Minnesota Substance Use Disorder Community of Practice:

August 20, 2024 Meeting Summary

Background

On August 20, 2024, participants attended the seventh Minnesota (MN) Substance Use Disorder (SUD) Community of Practice (CoP). The CoP comprises people engaged in SUD treatment and prevention in any capacity. This includes individuals with lived experience, providers, family members, researchers, recovery peers and advocates. The goal of the MN SUD CoP is to encourage the translation of knowledge into action and provide a framework for information sharing, competence development, rich discussion, and mentoring.

The MN SUD CoP meeting was facilitated by Boyd Brown of Health Management Associates (HMA). During the meeting, Megan Loew, Minnesota Department of Health (MDH), presented on the current behavioral health workforce crisis in Minnesota. Following that presentation, Anthony Carter and Rachel Kessler from the National Council for Mental Wellbeing presented recent work centered around developing levers to strengthen the behavioral health workforce. Prior to the meeting, members were invited to review the Crosswalk of National Behavioral Health Workforce Recommendations developed by the Center for Workforce Solutions (National Council for Mental Wellbeing, HMA, and the College for Behavioral Health Leadership), which cross-walked more than 400 recommendations from published reports by federal and state policymakers, national associations, foundations and many other partners to develop a framework for the multi-systemic levers of change required to drive action.

Following the presentations, participants were separated into two breakout rooms and invited to share their experiences and recommendations for improving the behavioral health workforce in Minnesota.

General Announcements

Boyd Brown, HMA, began the meeting with announcements and reminders for the CoP participants. These included:

1. One Year of the MN SUD CoP: HMA acknowledged that August 2024 marks one year of the MN SUD CoP. HMA recognized that learnings achieved during the CoP could not have occurred without the insight shared by MN SUD CoP participants. HMA is grateful for the participation, learnings, and experiences shared by the group during this time.

2. **2024 MN SUD CoP Schedule**: HMA reminded participants that the MN SUD CoP meeting links are provided in the table below and available on the MN SUD CoP webpage. 2025 meeting links will be available soon.

Meeting	Date/Time	Registration Link
Q4 MN SUD CoP Meeting	October 15, 2024: 1-2:30 pm CT	https://healthmanagement.zoom.us/meeting/register/tJwpd-yhrzktGdAjRiOfyPNDD9wb-h86ocRs

Presentation: The Licensed Alcohol and Drug Counselor (LADC) Workforce

Megan Loew, PhD, Healthcare Workforce Researcher at the MDH

During the presentation, Megan shared the results of a recent survey of the LADC workforce in Minnesota. Survey results and details are summarized below.

- Survey Information
  - The survey covered roughly 200,000 licensed healthcare providers in Minnesota and collected information on respondent demographics, workplace settings and characteristics, job satisfaction and future career plans , and telehealth and Supervision practices.
  - Survey respondents included LADCs practicing at least 2 years and with an active license in Minnesota.
  - Survey data was collected from February 2023 - March 2024 and was available to LADCs upon license renewal online.
- Demographics of LADCs in Minnesota
  - Number of actively licensed LADCs: 4,155 – The number of LADCs has increased by 3x since 2001.
  - LADC respondents were 68.9% female, 24.9% male, and 6.2% unknown gender.
  - The age distribution of LADCs was 23.2% <35 years old, 28.5% 35-44 years old, 20.1% 45-54 years old, 17.8% 55-64 years old, and 10.3% 65+ years old.
  - The majority of LADCs work in Twin Cities (60%). When comparing rural and metro LADCs, most reside in metro areas (80%). Of the professional licensees that work in rural areas, LADCs make up 9.9%.
  - LADC respondents were indicated as 85% White, 4.6% multiple races, 4.2% African or African American, 2.4% Southeast Asian/Other Asian, 1.8% Hispanic/Latin, 1.0% American Indian, and 1.0% Other. This is comparable to the overall census data for Minnesota.
  - Over 95% of LADCs reported speaking only English in their practice.
- LADC Employment Information
  - A majority of LADCs reported working in clinical care settings (47% of White LADCs/46% of BIPOC LADCs), followed by Telemedicine/remote (12%, 15%), and Hospital (8%, 6%).
  - More BIPOC LADCs reported serving racial or ethnic minority members, immigrants, refugees, and low-income/uninsured patients than White LADCs.
  - Telehealth remains to be used on a regularly for the majority of LADCs and offers an increase in autonomy for providers. 36% of LADCs provide daily or weekly care via telemedicine to people who live in areas that are more rural than where they practice. However, 39% of respondents indicated that they do not provide telemedicine care.
  - LADCs job satisfaction has decreased since before COVID-19 yet it is higher overall when compared to other healthcare providers. 90% of respondents indicated they were very satisfied or satisfied with their career in the 2022-2023 survey (compared to 93% in 2019-2020). Of the total number of licensed professionals surveyed who indicated being very

satisfied, 39% were alcohol and drug counselors. Younger LADCs are less likely to report being "very satisfied" with their career at only 33.7% satisfaction under 35 years old.
    - Factors that lead to dissatisfaction include paperwork and documentation, low pay and low reimbursement rates, burnout and unsupportive work environments, and stigmatization.
    - Factors that lead to satisfaction include working with and helping clients, hybrid work schedules, autonomy and balance, and good relationships with co-workers.
- Future State of LADCs
    - The future need for LADCs is significantly higher than the current and estimated share of LADCs, which warrants increased support for diverse recruitment and retainment efforts.
    - 59% of LADCs plan to stay in their role for more than 10 years. Of those leaving soon, 57% are retiring and 14% report burnout/dissatisfaction as the reason for leaving their role.
    - The projected number of annual job openings for LADCs from 2016-2026 is 320, while the number of graduates from Minnesota institutions is only 170.

Presentation and Facilitated Discussion: The Center for Workforce Solutions – Behavioral Health Workforce Improvement

Anthony Carter, Director, Practice Improvement at National Council for Mental Wellbeing (NCMW) and Rachel Kessler, Project Manager, Practice Improvement at NCMW

Anthony and Rachel reiterated some of the workforce trends presented by Megan above. These findings, from a 2023 survey they conducted, included:

- 93% of behavioral health providers have experienced burnout, with 62% reporting burnout as moderate or severe.
- 48% say the impacts of the workforce shortages have caused them to consider other employment options and 83% report that workforce shortages will negatively impact society.
- 68% say that the amount of time spent on administrative tasks, rather than patient care, takes away from supporting clients. 33% of respondents noted that they spend most of their time on administrative tasks.

Anthony and Rachel emphasized that both surveys show a passionate, yet fatigued workforce and that solutions are needed urgently to resolve the workforce crisis. The Center for Workforce Solutions was created to determine shared priorities, engage organizations in working together, leverage various strengths across partners, and reach more areas of work through collective effort.

As part of the Center for Workforce Solutions initiative, they have identified six multi-systemic levers of change for strengthening the behavioral health workforce by reviewing more than 400 recommendations from published reports. These levers included in this model, as well as definitions and examples shared from the field in three of the six levers, are provided below

- Regulation and Policy: Regulation and policy are foundational levers used by federal, State and local governments to create the pathways for workforce changes that other sectors will implement. For example, regulations and policy set the national definitions of workforce, qualifications, credentials, and often the structure for how the workforce fits into a system of care as well as build reimbursement methodologies for the expansion of the workforce.
    - Innovate policies around workforce recruitment, retention, and reimbursement strategies: Expand programs and remove barriers for loan repayment, scholarship expansion, and training grants/funding opportunities. Expand and increase rates of reimbursement for peers and licensed providers. Address policies that block peers with

past criminal history. Adapt regulations to reduce restrictions on providers such as reviewing existing licensure requirements to increase flexibilities in qualifications and promote telehealth flexibilities at federal and state levels

- Kentucky's Behavioral Health, Developmental & Intellectual Disabilities Workforce Innovation & Development Collaborative : established **infrastructure for developing state-wide strategies** to advance the state's behavioral health workforce and impact policy.
- HRSA's $2.5 million investment to establish the first-ever **Licensure Portability Grant Program** investment in a multi-state social worker licensure compact. State licensure compacts allow states to come together on a common approach to licensing health care providers, allowing providers to practice across state lines without having to apply for a license in each state.
- Community Mental Wellness Worker Training Act , introduced in June, would create a grant program to allow certified community behavioral health clinics, community mental health centers, hospitals, and other behavioral health organizations to train mental wellness workers and increase resources for the community.

- **Payment**: Payment is a primary lever for addressing gaps in equity of behavioral health salaries, building pipelines for the future workforce and creating reimbursement that supports an expanded workforce. Payment recommendations are often interconnected with policy and regulatory levers and may require changes at multiple levels
- **Clinical Model**: Clinical model changes and innovations in care are central to leveraging the workforce more efficiently and effectively as well as driving workforce satisfaction. The clinical model is also impacted and will need to evolve as other levers shift such as regulatory and policy reimbursement changes, expanded workforce and new team members, and quality and accountability changes.
- **Workforce Expansion**: Expanding the workforce is a key lever to creating a workforce that is more representative of communities and building systems that are grounded in equity. Expanding both the professional and non-traditional workforce is central to addressing current and long-term shortages and is part of clinical innovation and new models of care.
    - **Recruit and retain a diverse and inclusive workforce:** Develop equity-grounded leadership programs to build leadership and expansion of a diverse workforce and foster clear, equitable pathways for career advancement. Expand funding for the Minority Fellowship Program and deepen relationships with Historically Black Colleges and Universities (HBCUs)
    - **Enhance the infrastructure to support and coordinate workforce development:** Implement systematic recruitment and retention strategies at the federal, state, and local levels. Build relationships with the community, local colleges, and universities to raise connections with students who could become part of the workforce pipeline. Design models for training, including how to receive payment and invest in peer-run organization policy, payment, and training.
    - Alaska Behavioral Health Aide (BHA) Program promotes behavioral health and wellness in Alaska Native individuals, families, and communities through culturally relevant training and education for village-based counselors.
    - The Equity-Grounded Leadership (EGL) Fellow Program run by CBHL is an immersive 11-month leadership development experience that uses a Principles of Change framework to prepare behavioral health leaders to create equitable systems.
    - The National Mental Health Workforce Acceleration Collaborative (NMHWAC) aims to increase the number of qualified licensed behavioral health clinicians while also

increasing diversity in client-facing positions. The program partners with states, local universities, and other organizations to support professionals through licensure.
    - The Behavioral Healthcare (BH) Apprenticeship Program launched in Washington state in 2022 includes career pathways as a Behavioral Health Technician, Peer Counselor, and Substance Use Disorder Professional. Learn more about apprenticeship programs in the report: The Landscape of Apprenticeship and Work-Based Learning Programs.
- **Organization Culture:** The behavioral health field will continue to focus on demonstrating quality and accountability. Central to changing policy and regulation impacting the workforce is finding new pathways to demonstrate quality while reducing administrative burden and improving data driven decisions including what drives workforce satisfaction.
- **Quality and Accountability:** Both short-term solutions and long-term sustainability require changes to the day-to-day experience of the behavioral health workforce. These include organizational changes in recruitment and retention strategies, leadership and organizational engagement to adopt innovations and creating a culture of wellness.
    - **Enhance quality of clinical data to be more focused on meaningful accountability (outcomes) to reduce burdensome process measurement.**
    - **Engage effective technology tools, and plan technology and process improvement as a retention tool.**
    - **Develop strategies to monitor workforce and inform solutions:** Conduct needs assessments to better understand the supply of the behavioral health workforce, including demographics, and specific workforce gaps. Develop meaningful options to measure and evaluate worker satisfaction.
    - **Artificial Intelligence (AI) for reducing admin burden.** AI technologies from companies like Eleos are easing the process of clinical documentation for providers working from the office and in the community. The National Council hosting upcoming webinar series on AI and Behavioral Health: Exploring a New Era (September – October 2024).
    - Organizational Data mapping is a structured way to assess data collection efficiencies. Measure redundant data collection and identify areas to streamline the documentation process to reduce administration burden.
    - **Make your business case with funders.** Be bold and honest about workforce challenges. Discuss how funds should be used efficiently and work together on reporting metrics.

More information on the levers of change is available at the Crosswalk of National Behavioral Health Workforce Recommendations.

Following the presentation, participants convened in two breakout rooms to discuss the following questions:

1. What programs or initiatives are you currently seeing that are working to expand and advance the SUD workforce? What is needed for them to expand or improve (including policies)?
2. What efforts are currently underway to reduce administrative burden for the SUD workforce, at the state or organization level? What is needed for them to expand or improve (including policies)?

Summaries of the discussions are provided below.

Breakout Group #1

Rachel shared that in Breakout Group #1, participants discussed workforce expansion efforts and what they are seeing in their daily work. For example, one of the participants shared that their county is launching a career ladder program. The program aims to be intentional not only when hiring roles but creating structured paths for professional growth. Another participant shared information about a locally

funded fellowship program where they spoke to high schoolers about the behavioral health field to get students interested in the career path. Interested students could apply for a fellowship where they received tuition support after high school. However, participants also shared that they have experienced challenges in trying to implement shadowing/interest programs, as the nature of behavioral health work can include sensitive and or protected patient information.

To reduce administrative burden, one participant shared that their organization is utilizing artificial intelligence (AI) software for clinical notes. Participants noted there is still significant room for improvement for utilizing AI to reduce administrative burden for providers, however, choosing AI software can often be daunting for providers as they try to maintain quality care for their patients. MN DHS did note that they are planning to provide additional assistance and recommendations for reducing provider administrative burden in Minnesota.

Finally, participants noted that Minnesota organizations are holding workshops, jams, and other learning sessions to discuss how to improve the behavioral health workforce in Minnesota – such as the upcoming seminar, "The Rural SUD Workforce: Recruit, Retain, Sustain" on Friday, September 20, 2024 (more information here). These learning and career opportunities are also aimed at improving culturally specific care, with university programs dedicated to the psychology of Native Americans and other cultural groups.

Breakout Group #2

In Breakout Group #2, Anthony shared that the group discussed the importance of paid internships for expanding the workforce and assisting with the cost of schooling for credentialed SUD positions. While participants noted that offering paid internships is sometimes difficult due to low reimbursement rates in the field, paid opportunities are critical for maintaining diversity and equity in the SUD treatment field. Subsidizing costs for low-income or diverse students to become credentialed as SUD treatment providers was also suggested as a method for improving the diverse workforce in Minnesota.

Breakout Group #2 also discussed the ongoing DHS efforts to reduce administrative burden, including paperwork reduction efforts, and the benefit of moving to single, streamlined forms for clinical and billing purposes.

The group also shared that recruitment efforts are particularly important in rural areas, which traditionally struggle with recruiting for in-demand positions. Telehealth has allowed them to recruit providers from other areas of the state, particularly metro areas. As part of the recruitment work, it is also important that individuals continue efforts to destigmatize SUD treatment, including careers in the field.

Participant emphasized that rigorous discussion has occurred on this topic and now bold action is needed to improve and make advancements in the Minnesota workforce. This includes strong policy implementation and reimbursement support.

The MN SUD CoP will reconvene on October 15, 2024.

To obtain the slides presented during the August 2024 MN SUD CoP, please email mnsudcop@healthmanagement.com.