



## **ADDRESSING THE URGENT CHILDREN AND YOUTH MENTAL HEALTH CRISIS**

**January 25, 2022 (revised)**

### ***Proposed Actions to Recruit and Retain Mental Health and Support Staff for Children and Youth***

#### **Goals:**

- 1) Ensure access to services for children and youth, with a specific focus on school-based mental health services.
- 2) Increase the number of clinical and support staff in the field
- 3) Support the current field of behavioral health and social services staff to address retention
- 4) Increase the diversity of the workforce

#### **SHORT TERM (3-6 MONTHS)**

#### **Budget Requests**

1) Provide 10,000 scholarships of up to \$25,000 each for students in MSW, MA in Psychology, MA in School Counseling, MA in School Psychology. Require commitment to work in Community-Based Organizations (CBOs) and/or providing school-based mental health services for 2 years following graduation.

- Total Budget Amount = \$250 Million

2) Provide 10,000 loan forgiveness grants of up to \$20,000 each for employees in CBOs and/or providing school-based mental health services. Require commitment to remain in position for at least 2 years. This should apply to both direct providers and supervisors. Current language for most loan forgiveness programs require the applicant to be providing direct services, which excludes those providing supervision – just as important for the workforce.

- Total Budget Amount = \$200 Million

3) Provide Grants to Community Based Organizations to be used to support retention and recruitment of behavioral health staff. 1000 grants of up to \$30,000 each. This would include funds for healing work with employees that are on the front lines working with traumatized children, youth and families throughout the pandemic.

- Total Budget Amount = \$30 Million

4) Increase realignment allocation specifically for MediCal EPSDT services for two years while payment reform is being rolled out – this will allow MHPs to increase rates to providers and increase contracts for services to pay competitive rates and maintain staff.

- Total Budget Amount = To Be Determined by Expected Rate Increase needed to maintain competitive salaries

### **Regulatory and Administrative Relief**

It is critical that the Administration and state departments act with urgency to address both the mental health crisis for children and youth, but also for the healing professionals that are working tirelessly to meet their needs. Just as the pandemic has required taking action through Executive Orders, re-deploying staff, and setting priorities that address the public health crisis, so must there be action take to address the health and welfare of those in the behavioral health field. To that end, we recommend several actions that can address both the need for support to the field and break down barriers to entry into the behavioral health field.

1) Assess the current use of staff on long-term projects that can be re-assigned to assist in providing support to the field through technical assistance, supporting the BBS on reducing barriers to entry into the profession, or other activities that will support current behavioral health staff and increase the number of available professionals throughout the state.

Additionally, utilize retirees and consultants to assist in supporting the field, and breaking down barriers to care for those in the healing professions.

2) Address backlog of Board of Behavioral Sciences (BBS) registrations to get ASW and MFT interns into workforce expeditiously. It often takes 3-6 months for applicants to become registered and they are not able to bill for MediCal billable therapy services during this time.

- **Proposed Solution – Panel of Reviewers**

We propose the development of a “release valve” to support the BBS during periods of high volume. We recommend a panel of qualified professionals be created that can provide back-up review of applications. The BBS would train and certify the panel members to review and approve the applications. The panel can provide the same review as BBS staff but on an episodic basis, such as during the months following Spring-time graduations. The panel can also provide recommendations to improve the review process, such as accepting degrees in lieu of full transcripts that could convey a provisional registration number. The California Alliance of Child and Family Services can

assist with the creation and implementation of this panel. This system could help ensure that the state meets its 30-day requirement.

Alternatively, support BBS in increasing staffing to meet the seasonal needs and require that applicants are registered within 8 weeks of an application being complete.

- **Proposed Solution – Allow 90-day grace period for MSW and MA registration candidates to bill MediCal for therapy services**

The BBS has a 90-day rule that enables clinicians to retroactively count their licensing hours from the date of their graduation until their approved registration. (Business and Professions Code (BPC) § 4996.23(b).) We recommend a corresponding 90-day rule for clinician billing of therapy. We suggest that DHCS direct MHPs to approve the billing of therapy services retroactively back to the date of the original BBS application. In conjunction with approval of registrations within the 30-day requirement, this would never approach 90 days. This would enable a seamless transition of services and employment for interns to associates. Alternatively, we could allow “other qualified providers” to bill for therapy if it is within their scope of training (which it would be for these applicants) so long as they are under the direct supervision of an LMHP.

2) Address lack of supervisory staff available to provide clinical supervision towards their licensure hours for ASW and MFT interns. Current regulations require that supervisors have a license plus two years of experience as well as 15 hours of supervision training.

- **Proposed Solution – Waive the 2-year Post Licensure Requirement for Community Based Organizations**

We recommend a waiver of the requirement for an additional two-year post licensure for clinical supervision provided in nonprofit settings. Many licensed clinicians will already have managerial experience and unlike private practitioners, CBOs will continue to provide robust support for the Clinical Supervisor. The requirement of 15 hours of clinical supervision will retain a level of quality and fidelity to the licensure process.

- **Proposed Solution - Change requirements for ACSW to align with AMFT and APCC**

Current requirements are for 13 weeks of individual supervision and a minimum of 1700 hours under the supervision of an LCSW. This creates a barrier for ACSW who may not be able to count all hours provided/acrued, if under the supervision of an LMFT or LPCC. CBOs may not be able to recruit or retain LCSWs to provide the specialized supervision.

3) Address the lack of available mental health rehabilitation specialists (MHRS) that can provide adjunct services such as behavioral supports, individual and group rehabilitation, support groups and crisis intervention. Current regulations require that MHRS staff have either an Associate's degree plus 6 years of relevant experience, or a Bachelor's degree plus 4 years' experience, or a Master's degree plus 2 years of experience. ([Medical State Plan, Section 3, Supplement 3 to Attachment 3.1-A, p. 2o.](#))

- **Proposed Solution – Revision of MHRS Requirements**

Amend the Medicaid State Plan to reduce the required years to BA or Master's plus 2 years' experience and AA plus 4 years' experience. Additionally, because there are highly effective staff with HS diplomas who do not yet have their AA, we strongly urge the expansion of this credential to include those with a high school diploma plus 6 years of experience.

- **Proposed Solution – Increase the Use of Other Qualified Individuals for Service Provision**

Direct MHPs to allow for use of Other Qualified Individuals to provide services within their scope (rehabilitation, plan development, case management, etc.) to expand the workforce.

4) Align California's standards for BBS registration with national standards. Currently unlicensed individuals moving from out of state must complete courses prior to registration with the BBS. We should not be requiring more than is required in other states at the outset of registration. This further delays getting mental health professionals into the field, and significantly discourages potential applicants to come to California.

5. Address the lack of strategies to meaningfully increase the pipeline of students entering the field of Behavioral Health by encouraging, motivating and engaging students, particularly BIPOC to enter the field of Behavioral Health.

- **Proposed Solution – Fund a robust public campaign targeted at young people.**

Develop a robust public campaign aimed at recruiting young students (Jr high, high school, community college and those looking to switch careers) and create excitement about joining the field using youth centered platforms (Tik Tok, Instagram, LinkedIn, Podcasts, etc.). Engage youth in the design, development, and production of the campaign.

## LONG TERM ACTIONS (6 MONTHS AND BEYOND)

### Intermediate Term Efforts (2-3 years)

1) Fund partnerships to develop apprenticeship programs that provide paid positions for community college students

- Partnerships between Community Colleges and Community Based Organizations with CA Alliance serving as Sponsor that will provide a certification program for students and apprenticeships with CBOs in which students will be trained in topics such as of trauma-informed care, crisis intervention, restorative justice and evidence-based/community-defined practices. These apprenticeships coupled with additional supports such as scholarships and tuition reimbursement will expand and diversify the pipeline for mental health staff.

2) Work with Colleges and Universities to design options that will reduce the length of time it takes to receive a Masters' degree

- Design an option for 16-month MSW/MFT programs to reduce length of study. This would include a full year and a half program with a year-long traineeship with increasing responsibility. This program design currently exists at the [University of Michigan Social Work School](#).
- For BSW students, design an accelerated program that allows students to complete their BSW and MSW in 5 years, reducing the completion time by one year. A similar approach could be created for students studying Psychology at universities that provides MA in Psychology or MA in Counseling programs.
- Create ways for trainees to be paid during traineeship. Right now, traineeships typically have to happen outside of their paid employment. Other fields (like accounting allow for paid traineeships)

3) Continue a scholarship and loan forgiveness program for students and staff (including managers) serving in CBOs.