries across the United States, the state's public behavioral health system has significant challenges in recruiting and retaining an appropriate workforce. These pressures on the workforce coexist with an increasing need for behavioral health services. With challenges exacerbated by the COVID-19 pandemic, it is imperative that all partners in the public behavioral health system assess for opportunities to grow and strengthen the community of professionals who provide mental health and substance use treatment and supports.

Recognizing the impact of this ongoing challenge, TDMHSAS and TennCare convened the ***Tennessee Public Behavioral Health Workforce Workgroup*** in June 2021. Serving as convenors and facilitators of this workgroup, the agencies gathered a diverse group of stakeholders and professionals, each of whom was uniquely positioned to provide insight to this critical issue.

This report represents the work of the Public Behavioral Health Workforce Workgroup and proposes short-term and long-term strategies that directly address recruitment and retention opportunities that can be implemented by local behavioral health providers, colleges and universities, and various Tennessee State Government Departments.

Recognizing that behavioral health needs of Tennesseans continue to grow, maintaining a steady and resilient workforce is more critical than ever. It is our hope that this report provides actionable steps that will strengthen the career pipeline into the public behavioral health workforce and assist in maintaining a labor force of qualified, competent, and dedicated professionals who serve Tennesseans living with behavioral health challenges.

Introduction

The State of Tennessee has consistently been lauded as a national leader in behavioral health both for its services at the community level and its cooperation, communication, and collaboration at the state level. Efforts and initiatives ranging from integrated care (e.g., Tennessee Health Link) and a statewide crisis system to supportive housing and substance use disorder treatment are just a few examples of how Tennessee has worked to create an accessible and effective system of care for individuals living with the most serious behavioral health issues. Notably, in the 2021 Mental Health America State of Mental Health in America report, Tennessee improved to 28th in the United States, up from 39th in the previous year. Beyond its innovative and cross-cutting programs, Tennessee is also unique for its very strong working relationship between the state's behavioral health authority, the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) and the state's Medicaid agency, TennCare. It is through this long-standing partnership that TDMHSAS and TennCare set out to address an issue troubling states across the country, a public behavioral health workforce that is challenged by increased demand and need.

To generate both short-term and long-term strategies to address recruitment and retention issues, TDMHSAS and TennCare launched the Public Behavioral Health Workforce Workgroup in June 2021. This workgroup consisted of professionals representing the provider community, public and private institutions of higher education, and other relevant state departments and professional associations. Meeting over the course of three months, the workgroup operated under three overarching goals:

> *"Future supply and demand for behavioral health practitioners will be affected by a host of factors related to population growth, aging of the nation's population, overall economic conditions, expansion of insurance coverage, changes in health care reimbursement, retirement, attrition, availability of training, and geographic location of the health workforce."* **Health Resources and Services Administration (HRSA)**

Public Behavioral Health Workforce Workgroup Goals

Clearly identify gaps and needs related to the public behavioral health workforce using relevant national data and data specific to the State of Tennessee.

Assess for strategies to address identified gaps, including proven actions to support the effective recruitment and retention of public behavioral health professionals in the State of Tennessee.

Develop a report for key decision makers which will highlight identified gaps, but more importantly, will offer effective short-term and long-term strategies to address public behavioral health workforce challenges in the State of Tennessee.

It is the hope of the Tennessee Public Behavioral Health Workforce Workgroup, TDMHSAS, and TennCare that this report is useful for key leaders and decisionmakers in Tennessee. This document will clearly frame the needs and gaps related to the public behavioral health workforce in Tennessee and, most notably, will provide strategies for consideration.

While the organizers and participants in this workgroup recognize workforce issues impact all areas of behavioral health care, our focus for this report is on the public sector of services and supports.

What is the Public Behavioral Health System?

The public behavioral health system generally refers to the network of organizations and professionals who care for people served by state Medicaid programs or people who are uninsured and indigent, including those who may be involved with the civil and justice legal systems. These individuals traditionally have more intensive needs and require a wide range of treatment and recovery services and supports. Examples of services provided in the public behavioral health system include crisis stabilization and inpatient psychiatric services, supportive housing and employment, peer support, intensive care coordination and case

management, partial hospitalization and substance use residential treatment, and other rehabilitative and vocational programs.

> *"The Mental Health Delivery System can only be as good as the practitioners who staff it."*
>
> Federal Action Agenda for the President's New Freedom Commission on Mental Health (2002)

In addition to treatment and recovery support services offered in the public system, the public system also includes prevention and early intervention services. In the State of Tennessee, programs such as Substance Abuse Prevention Coalitions, suicide prevention initiatives including the Tennessee Suicide Prevention Network, school-based mental health programming, as well as the Regional Intervention Program (focusing on children ages 2-6) are just a few examples of prevention and early intervention efforts supported by the public system.

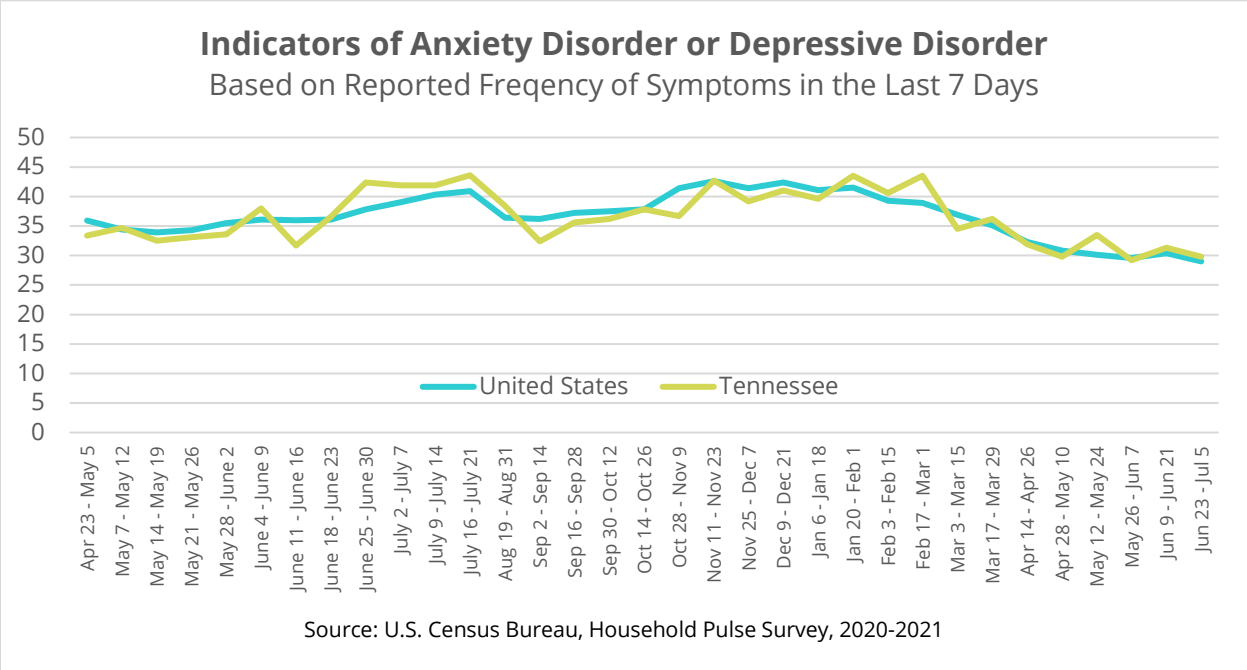
What Types of Professionals Work in the Public Behavioral Health System?

The public behavioral health workforce includes a wide range of professionals with varying degrees of educational and work experience. These include clinical professionals such as psychiatrists, psychologists, psychiatric nurses, social workers, professional counselors, addiction counselors, and non-clinical professionals such as case managers, peer support specialists, and recovery coaches. The public behavioral health workforce also includes individuals trained in prevention, early intervention, and professionals who work with special populations such as people experiencing homelessness or individuals who interface with the justice system.

Increasing Need for Behavioral Health Services

Prior to the COVID-19 pandemic, Tennessee, like many other states, had observed notable increases in drug overdoses and suicides among its population. Unfortunately, the COVID-19 pandemic exacerbated both mental health and substance use issues, including those among individuals served by the public system. According to the Kaiser Family Foundation, as reported in February 2021, "During the pandemic, about 4 in 10 adults in the U.S. have reported symptoms of anxiety or depressive disorder, a share that has been largely consistent, up from one in ten adults who reported these symptoms from January to June 2019." A KFF Health Tracking Poll from July 2020 also found that many adults reported specific negative impacts on

their mental health and well-being, such as difficulty sleeping (36%) or eating (32%), increases in alcohol consumption or substance use (12%), and worsening chronic conditions (12%), due to worry and stress over the coronavirus. As the pandemic wears on, ongoing and necessary public health measures expose many people to experiencing situations linked to poor mental health outcomes, such as isolation and job loss.



Source: U.S. Census Bureau, Household Pulse Survey, 2020-2021

In a 2020 study conducted by East Tennessee State University Applied Social Research Lab, slightly more than half (50.4%) of Tennessee respondents reported they had trouble sleeping in the week prior to the poll – 19.4% had trouble sleeping most or all the time, 17.7% had trouble sleeping occasionally or a moderate amount of time, and 13.3% had trouble sleeping some or a little of the time. Similarly, a majority (53.5%) reported that they had felt nervous, anxious, or on edge at some point in the previous week. Many also reported feeling depressed (43.4%) and lonely (42.8%).

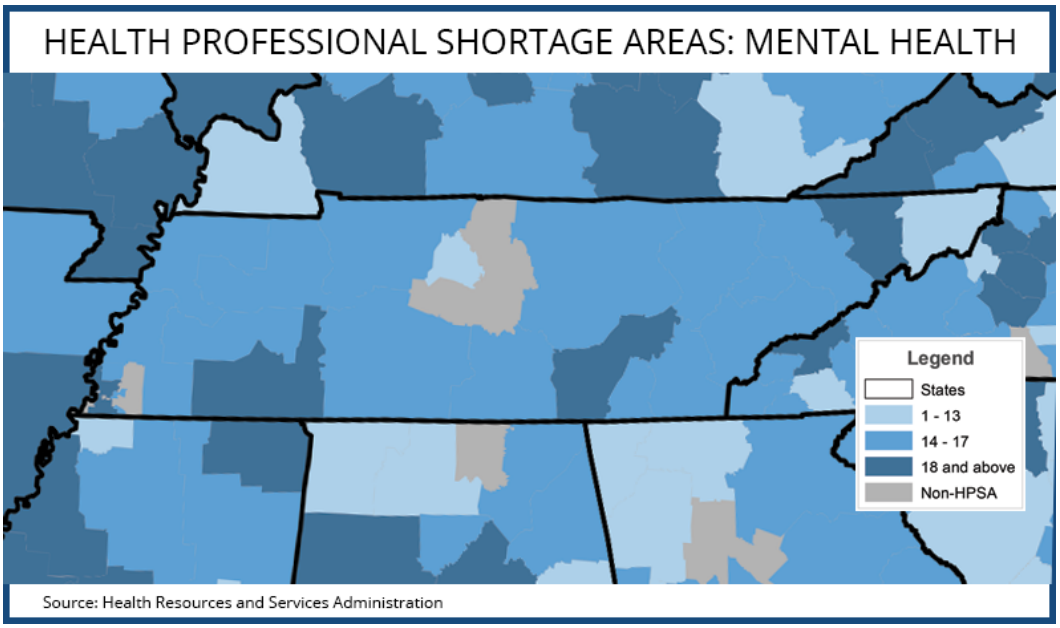
As Tennessee progresses farther from the start of the pandemic, a fuller picture of the lasting effects is becoming clear. According to a July 2021 report from the Centers for Disease Control and Prevention (CDC), preliminary numbers show that Tennessee saw more than 3,000 fatal drug overdoses in 2020, an increase of 44% from the prior year.

Increasing Pressure on the Behavioral Health Workforce

While there is clear evidence that mental health and substance use issues are increasing across the country and in Tennessee, there is also evidence that the workforce which serves people affected by behavioral health issues is struggling. While the nation as a whole experiences workforce issues in the post-pandemic world, staffing and retention challenges related to behavioral health are longstanding and have been exacerbated by pandemic concerns.

The Public Behavioral Health Workforce Workgroup was tasked with clearly identifying gaps and needs related to the public behavioral health workforce using relevant Tennessee specific data and national data. The following data points illustrate those gaps and needs and how investment in the public behavioral health system yields returns that positively impact other sectors of society, including the economy and employment, healthcare as a whole, and the criminal justice system.

According to the Kaiser Family Foundation, as of September 30, 2020, only 13.2% of the need for psychiatrists in Tennessee is being met. In other words, Tennessee is falling short of meeting the need for psychiatrists by more than 85%. This metric is computed by dividing the number of psychiatrists available to serve the population of the area, group, or facility by the number of psychiatrists that would be necessary to eliminate the Health Care Professional Shortage Area in mental health (based on a ratio of 30,000 to 1 (20,000 to 1 where high needs are indicated).[i]



The map on the preceding page uses Health Resources and Services Administration (HRSA) data to illustrate Health Professional Shortage Areas (HPSA). Scores range from 1 to 25 with higher scores and darker shades of blue reflecting the greater priority.

According to HRSA, by 2030 Tennessee will experience troubling staffing shortages for several different behavioral health professions[ii]:

- Estimated shortage in 2030 for mental health counselors: 1,270
- Estimated shortage in 2030 for psychologists: 890
- Estimated shortage in 2030 for substance abuse counselors: 830
- Estimated shortage in 2030 for psychiatrists: 780 (the bulk of these, 760, are estimated to be adult psychiatrists)
- Estimated shortage in 2030 for marriage and family therapists: 140

In addition, an analysis prepared by National Association of Social Workers Tennessee Chapter, using May 2020 information from the Tennessee Department of Health, highlights the current challenging shortage of social work professionals in many counties outside our major urban areas.

During a point in time search of Indeed.com conducted in mid-June of 2021, there were 559 Tennessee job openings for mental health counselors, 101 Tennessee job openings for psychiatric nurse practitioners, and 73 Tennessee job openings for psychiatrists.

Pay Rates Compared (Annual Mean Wages)

Job Title	US	TN
Overall	$56,310	$47,530
General Social Workers	$64,940	$55,210
MH/SA Social Workers	$54,540	$43,070
Psychiatrist	$217,100	$210,770
Nurse Practitioner	$110,030	$101,639
Marriage and Family Therapist	$56,890	$41,440
Registered Nurses	$80,010	$64,120

Source: May 2020 State Occupational Employment and Wage Estimates

On average, pay rates for behavioral health workforce positions in Tennessee (psychiatrists, general social workers, mental health and substance abuse social workers, psychiatrists, nurse practitioners, marriage and family therapists) are lower than the US average pay rates for these same positions.[iii] Specific to Tennessee, salaries for Department of Children Services (DCS) case manager far outpace those who work in community behavioral health. For example, the average salary for a DCS Case Manager 4 (master's degree required/3

years' experience) is $56,061 and for a DCS Case Manager 3 (bachelor's degree/2 years' experience) is $49,179.

Median wages across mental health occupations in Tennessee are significantly lower than at the national level. Furthermore, using Tennessee clinical social workers as an example, 72% hold a graduate degree but get paid less than the median wages for all occupations in Tennessee combined.[iv]

Tennessee Social Worker Pay Rates Compared

Job Title	Number Employed	Annual Mean Wage
Mental Health and Substance Abuse	1,220	$43,070
Child, Family, and School	6,000	$44,090
Healthcare	6,160	$49,990
All Others	1,560	$55,210

Source: May 2020 State Occupational Employment and Wage Estimates

The Association of American Medical Colleges notes that sub-par reimbursement for mental health providers is common, compared to physical health providers, leaving many mental health organizations challenged to cover salaries.[v]

Average Debt of Behavioral Health Professionals

Job Title	Average Debt
Psychiatrist	$200,000
Master of Science in Nursing	$47,321
Master Level Social Worker	$46,592
Bachelor Level Social Worker	$29,323
Bachelor Level Nurse	$23,711
Associate Level Nurse	$19,928

Tennessee ranks 46th among the 50 states and the District of Columbia when it comes to mental health workforce availability.[vi]

On top of low pay rates, many professionals begin their behavioral health careers saddled with significant student debt. While this concern is certainly not unique to behavioral health, the significant debt combined with the sub-standard pay entices or forces many caring professionals to choose family financial needs over a job they love. Additional data on social work graduates provided by one public university in Tennessee paints a specific picture of the burden of student loan debt for recent social work graduates.

Average Debt of Recent Social Work Graduates

Degree	19-20 Graduates	Percent of Graduates with Debt	Average Debt
BA	44	80%	$34,692
MSW	55	78%	$49,201

Recently, the National Council for Mental Wellbeing released a report documenting nationwide trends among community behavioral health providers, which mimic Tennessee on the demand for behavioral health services and workforce shortages in meeting this demand. According to the report, nearly all National Council members are experiencing increased demand; however, don't have the staff to meet the growing need:

97% say it has been difficult to recruit employees.
82% say it has been difficult to retain employees.
62% say their patient waitlist has grown over the past three months.

As it relates to reimbursement rates, TDMHSAS recognizes that its provider rates need to be increased as there has not been a significant increase in numerous years. TennCare rates are subject to renegotiation but both TennCare providers and managed care organizations (MCOs) must renegotiate contracts to address rates. According to workgroup members, provider rates previously negotiated have not been adjusted for inflation or the current cost of doing business. TDMHSAS has not moved forward with a cost-of-living increases but looks to speak to this in future state budget requests.

Researchers agree on the high return on investment that comes with funding behavioral health care. For every $1 spent to expand treatment for depression, the leading cause of disability worldwide, $7 in cost savings can be expected.[vii]

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Investment in treatment for anxiety disorders, the most common category of mental illness in the U.S., carries an expected $4 in cost savings per dollar spent. For substance use disorder treatment, every $1 invested saves $4 in health care costs plus $7 in criminal justice costs. The National Institute on Drug Abuse reports that total savings can exceed addiction treatment costs by a 12 to 1 ratio.[viii] Investing in the provider community is vital to meeting the expected growth in the need for services for Tennesseans and to meet any anticipated return on investment.

Strategies

The Public Behavioral Health Workforce Workgroup has identified several recommended strategies that could be pursued by local, state, and institutional entities to address the public behavioral health workforce issue. These strategies fall into two categories: **short-term** strategies focusing on **retention and re-energizing of the current public behavioral health workforce** and **long-term** strategies focusing on **recruiting the next generation** of public behavioral health workers and equipping the future workforce with the training and passion to serve an ever evolving and unique clientele from varying diverse backgrounds and all regions of Tennessee.

While TDMHSAS and TennCare convened and facilitated the workgroup, the strategies identified in this report have been discussed and developed by the workgroup members. As such, TDMHSAS and TennCare cannot commit to implementing each strategy but are committed to working collaboratively to examine and explore each strategy. Both agencies will have to work with the administration and legislative branch on items which the departments believe are in the best interest of Tennesseans living with behavioral health disorders.

<table>
<tr><td colspan="3">Strategy: Employee-Focused Incentives</td></tr>
<tr><td rowspan="2">✓
Short Term</td><td>Activities:
• Identify the means to fund and implement a Public Behavioral Health sign-on bonus initiative to recruit and retain vital positions. Expanded bonus opportunities for rural positions and other underserved populations should be prioritized.</td><td rowspan="2">Relevant Agencies:
TDMHSAS, TennCare, Community Providers, Colleges and Universities</td></tr>
<tr><td>• Create a Public Behavioral Health Scholarship Program
o Annual stipends or allowances to TDMHSAS/TennCare agencies to support professional development, specialized certification, and clinical licensure hours.
o Partnership with colleges/schools to provide tuition stipends for behavioral health-related fields with the commitment of post-graduation service at a public behavioral health provider.
o Paid clinical supervision hours.</td></tr>
<tr><td colspan="3">Background: TDMHSAS has submitted a proposal to offer funding to local providers to find opportunities to retain current staff and offer reimbursement for tuition costs. If funding is not secured, TDMHSAS will work with local providers on seeking other funding opportunities.</td></tr>
</table>

Strategy: Employee-Focused Benefits		
✓ **Short Term**	**Activities:**	**Relevant Agencies:** Community Providers
	• Continue to cross train staff inside organizations where feasible and develop relationships with partner organizations to allow for similar cross training to better understand roles and how the system functions and why their work matters.	
	• Regular trainings on Vicarious Trauma and Compassion Fatigue.	
	• Provide opportunities for flexible schedules, which could include working from home.	
✓ **Long Term**	**Activities:**	**Relevant Agencies:** TDMHSAS, TennCare Community Providers
	• Identify the means and internal agency support needed to allow providers to offer more sabbatical opportunities.	
	• Create cross-provider collaborative learning opportunities like LEAD TN where networking and collaboration are supported.	
Background: Retaining employees in the public-sector workforce is vitally important. This could potentially be achieved through additional training and flexible schedules.		

Strategy: Research and Explore Costs of Services		
✓ **Short Term**	**Activities:**	**Relevant Agencies:** TDMHSAS, TennCare, Community Providers
	• Create an inventory of all reimbursable services by TDMHSAS and TennCare indicating where both fund the same levels of care o Workgroup members recommended that TDMHSAS and TennCare hire an external group to analyze service costs and reimbursement rates	
	• Produce a report that shows the costs and reimbursement rates to provide services and includes potential recommendations. o Analyze cost differences across rural and urban areas of the state.	
	• Utilize new Federal funds to supplement the rates for community services.	

✓ **Long Term**	• Use the report showing the cost of providing services and subsequent updates to develop a plan to address continued funding for provider rates and to address a means to provide regular rate review and adjustments.	**Relevant Agencies:** TDMHSAS, TennCare, Community Providers
Background: To better understand the financial needs of the community providers, TDMHSAS and TennCare need to know the costs of providing the services and treatments.		

Strategy: Diversity and Inclusion in Public Behavioral Health		
✓ **Short Term**	**Activities:**	**Relevant Agencies:** Community Providers, Universities and Colleges, State Government
	• Create a comprehensive plan for diversity and inclusion that includes all facets of service delivery (including outreach, education, marketing, training, etc.) and incorporates viewpoints from everyone involved, not just human resources staff.	
	• Invest in talent management for individuals already employed in the organization.	
	• Ensure organizational missions and vision statements include diversity and inclusion as well as a focus on recovery-oriented values that promote hiring and retaining people in recovery.	
✓ **Long Term**	• Recruit a workforce that closely resembles the populations served to foster mentoring relationships and the support of the community served. This kind of recruitment can result in increased community engagement and support for these professionals.	**Relevant Agencies:** Community Providers, TDMHSAS, TennCare
Background: Having a diverse and inclusive workplace and workforce increases the ability to bring varied viewpoints and thought processes to problem solving which leads to growth. There are also benefits in better connecting with individuals needing services who interface with the behavioral health workforce.		

<table>
<tr><td colspan="3">Strategy: Expand Internship Opportunities</td></tr>
<tr><td rowspan="5">✓
Short Term</td><td>Activities:</td><td rowspan="5">Relevant Agencies:
TDMHSAS, TennCare, Colleges and Universities, Community Providers</td></tr>
<tr><td>• Expand Internship Opportunities with focus on:
o Increase number of paid internships, increase number of internships in rural areas.
o Increase opportunities for internships/trainings to educate students on use of telehealth.
o Increase internship opportunities in Rural Tennessee.</td></tr>
<tr><td>• Create Public Behavioral Health Internship Portal for TN schools to connect students with opportunities at public behavioral health providers.</td></tr>
<tr><td>• We recommend that TDMHSAS and TennCare explore whether services delivered by interns in various disciplines can be reimbursed and under what circumstances.</td></tr>
<tr><td>• Hold annual consortiums to gather providers and educational institutions for discussion, collaboration, and education for supervision of interns or clinical hours.
• Consider reimbursement for LADAC I’s and supervised LADACs in training.</td></tr>
<tr><td rowspan="4">✓
Long Term</td><td>Activities:</td><td rowspan="4">Relevant Agencies:
Colleges and Universities, Community Providers, TennCare, TDMHSAS, TDH</td></tr>
<tr><td>• Review scope of practice of internship levels (Bachelors, Masters, etc.) to identify ways to expand behavioral health. Often there are limits to what an intern can do within the internship based on education level. There are also limitations on what services can be billed under an intern.</td></tr>
<tr><td>• Pursue the opportunity to have internship hours counted toward the number of hours needed for licensure.</td></tr>
<tr><td>• Pursue a long-term goal of increasing opportunities for BH providers to employ interns as they graduate in professional ‘bridge’ programs in provider shortage areas.</td></tr>
<tr><td colspan="3">Background: Colleges and universities have expressed barriers to finding providers for internship opportunities, especially for baccalaureate level education. Local providers have expressed concerns with having adequate supervision and staff to take on interns and being able to use them as staff, especially if their time cannot be billed. This provides an opportunity for more conversations between colleges and universities and providers.</td></tr>
</table>

Strategy: Loan Forgiveness		
✓ **Short Term**	**Activities:** • Increased marketing on existing behavioral health loan forgiveness opportunities	**Who's Responsible:** Colleges and Universities, TDH
✓ **Long Term**	**Activities:** • Employer-based loan forgiveness programs available after an employee reaches a specified tenure level • Expansion of loan forgiveness programs specific to behavioral health • Expansion of loan forgiveness programs with special focus on underserved areas/populations	**Who's Responsible:** Colleges and Universities, TDH, Community Providers
Background: Loan forgiveness options are often not known about or there is difficulty in navigating the application process. Making improvements could entice more students to enter the field.		

Strategy: Behavioral Health Licensure		
✓ **Short Term**	**Activities:** • Paid supervision opportunities for clinical license hours • Supervisory training for newly licensed staff to build pool of eligible supervisors • Promote paraprofessional opportunities that can be used as internship hours, LADAC hours for clinical supervision and Certified Peer Recovery Specialist (CPRS) hours.	**Relevant Agencies:** TDH, Colleges and Universities, TDMHSAS, Community Providers
✓ **Long Term**	**Activities:** • Align required hours for supervision with other contiguous states. • State to State License Transfer, make more accessible. • More options for Continuing Education that are free or affordable. • Statewide training/credentialing opportunities that focus on networking and collaborative networks. • Explore opportunity for a supervisory level of CPRS Certification. • Explore the opportunities for a supervisory level CPRS to have the ability to bill and supervise for services through Medicaid and other behavioral health services.	**Relevant Agencies:** Colleges and Universities, TDH, NASW-TN, other professional associations, TDMHSAS, TennCare

	• Replicate and utilize the current Rural Health Association of Tennessee (RHAT) program for apprenticeships for public behavioral health careers.	
Background: Graduating with a degree is an achievement, but often in the behavioral health field, obtaining a license is the next step and that can be a challenging and costly process. By implementing some strategies to help decrease the burden of this process could lead to more individuals staying in the field.		

Strategy: Pipeline Planning for Public Behavioral Health Careers		
✓ **Long Term**	**Activities:**	**Who's Responsible:** Colleges and Universities, TDMHSAS, TN Dept. of Education
	• Using a model similar to the Academies of Nashville (MNPS), expand offerings related to public behavioral health careers in high school settings.	
	• TN Promise style mentoring for students interested in behavioral health careers	
	• Promote careers in behavioral health through Future Health Professionals (formerly called HOSA) and healthcare CTE coursework	
	• Create a ladders of opportunity style program to illustrate career paths and advancement in public behavioral health.	
Background: Starting to educate younger populations of potential careers already occurs, but starting to bring more awareness of behavioral health could aide in leading more individuals into the behavioral health field.		

Strategy: Communications Planning and Coordination		
✓ **Short Term**	**Activities:**	**Relevant Agencies:** TDMHSAS, TennCare, Labor and Workforce Development, Community Providers
	• Coordinated campaign to highlight the need for public behavioral health, illustrate career paths, and show where opportunities are	
	• Showcase current professionals and why they chose careers in public behavioral health.	
	• Work to rebrand the public behavioral health field and showcase the professionals who work in it as the life-changing, life-saving miracle workers they are.	

✓ **Long Term**	• Infuse the short-term strategy activities as well as developing new long term goal activities to address the stigma of mental illness and substance use as well as the stigma of working in the public sector .	**Relevant Agencies:** TDMHSAS, TennCare, Community Providers
Background: Finding different ways to showcase and draw interest to the field can be achieved through communication plans. This can include traditional media outreach, paid campaigns, social media, etc.		

Conclusion and Next Steps

For Tennessee's public behavioral health system to continue to ensure easy access to high quality care, in the face of growing demand, the development and retention of qualified, dedicated, and passionate professionals is paramount. Challenges related to the public behavioral health workforce have been a consistent issue for many years, however, the COVID-19 pandemic has only magnified these issues. It is anticipated the demand for mental health and substance use services will only continue to increase, but workforce challenges associated with low compensation, costs for education and training, professional regulations, and a talent pool trending toward retirement will impact how Tennessee can respond to the demand.

The short-term and long-term strategies outlined in this report are viable opportunities to ensure that Tennessee continues to progress in supporting its citizens with evidence-based mental health and substance use services. It is the hope of the Public Behavioral Health Workforce Workgroup that key decision makers in Tennessee evaluate implementing these proposed strategies.

Participating Organizations

TDMHSAS and TennCare would like to express its gratitude to the following individuals and organizations for their participation on the Public Behavioral Health Workforce Workgroup. Each of these individuals provided unique insight and purview to both the current workforce challenges, but also into proposed short-term and long-term strategies that can reinforce state's public behavioral health professional community.

- Kenya Anderson, Clinical Assistant Professor, University of Memphis, School of Social Work
- Allison Buzard, Director, Trevecca University
- Dr. Mike Cravens, President of School of Social Work, Freed-Hardeman University
- Dr. Jennifer Crowell Thompson, Chair and Associate Professor, Belmont University, Dept. of Social Work
- Jeff Fladen, Executive Director National Alliance on Mental Illness (NAMI)
- Anthony Fox, President/CEO, TN Mental Health Consumer's Association
- Karen Franklin, Executive Director, NASW Tennessee Chapter
- Dr. Mary Helen Green Mullins, Chair Dept. of Social Work, East Tennessee State University
- Rikki Harris, CEO, TN Voices
- Heather Jackson, VP, Tennessee Nurses Association
- Daniel Jayroe, Director of Workforce Development, Tennessee Center for Health Workforce Development
- Terry Kinnaman, President, Tennessee Association of Addiction Professionals
- Robin Lee, Executive Director, TLPCA
- Autumn Maxwell, Assistant Professor, Coordinator of Field Education, Lipscomb School of Social Work
- Dr. Lori Messinger, Dean, University of Tennessee, Knoxville College of Social Work
- Susan Neely-Barnes, Chair of School of Social Work, University of Memphis
- Kim Parker, Inpatient Services Director, Pathways
- Albert Richardson, Executive Director, CAAP
- Mary Linden Salter, Executive Director, TAADAS
- Sukey Steckel, Director of Continuing Education, University of Tennessee, Knoxville College of Social Work
- Minzi Thomas, Division Director, Tennessee Department of Labor and Workforce Development
- Ellyn Wilbur, Executive Director, TAMHO
- Ali Winters, Interim Director of Social Work, Tennessee State University, Dept. of Social Work

TDMHSAS and TennCare would also like to recognize its team members for playing a lead role in convening and facilitating the work group.

TDMHSAS

- Marie Williams, Commissioner
- Matt Yancey, Deputy Commissioner
- Dr. Howard Burley, Chief Medical Director
- Kurt Hippel, Assistant Commissioner

- Jessica Ivey, Director of Strategic Initiatives
- Matthew Parriott, Communications Director

TennCare

- Brooks Daverman, Deputy Director
- Keith Gaither, Director of Managed Care Operations
- Mary Shelton, Director of Behavioral Health Operations

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[i] Mental Health Care Health Professional Shortage Areas (HPSAs) | KFF
[ii] Health Resources and Services Administration 2016-2030 State-Level Estimates of Behavioral Health Workforce Data used to develop the estimates includes information from the American Medical Association, American Association of Nurse Partitioners, National Commission on Certified Physician Assistants, US Bureau of Labor Statistics, and National Center for Education Statistics.
[iii] May 2020 State Occupational Employment and Wage Estimates
[iv] Arik, M. (2019). Tennessee Alliance of Mental Health Organizations: An Economic and Fiscal Impact Assessment. Murfreesboro, TN: Business and Economic Research Center, Jones College of Business, Middle Tennessee State University; TAMHO (2019). All Hands on Deck: Tennessee's Mental Health Workforce Shortage.
[v] Weiner, S. (2018). Addressing the Escalating Psychiatrist Crisis. Washington, D.C.: Association of American Medical Colleges; TAMHO (2019). All Hands on Deck: Tennessee's Mental Health Workforce Shortage.
[vi] Reinert, M.; Nguyen, T.; Fritze, D. (2021). The State of Mental Health In America.
[vii] Miller, J. (2012). Too Significant to Fail: The Importance of State Behavioral Health Agencies in the Daily Lives of Americans with Mental Illness, for Their Families, and for Their Communities. Alexandria, VA: National Association of State Mental Health Program Directors (NASMHPD); Anxiety and Depression Facts & Statistics. (2019). Anxiety and Depression Association of America (ADAA). Retrieved from https://adaa.org/about-adaa/press-room/facts-statistics; TAMHO (2019). All Hands on Deck: Tennessee's Mental Health Workforce Shortage.
[viii] Chisholm, D., Sweeny, K., Sheehan, P., Rasmussen, B., Smit, F., Cuijpers, P., & Saxena, S. (2016). Scaling-Up Treatment of Depression and Anxiety: A Global Return on Investment Analysis. Lancet Psychiatry, 3, 415-424; Fact Sheet: Cost Benefits of Investing Early in Substance Abuse Treatment. (2012). Washington, D.C.: Executive Office of the President of the United States, Office of National Drug Control Policy; Principles of Drug Addiction Treatment: A Research-Based Guide (Third Edition). (2018). Bethesda, MD: National Institute on Drug Abuse; TAMHO (2019). All Hands on Deck: Tennessee's Mental Health Workforce Shortage.