

A high-angle, slightly blurred photograph of an office environment. In the upper right, a woman in a grey blazer stands and gestures with her right hand while holding a folder. In the center, a man with glasses sits in a black office chair, looking towards the woman. To his left, a woman with pink hair sits at a desk with a computer monitor. In the foreground, two people are seen from behind, sitting on the floor and working on laptops. The office has wooden desks, various plants, and a casual, collaborative atmosphere. The entire image is overlaid with a semi-transparent blue filter.

NASMHPD

BEHAVIORAL HEALTH WORKFORCE RESOURCE GUIDE

September 2025

Table of Contents

Introduction	2
Collaborate to Shift the Care Paradigm	4
Decrease the Need for Acute and Specialty Services	4
Ensure Adequate Reimbursement	5
Update Statutes/Regulations/Policies	6
Framework	8
Understand Workforce Needs	9
Increase the Supply of Professionals.....	14
Realize the Potential of the Peer Workforce	16
Engage Other Providers/Adjunct Roles	19
Engage in Outreach	24
Build Career Pathways	30
Offer Incentives	36
Ensure Adequate Training.....	41
Take Advantage of Technology	44
Partner with and Support Tribal Communities	46
Expand the Reach of Existing Professionals.....	48
Take Advantage of Technology	49
Facilitate Access to Interpreters for the Deaf and Hard of Hearing Population:	51
Serving Children and Adults with Complex Needs:	51
Address the Distribution of Professionals	53
Encourage Practice in Rural Areas:	53
Retain Professionals in the Workforce	55
Consider Wages & Benefits	55
Foster Workforce Resilience	58
Ensure Continuing Education	61
Conclusion	64
Appendix A: State Spotlights	65

Introduction

The behavioral health field in the United States has contended with workforce challenges for many years, especially in the public sector, with rural and frontier areas often experiencing the greatest challenges. However, recent historical developments have exacerbated our workforce challenges to an extreme level. Demand for behavioral health services has grown in recent years, particularly among youth and young adults. Growing public awareness about the importance of mental health and decreased stigma related to receiving services has led to more help-seeking. In addition, the roll-out of 988, the national 3-digit suicide and crisis lifeline, resulted in another important wave of public education and presented an easier avenue to seek help. This combination of factors has burdened an already strained behavioral health workforce and created a very competitive market for behavioral health professionals. As a result, we are witnessing increases in emergency department boarding among individuals with behavioral health concerns, waitlists for inpatient psychiatric services, and individuals with complex needs falling through the cracks in the system.

NASMHPD recognizes that the long-term solution lies in altering the system of behavioral healthcare to decrease the *need* for services, specifically intensive and expensive services like psychiatric hospitalization. Our system of care paradigm must be shifted to prioritize prevention, early identification, and intervention, implement robust crisis services, and promote strategies to address root causes of behavioral health challenges. This paradigm improves outcomes and experiences of care, is less expensive, and, importantly, requires fewer behavioral health workers. Across the nation, states are developing robust mobile crisis, crisis stabilization, and other services to support the implementation of 988. These efforts, in and of themselves, will help shift the care paradigm and invariably change the composition of the workforce. However, we must continue to intentionally shift our systems of care upstream to facilitate early access to treatment, prevent behavioral health crises, and ultimately reduce demands on both financial and workforce resources.

Since 2022 NASMHPD's Transformation Transfer Initiative (TTI) projects have been specific to enhancing the crisis care continuum and the implementation of 988, with over 1/3 of those projects focused specifically on workforce development. In FY2025, 17 of the 48 TTIs fell under the topics "crisis workforce, and resilience and prevention of burnout" and "training and professional development the non-clinical crisis workforce," with more projects having a secondary focus or aim in workforce development. These proactive projects have the potential to build services, supports and the *workforce* in a way that shifts the system of care upstream.

In the meantime, we recognize state behavioral health authorities (SBHAs) are searching for short-term solutions to address the immediate workforce crisis. Many innovative behavioral health workforce development strategies have arisen. Long-standing strategies have also been met with renewed enthusiasm and support. Both new and old solutions have been implemented sporadically throughout the country, but many remain largely unknown to a broader audience, limiting the potential for replication.

This guide offers a working document of those innovative ideas and successful strategies, using information from SBHAs around the US states, territories, Pacific Jurisdictions, and the District of Columbia. The examples included have been gathered from TTI projects, State Spotlights featured in the [NASMHPD Update](#), and information shared with us informally and anecdotally by SBHA leadership. Green boxes throughout the document list strategies collected informally from various sources,

designed as quick ideas readers might consider. Some of these ideas may be illustrated in more detail in state implementation examples. Additional state spotlights are found in [Appendix A](#).

This document is far from exhaustive, rather, it is intended to be a working document that will be updated and added to over time as more information becomes available. We thank the many individuals who were involved in collecting information and writing this document. We especially thank the states and jurisdictions that developed these innovations and shared them with us. We hope readers will find some ideas they can implement or modify to fit their specific situation and needs.

Collaborate to Shift the Care Paradigm



Implementing a public mental health approach requires cross-sector involvement. Understanding that physical and behavioral health are co-dependent and greatly influenced by social and structural factors, the physical health and social service sectors must be partners in our efforts. Shared responsibility and cross-sector buy-in are critical to shifting our care paradigm.

Let's begin with some cross-sector strategies that, when implemented collaboratively, can alter our system of care to help alleviate the burden on the existing workforce. These are strategies that require effort from not only SBHAs but also from other assorted public service leaders. These strategies are critical to resolving underlying issues such as legislative barriers, lack of parity, and siloed systems.

Decrease the Need for Acute and Specialty Services

We believe this is the single most important long-term strategy to combat workforce challenges. Behavioral health leaders should consider strategies to decrease the demand for acute services as they simultaneously adopt short-term strategies. Investing in prevention, early detection, and intervention, robust crisis services, and interventions to support the social and structural factors that influence behavioral health will inevitably decrease the need for expensive and intensive services such as hospitalization and help avoid dire consequences such as incarceration, morbidity, and premature mortality.

Care should ideally address both physical and behavioral health needs holistically. Emergency room, family practitioners, police, other first responders, teachers, and members of the general public must possess a basic understanding of behavioral health, so people are referred for treatment as early as possible and have the support of others to seek out treatment. [Mental Health First Aid](#) and [QPR \(Question, Persuade, Refer\)](#) are examples of programs that can be offered to the public. Investing in preventive and early intervention services provides the best possible outcomes for those we serve, is less expensive, and requires fewer behavioral health workers.

Workforce Solutions Jam Showcases Innovation

Modeled after the Crisis Jam, the [National Council for Mental Wellbeing](#) launched their Workforce Solutions Jam in the summer of 2024. The monthly episodes highlight a variety of behavioral health workforce initiatives and provide updates on new legislation and federal workforce efforts. Previous episodes are available to view on their website along with registration for future offerings: [Workforce Solutions Jam](#).

Ensure Adequate Reimbursement

Parity is a key component to achieving a sustainable business model for behavioral health services in the public sector. All insurance, including Medicaid, needs to cover mental health services at rates equal to those for physical health services. Parity laws should include enforcement mechanisms to ensure compliance.

Individuals may forgo care that is not covered by their insurance, and providers may be unwilling or unable to offer services for which the reimbursement rate does not cover their costs. Ultimately, these service delays due to financial constraints result in individuals requiring a much more intensive level of care than they would have if they had attained services earlier in their illness' progression. Rates that are sufficient to support competitive compensation can positively impact recruitment and retention.

Some states are exploring [home and community based Medicaid waivers](#) as part of the solution. These waivers are widely used by people with developmental and intellectual disabilities, as they are a great way to support people in the community. They could be equally valuable for people with serious mental illness.

Another option being explored by many states is the [CCBHC model](#). This model offers coordinated care, with a focus on quality, and offers a different reimbursement model than traditional services. Some states (i.e. [MaineCare Rate System Reform](#)) are reforming their rate methodology to ensure adequate reimbursement and at least one state has codified their rate methodology, setting a schedule for regular rate review, planned cost of living adjustments, and robust stakeholder input.

The Behavioral Health Workforce Center Alliance – Bringing States Together

The [Behavioral Health Workforce Center Alliance | Behavioral Health Education Center of Nebraska | University of Nebraska Medical Center](#) (BHWCA), a network of behavioral health workforce development centers from across the United States, was founded by the [Behavioral Health Education Center of Nebraska | University of Nebraska Medical Center](#) (BHECN). With a focus on educating and training, these centers aim to increase the supply of behavioral health professionals. They often collaborate with others in recruitment and retention efforts and have an interest in data to demonstrate successful workforce development initiatives. The alliance's webpage lists its members, allowing you to see if a university from your state is an active member.

Update Statutes/Regulations/Policies

Existing statutes, regulations, and policies can create barriers to implementing some workforce strategies. For example, updates may be needed to more fully utilize the skills of non-clinical staff or allow them to perform certain functions. It is also important to look for opportunities to decrease administrative burden and increase efficiencies through use of technology. This may include streamlining assessment tools, allowing more time to complete evaluations, and finding ways to decrease duplication in documentation. Requirements of third-party payors and accrediting bodies can be cumbersome, but SBHAs should address what they can at the state and local level. Not only will this increase the job satisfaction and morale of staff, but it will also improve the experience of individuals served and increase time available for service provision.

This [Crisis Services and the Behavioral Health Workforce Issue Brief](#) investigates promising behavioral health models to expand the delivery of services by, in part, reorganizing or transforming the behavioral health workforce and the barriers and facilitators to their widespread adoption. It discusses three promising roles/practices: (1) psychiatric mental health nurse practitioners (PMHNPs); (2) behavioral health mobile applications; and (3) crisis services. Findings suggest that each of these elements has potential to increase workforce efficiency and, with changes to funding and other policies, could increase provider supply and access to more appropriate levels of care. The brief discusses findings related to the organization of crisis service models, their potential workforce implications, and barriers and facilitators to their widespread adoption.

In-depth State Spotlight: [Louisiana's Center for Evidence to Practice](#); [Louisiana's Provisionally Licensed Providers](#); [Ad Hoc Workforce Committee of Rhode Island's Governor's Council on Behavioral Health \(GCBH\)](#); [Rhode Island Provides Training for Direct Care Workers in Long-Term Care](#); [Workforce Data-Driven Policymaking](#)

More Ideas to Consider

- Enact legislation that allows Medicaid billing for provisionally licensed practitioners to bill at the full rate.
- Provide whole-person care, including mental health, addictions, and primary care, to help reduce repetition and inefficiencies when service recipients are passed between providers.
- Reevaluate education and/or licensing requirements for various clinical and administrative positions.

Framework

The National Conference of State Legislators (NCSL) produced [*State Strategies to Recruit and Retain the Behavioral Health Workforce*](#), a document that discusses policy options and innovative strategies state legislators and stakeholders are employing to recruit, train, and retain behavioral health professionals. The strategies are broken down into five key categories: understanding workforce needs; increasing the supply of professionals; expanding the reach of existing professionals; addressing the distribution of professionals; and retaining professionals in the workforce.

This resource guide follows the same basic conceptual structure, building upon the base NSCL has developed to create synergy in our collective efforts and develop common language. This guide offers real-world examples of how states and localities have implemented initiatives within each domain of the NCSL framework. We have added strategies in the various categories that are more specific to the NASMHPD scope of work and influence.

Many other national organizations are doing great work in this space. Some of their resources that may be of interest include:

- [The College for Behavioral Health Leadership](#): Response to America's Behavioral Health Crisis: Recommendations for Addressing Workforce Shortage and Advancing Collaborative Care (November 2022)
- [Bipartisan Policy Center](#): Filling the Gaps in the Behavioral Health Workforce (January 2023)
- [National Council for Mental Well Being](#): Behavioral Health Workforce is a National Challenge: Immediate Policy Actions for States (January 2023)

Understand Workforce Needs



To address the behavioral health workforce crisis effectively, we first must determine the demand for services, the existing workforce supply, service gaps, and barriers to building workforce capacity. It is important to consider what evidence-based and promising practices are on the horizon and what will be needed to implement them, analyze population needs by looking at health care trends and population rate of growth, and identify geographic areas and populations with higher prevalence of behavioral health challenges. Consider how workforce needs could change as the system of care shifts to be more responsive, allowing for early intervention and requiring less intensive services. Contemplating the system of care you are trying to create will help mold your workforce vision. Assessing the current and future landscape is a critical step that is often overlooked.

Reimagining the composition, collaboration, and functions of service-delivery teams can help shift the care paradigm. While traditional workforce shortage measures such as vacancy rates remain important, this document also identifies innovative team-based models to consider. Resources that can assist SBHA leaders in understanding workforce needs are below.

NEW

Indiana Develops an Interactive Workforce Dashboard

The state of Indiana worked with the Bowen Center for Health Workforce Research and Policy to develop a [Playbook for Enhancing Indiana's Mental and Behavioral Health Workforce](#). As part of that project, an interactive dashboard was created showing workforce characteristics broken down by county ([County Level Needs Assessment | Bowen Center for Health Workforce Research and Policy.](#)) There was also regulatory review organized by professional group showcasing the practice pathways,

e.g. educational requirements, ([Indiana Mental and Behavioral Health Workforce Regulatory Review](#)) and a training and trends dashboard for the education landscape ([Training Programs and Historical Trends](#)) These tools, along with a series of interviews and other research, allowed the Bowen Center to help Indiana understand their workforce needs and develop appropriate recommendations.

NEW Delaware Builds Resilience in their Nonclinical Crisis Workforce

Delaware was awarded 2025 Transformation Transfer Initiative (TTI) funds administered by the National Association of State Mental Health Program Directors (NASMHPD) to address Crisis Workforce Wellness, and Resilience and Prevention of Burnout, and Training and Professional Development the non-clinical Crisis Workforce. Delaware has used previous TTI funding to strengthen the certified peer recovery workforce by developing a formal career ladder for use within the state that reflects the importance of formalizing the peer workforce at all levels of the care continuum. The 2025 TTI initiative builds upon previous TTI projects, with a focus on the peer recovery specialists. It also includes case managers with services that focus on crisis workforce wellness, resilience and prevention of burnout, and training and professional development of the nonclinical crisis workforce. This initiative aims to:

1. Develop and conduct a large, statewide (Delaware) Behavioral Health (BH) workforce survey that also includes the BH workforce in Maryland, New Jersey, and Pennsylvania (the three states contiguous to Delaware).
2. Launch an interdisciplinary learning collaborative for case managers and peer recovery specialists, implemented in two cohorts based on job role, and conduct a crossover randomized control trial design with surveys administered three times for each cohort.
3. Identify and implement further training or interventions to improve staff outcomes.

NEW Vermont's Workforce Task Force

The Vermont Department of Mental Health (DMH) launched a Workforce Task Force in June 2021 to address stabilizing the mental health, substance use, and developmental disability workforce by creating concrete steps to address recruitment and retention. This group is being led by DMH and includes partners from the community provider network, Vermont Division of Substance Use, and Department of Disabilities, Aging, and Independent Living. This group created a strategic plan to outline priorities, areas to address, and track data on efforts.

Since the Workforce Task Force began multiple systemic actions have taken place to support retention and recruitment for workforce in Vermont. These include:

1. Successful legislative advocacy occurred over multiple years which has provided nearly \$10M in funds to support tuition assistance and loan repayment to individuals working in the field of human services at local agencies.
2. State funds are being utilized to support a marketing effort for recruitment of these essential staff. The project is being phased in and thus far has created a website, [Home - Career in Caring Vermont](#), and marketing across radio and tv to recruit staff to work in developmental disability supports. The next phase will include marketing targeted at those interested in working in mental health and substance use supports.
3. Coordinated efforts by agencies to streamline how internships are accessed and utilized.
4. Tracking national best practices to support retention and recruitment.

NEW

Setting Priorities for Behavioral Health Workforce Development

Development of a Workforce Needs Assessment and Data Dashboard is one of Ohio's top priorities for SFY 2026-2027. The development of OhioMHAS Academy, a cohort-based learning opportunity designed to provide comprehensive assistance in developing and implementing best practices in planning, operational sustainability, recruitment and retention practices, and performance monitoring plans is also a priority.

Other priorities include increasing the behavioral health pipeline by centralizing and streamlining pathways for entry level BH practitioners, with an initial focus on Peer Supporters, and the ongoing development and implementation of a Behavioral Health Workforce Technical Assistance Center. For more information on their Wellness Workforce efforts, please visit [Wellness Workforce | Department of Mental Health and Addiction Services](#).

UPDATED

Illinois Behavioral Health Workforce Center

The Illinois Department of Human Services Division of Behavioral Health & Recovery partnered with the Illinois Board of Higher Education to launch the [Behavioral Health Workforce Center \(BHWC\)](#), which invests \$4.4 million in higher education institutions (Southern Illinois University and University of Illinois Chicago) to collect and analyze workforce data, develop pathways to behavioral health employment, and provide technical assistance and training. The BHWC, under the guidance of an Advisory Council and Executive Committee, has conducted research into behavioral health workforce data, including developing a workforce dashboard that demonstrates workforce availability and shortages by county. The BHWC has also developed an electronic job board, launched training opportunities, and is building a rural residency program for psychiatry.

UPDATED

South Dakota's Quarterly Access to Services Survey

The South Dakota Division of Behavioral Health (DBH) implements a quarterly survey with its accredited and contracted community mental health centers and substance use disorder treatment providers, aimed at assessing full-time equivalent occupancy and vacancy rates by position. The Access to Services Survey data provides a snapshot of staffing needs and access to services. It allows agencies and the Division to assess each agency's capacity, staffing, wait-list for services, and availability of telehealth services and walk-in substance use disorder assessments. Longitudinal data from the past several years of implementation of the survey allows DBH to monitor trends in workforce and impacts to the ability for individuals in need of treatment to access services in a timely manner.

UPDATED

South Dakota's Comprehensive Workforce Landscape Analysis and Recommendations

The South Dakota Division of Behavioral Health (DBH) developed and launched a comprehensive workforce development effort in 2023 in response to workforce shortages experienced by the community behavioral health system in South Dakota. DBH contracted a vendor to conduct a landscape analysis, which included more than 40 individual interviews and feedback from over 100 stakeholders. The project resulted in short- and long-term recommendations for next steps, across two tracks: (1) Publicly Funded Network of Care, focusing primarily on the current workforce with strategies aimed

at retention; and (2) System Impact Goals, focusing on building the pipeline of individuals interested in community behavioral health, and supporting their path to get there.

The project outlined several specific action steps:

- Review and map out the pathway to licensure in South Dakota
- Explore partnership with Area Health Education Center (AHEC)
- Identify, adopt, or adapt clinical supervision best practices
- Identify resources to support supervision of trainees in publicly funded community behavioral health agencies
- Outreach and engage with community stakeholders to identify resources to support students seeking information or with career interest in behavioral health
- Establish a collaborative to aid long-term planning around behavioral health workforce development.

GAO Report on Available Workforce and Federal Actions to Help Recruit and Retain Providers

Based on reviews of available research and stakeholder interviews, the Government Accountability Office ([GAO](#)) identified three key categories of barriers that pose challenges to recruiting and retaining behavioral health providers: financial, educational, and workplace. GAO found that incentives such as loan repayment and scholarships for students seeking behavioral health professions help address these barriers.

GAO Testimony on Health Workforce Status

[This testimony](#) discusses (1) the shortage of healthcare workers and (2) the lessons learned by the National Health Service Corps (NHSC) in addressing these shortages. The GAO found that problems in recruiting and retaining health care professionals could worsen as demand for these workers increases.

George Washington University's Workforce Trackers

[The Behavioral Health Workforce Tracker](#) is one of the customizable interactive map that enables you to visualize the geographic distribution of the behavioral health workforce by provider type and by Medicaid acceptance status.

HRSA Health Workforce Shortage Areas Tool

The Health Resources and Services Administration (HRSA) has a tool that illustrates [Health Workforce Shortage Areas](#) and allows exploration of geographic areas, populations, and Health Professional Shortage Area (HPSA) facility designations data for Primary Care, Dental Health, and Mental Health throughout the United States.

The NASMHPD Research Institute's 2022 and 2023 State Profiles

[NRI's 2023 SMHAs Workforce Shortages](#) report highlights how maintaining the behavioral health workforce is critical for providing high-quality behavioral health services to the more than 8 million individuals served by SMHAs.

[NRI's 2022 SMHA Technology](#) report documents how SMHAs are applying practical technological solutions such as telemedicine, online trainings, and learning management systems (LMS) to foster virtual learning environments. Leveraging technology could allow SMHAs to expand their service reach and provider base by recruiting top talent that may be geographically dispersed but connected through virtual systems and processes.

In-Depth State Spotlight: [Connecticut's Workforce Development, Recruitment and Retention Learning Collaborative](#)

More Ideas to Consider: Understand Workforce Needs

- Create a Workforce Development and Innovation Director position to develop and oversee initiatives. Hire someone with education and experience in workforce development.
- Travel around your state on a “listening tour” visiting treatment centers, hospitals, and community organizations. Ask for their perspective on the most pressing workforce issues and get feedback on initiatives and strategies being considered at the state level.
- Engage with colleagues in other state agencies and external entities to help assess workforce needs, determine available resources and tools to support the workforce, create new opportunities, and/or establish relationships with schools and organizations to identify individuals who might be interested in a behavioral health career path.

In-depth State Spotlight: [Connecticut Health Horizon Initiative](#)

Increase the Supply of Professionals



For purposes of this guide, this strategy refers to increasing the net number of people in the behavioral health workforce, not recruiting from other behavioral health providers to fill state-funded positions. That said, we acknowledge that the public sector has historically been less competitive than the private sector. This strategy requires attention with a focus on collective effort, collaboration, and partnerships. There are several long-term strategies that can be implemented to attract more individuals to careers in behavioral health and to assist nonprofessional staff to attain the credentials and experience necessary to grow into professional roles. This section is broken down into several subsections. The first two, *Realize the Potential of the Peer Workforce* and *Engage Other Emerging Providers/Adjunct Roles*, can help shift the system of care paradigm. Other subsections include Engage in Outreach, Build Career Pathways, Offer Incentives, Ensure Adequate Training, Take Advantage of Technology, and Partner with and Support Tribes.

NEW New York's Schools of Social Work Evidence Based Practice Program

The Schools of Social Work Project for Evidence Based Practice (SSW EBP Project) is a partnership between the New York State Office of Mental Health (OMH) and university schools/departments of

Social Work in New York State. Second-year master's in social work (MSW) students receive training and education in recovery oriented, evidence-based practices for adults diagnosed with Serious Mental Illness. The project is implemented in schools based in all five service regions of New York.

New York State Education Department lists 24 currently registered MSW Programs. Of these 24 MSW Programs, 71% are participating in the SSW EBP Project. Since its inception in 2001 with five initial Schools of Social Work, the collaboration now includes seventeen universities and colleges participating through their Schools or Departments of Social Work. OMH provides support to each participating school to fund 8 student incentive awards as well as faculty honoraria and speakers' fees. Selected students who meet the award requirements receive a certificate of achievement, a jobs list, and small financial incentive award.

Since its inception, approximately 5,127 MSW students have been educated in Evidence Based Practices in Mental Health by taking the project course, which is offered as a second year MSW course in all participating schools or departments of Social Work. A total of 321 students were enrolled in the course during the 2023- 2024 school year. This does not include the student participation numbers from 2024-2025 school year.

NEW

New York's Mental Health Counseling Student Program

This workforce development project is modeled after its predecessor, SSW EBP Project, which was designed to attract graduating students to community mental health agencies and to train them in evidence based and recovery-oriented practices for working with adults with serious mental health conditions.

The Mental Health Counseling Student Project (MHC Student Project) launched in September 2023 for its pilot year with a small number of MHC programs distributed throughout the state, in both public and private colleges and universities. With the conclusion of a successful pilot year, the MHC Student Project will continue as an OMH workforce development initiative. It has begun scaling up by adding additional MHC programs that are interested in implementing this project as a feature of their graduate MHC program.

Participating students learn about evidence-based and recovery-oriented treatment through a mix of classroom learning, online professional training, specially designed colloquia, and approved mental health internships. During the pilot year, there were 28 MHC students that earned awards from the five MHC programs that participated. These students successfully met the academic requirements and completed internships at 21 different mental health provider agencies.

NEW

The University of Rhode Island: Pre-licensed Licensed Marriage and Family Therapists (LMFT-A) in Substance Use Treatment (SUD) Sites

LMFT-As are professionals who are not fully licensed but are working under supervision to gain the experience needed to become a fully Licensed Marriage and Family Therapist. LMFT-As cannot practice independently and need to work under the supervision of a fully licensed LMFT or other qualified supervisor. This partnership with SUD providers, is an opportunity for LMFT-As to acquire supervised hours toward licensure. The University of Rhode Island places LMFT-A's at provider sites to work directly

with clients who have been diagnosed with SUD offering both individual and family-based therapeutic interventions. Family intervention is crucial in SUD counseling because it addresses the impact of addiction on the entire family system, not just the individual struggling with SUD. By involving family members in treatment, interventions can improve communication, reduce conflict, and enhance coping mechanisms, ultimately supporting the individual's recovery, and preventing relapse. Utilizing LMFT-As at SUD provider sites, highlights the benefits of having family interventions available. This has opened a new pathway for jobs, as well as therapy options for families. Currently, there are eight LMFT-As working at six SUD provider sites.

Realize the Potential of the Peer Workforce

Fully embracing the peer workforce brings multifaceted benefits. While adding peers increases staffing capacity, the greater value lies in enhancing the quality of care. Peers are uniquely able to connect with clients in ways other behavioral health provider cannot. Mental Health America's report on [Evidence for Peer Support](#) emphasizes the importance of including peers in all areas of the behavioral health workforce to decrease hospitalization and readmission rates, help people self-manage symptoms, make social connections, and so much more.

NEW

Using TTI Grants in Kansas to Create Family Peer Certification

Kansas has begun research and work to create a Family Peer Certification. This will differ from their Parent Peer Certification in that eligible individuals will have the lived experience of having a loved one who is in recovery, striving for recovery, or ambivalent about recovery as opposed to raising an individual with SMI, SED, or co-occurring disorder. This service will be provided to loved ones and supporters of individuals who are provided Medicaid eligible services, tapping into an Al-Anon like level of Peer Support.

In addition, Kansas has begun implementing plans to use TTI funding for courses such as eCPR/Emotional CPR (Connecting, Powerment, and Revitalization), QPR (Question, Persuade, and Refer) Gatekeeper Training, Peer Supervisor Training, and a Train the Trainer course. Kansas is beginning to build concepts, topics, and formats for Communities of Practice for Peers and Peer Supervisors; locations will vary across the State and have some virtual options.

NEW

Rhode Island's Peer Workforce Development

Rhode Island has focused on integrating lived experience into behavioral health services by expanding the presence of peer recovery and peer support specialists across diverse settings, including crisis services, community programs, and integrated care teams. This effort includes the development of state-recognized peer training and certification programs that emphasize recovery-oriented, trauma-informed, and culturally responsive practices. Additionally, peer roles are being formally incorporated into the 988-crisis response system and Certified Community Behavioral Health Clinics (CCBHCs) to strengthen engagement, trust, and continuity of care. Progress is measured through targeted workforce metrics such as growth in the number of certified peer specialists statewide, improvements in workforce retention, job satisfaction, and support structures, as well as enhanced client engagement, trust-building, and recovery outcomes for individuals served by peer-inclusive teams.

NEW

Pennsylvania's Bridge Program for Peers in DOC Custody

Pennsylvania Department of Human Services Office of Mental Health and Substance Abuse Services is partnering with the Pennsylvania Department of Corrections and the PA Peer Support Coalition to launch a re-entry program for individuals who become Certified Peer Specialists while in DOC custody. The PA DOC has an extensive peer support program, with over 500 incarcerated individuals trained as peers and delivering peer services in State Correctional Facilities across the state. The Bridge Program is aimed at supporting the transition of DOC trained peers to work in community settings upon release by providing them training on the employment in the community mental health system and mentorship with an established community CPS.

Guidelines, Values, and Policies Impacting Peers

Historical Context of the Peer Workforce

[Peer Support Services in the Behavioral Healthcare Workforce: State of the Field](#) summarizes the history of the peer support movement up until 2016 as it relates to peer support workforce issues, funding, certification, and barriers to incorporating peers into behavioral health care teams.

Resources to Further the Values of Peer Support

[The National Practice Guidelines for Peer Supporters](#) contains ethical and practice guidelines for peer support specialists. The [Recovery-Oriented Practice Implementation Toolkit](#) can be used to help those providing behavioral health services adopt the Guidelines into their unique workplace contexts and practices. It gives practical examples of how the core recovery principles show up in organizations through policies, programs, and practices.

Core Competencies for All Forms of Peers

[Core Competencies for Peer Workers in Behavioral Health Services](#) are intended to apply to all forms of peer support provided to people living with or in recovery from mental health and/or substance use disorders and delivered by or to adults, young adults, family members and youth. The competencies may also apply to peer support provided by individuals in related roles or with different titles, such as recovery coaches, parent support providers, or youth specialists. They can serve as the foundation upon which additional competencies for specific settings that practice peer support and/or for specific groups could be developed in the future.

Tools for Expanding and Strengthening Peer Workforce in FQHCs

[The Role of Peer Support in Federally Qualified Health Centers \(FQHCs\)](#) discusses peer support services in FQHCs, financing, training and certification, and recruitment.

Recruitment, Hiring, and Retention of Peers

The Chronic Misunderstanding of the Peer Role in Behavioral Health

Jess Stohlmann-Rainey, Director of Program Development at Rocky Mountain Crisis Partners in Colorado, shares that peers are often thrown into roles more like behavioral health technicians due to a fundamental, nationwide misunderstanding of what peers do and the functions they serve. "It's why

many crisis service providers find they're struggling to retain their peer workforce," she says. For more information read the [#CrisisTalk](#) article here.

Supervising Peer Support Specialists and Supporting the Retention of Peers

The National Association of Peer Supporters (NAPS) and SAMHSA provide a growing list of [digital resources on peer support supervision such](#) as trainings, guides, toolkits, policies, and practices. Some of them include: Perceptions of Supervisors of Peer Support Workers (PSW) in Behavioral Health: Results from a National Survey, which specifically discusses supervisor knowledge and beliefs on the role of peer supporters as critical in developing appropriate training and resources and its impact on the use of peers; Supervision of Peer Workers, which describes the essential functions of supervisors, explores the application of recovery-oriented approaches to the supervision of peer workers, teaches two critical supervision skills, and shares additional resources to improve competency in supervising peer workers; and an example of a state policy on peer supervision is Arizona's Workforce Development, Training and Peer Support Supervision Requirements to ensure appropriate training, education, technical assistance, and workforce development opportunities.

Effectively Incorporating Peers into Services

[The Philadelphia Peer Support Toolkit](#) is designed to support behavioral health treatment agencies with the process of incorporating peer providers into their service settings. The toolkit includes many of the promising practices and resources that have emerged during the last decade of Philadelphia's recovery-focused system transformation effort. Tools are designed to help agencies recruit, retain, and effectively deploy people in recovery in a variety of peer support roles. The resources and information provided are relevant for executive leadership, along with supervisors and peer staff.

Peers in the Criminal Justice System

[Peer Support Roles in Criminal Justice Settings](#) describes different peer roles and how they can be implemented across the spectrum of the criminal justice system, and what duties are necessary to fill gaps in a community. [Peers Support Roles Across the Sequential Intercept Model](#) breaks down different intercepts of the criminal justice system and the roles peers can play from prevention to re-entry. This map makes it simple for a community or organization to add peers into roles where there are gaps in the system.

Creating an Effective Peer Workforce

[The Dimensions: Peer Support Program Toolkit](#) contains evidence-based information about the effectiveness of peer support programs, the important roles peers can play in an organization, and step-by-step instructions to create a successful and sustainable peer support program. The toolkit includes resources on hiring and training peer support specialists and effectively incorporating them into the organization.

Creating Smooth Pathways for Youth Peers Who are Moving to the Adult Peer Workforce

This SAMHSA-sponsored two-part webinar, presented by the National Federation of Families, discussed the many states and/or organizations that have an age cap for Youth Peers. Many of these Peers want to move into Adult Peer work but have no knowledge of the requirements for doing so. A successful pathway reflects a multifaceted approach that includes planning, additional credentialing, and organizational readiness. During this webinar, hear from experts at both the state and organizational levels as they discuss important strategies to be included in these plans. Learn about their experiences

as they share both successes and challenges, and the lessons learned. There are two webinar recording links for [part one](#) and [part two](#).

Strengthening and Supporting the Peer Workforce

Doors to Wellbeing has several [webinars](#) on the peer support workforce including: Workforce Development of Youth Peer Counselors, Building Partnerships to Enhance the Peer Workforce, and others.

In-depth State Spotlight: [New Jersey to Train Peers in CT-R](#)

More Ideas to Consider: Peer Support

- Digital platforms can facilitate the availability and ease of access to peer support.
- Expand the use of peers in specialty areas, such as SUD, family support providers, forensic peer specialists, and other specialties.
- Create a specialized peer certification track for groups with specific needs, including people with disabilities and individuals who are deaf and/or hard of hearing.

Engage Other Providers/Adjunct Roles

Much like the addition of peer support to the workforce, engaging other emerging providers and adjunct roles such as liaisons, navigators, and non-emergency transporters can help shift the system of care paradigm by creating more and earlier opportunities for individuals experiencing behavioral health challenges to intersect with support. Providing first responders, teachers, and other public servants formal training in courses like [Mental Health First Aid](#) can offer similar opportunities.

NEW

Project Minetgot Marianas

Commonwealth of the Northern Mariana Islands (CNMI) plans to develop and implement a comprehensive training and professional program called *Project Minetgot Marianas*, for non-clinical crisis workforce members/recovery champions, with a focus on individuals and family members with Severe Mental Illness/Severe Emotional Disturbance/Substance Use Disorder. This initiative will include the development of a comprehensive training program, community education and outreach plan, and the establishment of a process for system mapping and implementation. A key outcome is to create a system that is based on strength (minetgot) and healing.

The following outlines some of the activities proposed to achieve the goals and improve outcomes for CNMI individuals with SMI/SED.

- Peer Support Specialist Training Program
- Crisis De-escalation and Intervention Training
- System Navigation and Resource Coordination Training

- Cultural Competency and Trauma-Informed Care Training
- Community Outreach and Education Program

NEW

Mississippi's MacArthur Forensic Navigator Program

The MacArthur Forensic Navigator Program is a collaborative initiative between the Mississippi Department of Mental Health (DMH), the MacArthur Justice Center, and Mississippi State Hospital (MSH) that has complimented the state's behavioral health and justice system workforce. Through this program, a full-time forensic navigator works closely with jails, courts, mental health professionals, and family members to identify individuals in county jails who need behavioral health services. The navigator facilitates timely forensic evaluations, competency restoration, and, when appropriate, diversion into community-based treatment. This coordination helps reduce long jail stays for individuals awaiting mental health care and supports more effective community reintegration.

Mississippi State Hospital plays a critical role as a clinical partner by providing the inpatient forensic evaluations and treatment services necessary for many of these individuals. The collaboration between MSH and the forensic navigator has allowed for more efficient admission processes, shortened wait times, and quicker transitions to care. This partnership not only improves access to services but also alleviates pressure on local jails and enhances public safety by ensuring people with mental illness receive appropriate, timely treatment.

NEW

New York's Credentialed Mental Health Support Specialist

The public mental health system employs paraprofessionals working in its licensed, designated, and funded programs, in settings such as housing or rehabilitation. While the tasks and functions of these positions have some similarities, there is not a uniform title or credential that provides an identity, core competencies, or standardized training for these essential members of the workforce. Creating a credential for paraprofessionals introduces young people and adult workers to the mental health care system career ladder. Behavioral health paraprofessionals will be able to work toward the Credentialed Mental Health Support Specialist (CMHSS) title by obtaining relevant job experience, training on the identified core competencies, college education, or a combination of these objectives. This credential will strengthen the standard of care in the public mental health system. Paraprofessionals with the CMHSS title who wish to climb the career ladder will have extensive experience that will make them desirable candidates for higher education programs focused on behavioral health and higher-level roles in community settings.

NEW

Ohio's Pediatric Children's Hospital Behavioral Health Workforce Expansion Project

As Ohio is constructing or expanding 11 pediatric behavioral health facilities, which served more than 370,000 youth in 2024, they are concurrently working to expand the workforce. A major focus is integrating behavioral health into primary care. This integration is taking multiple forms:

- Training, supervising, and supporting primary care providers to manage mild-to-moderate behavioral health needs of patients in their practice.
- Increasing access to psychiatrists and psychologists via ECHO models and consultation opportunities.
- Integrating BH therapists into primary care settings using the Collaborative Care Model.

- New mental health trainings for pediatric residents.
- Hiring of new integrated care providers and expanding behavioral health into primary care settings.

Another broad initiative is upskilling new and incumbent workforce. This includes:

- Training primary care professionals,
- Creating opportunities for independently licensed counselors and social workers to train under Doctoral level Psychologists
- Building the expertise of front-line staff
- Supporting career progression from Behavioral Health Specialists to Nurses to Advance Practice providers
- Internship training program for therapy trainees, and
- Creating a Pediatric Psychology Training Program.

UPDATED

Mississippi's Law Enforcement Liaison Program

The Mississippi Department of Mental Health launched a pilot initiative in 2023 to enhance its behavioral health crisis support system. This initiative partners with community mental health centers to conduct a court/law enforcement liaison program to connect people with community-based services and decrease the number of commitments to acute inpatient psychiatric services. The court liaisons provide linkages between people with behavioral health disorders who encounter the legal system with community-based services, therefore reducing individuals' use of other crisis systems and those staff resources.

Due to the success of the pilot, the Mississippi Legislature funded 33 court liaisons and mandated court liaison positions in counties with at least 20 mental health commitments annually through HB1222 passed during the 2023 legislative session. The program continues to produce favorable outcomes with a 50% diversion rate for FY25. The liaisons work with individuals, families, judges, district attorneys, public defenders, law enforcement, and private hospitals to divert people from institutionalization.

Court liaisons are helping with community mental health center workforce shortages by assisting in pre-evaluation screenings and working with Chancery Courts and families prior to commitments. The court liaison is available on-site to provide individual service needs assessment and to inform the court, and individuals in need, of available treatment options. The court liaisons also work to help the Mississippi State Hospital Forensic Unit to decrease its Stage 2 waiting list by collaborating with jail administrators in their geographical catchment area. Court Liaisons are trained to contact the Forensic Unit Coordinator to inquire about anything needed from the county to reduce the number of days an offender waits in jail for a competency assessment. For more information, contact [Nena Klein](#), Chief Clinical Diversion Coordinator, Mississippi Department of Mental Health.

Kentucky's Paramedicine Crisis Response Model

The Paramedicine Program in Perry County, Kentucky, funded initially by the Kentucky Department for Behavioral Health Developmental and Intellectual Disabilities (DBHDID) and later through Medicaid grants, employs a model of care that enables emergency medical technicians and paramedics to deliver primary health care and other services beyond traditional emergency response. Many community paramedicine programs are in communities where there is a shortage of providers relative to the population, and that is the case for the Perry County Paramedicine Program. These programs enhance access to primary care for medically underserved populations and alleviate the burden on emergency care systems. The program's core components include:

- **Mobile Crisis Response:** Utilization of a vehicle instead of traditional ambulances to provide discreet, non-law-enforcement responses to mental health crises.
- **Mental Health Integration:** Close collaboration with 988 crisis call centers and the local Community Mental Health Center and other community partners.
- **Peer Support Specialists:** Employment of trained peer support specialists to assist with crisis de-escalation and connect individuals with needed resources, such as food banks and housing services.
- **Expanded Service Scope:** Transportation for individuals not just to hospitals but also to crisis stabilization units, psychiatric nurse practitioners, or their homes, depending on needs.
- **Behavioral Health Training for EMS Personnel:** Training, such as Mental Health First Aid, ASIST (Applied Suicide Intervention Skills Training), and CAMS (Collaborative Assessment and Management of Suicidality) to equip EMS personnel to manage behavioral health crises effectively.

The program has achieved significant milestones, including securing funding, building partnerships, and shifting community perceptions. Continued focus on training, outreach, and operational refinement will sustain and expand the program, ensuring it serves as a model for other rural EMS initiatives. For more information, contact [Patti Clark](#), Director, Division of Mental Health, Department for Behavioral Health, Developmental & Intellectual Disabilities.

Non-Emergency Medical Transport to Crisis Stabilization Units

Although Non-Emergency Medical Transport (NEMT) is a benefit provided by the Centers for Medicare and Medicaid Services (CMS) when an individual beneficiary requires transportation to and from medical appointments, some are considering NEMT alternatives for transportation to crisis stabilization units. This may be effective, especially as they may not be considered “emergency” sites like emergency departments and thus may not qualify for billing like an ambulance transport in a physical health emergency setting.

In-depth State Spotlights: [Alaska's Native Tribal Health Consortium](#) and [Colorado's Secure Transport Program at the San Luis Valley Behavioral Health Group](#)

More Ideas to Consider: Adjunct Personnel

- Implement extensive training for support staff to reduce workload burden of highly trained (and less available) professionals, thereby increasing their productivity and job satisfaction.
- Create positions in 988 call centers for entry level individuals who first answer calls, then triage callers to more highly trained and specialized professionals when necessary. This also helps facilitate transferring callers to more appropriate specialty clinicians instead of having each professional cover a very broad range of specialty needs.
- Create positions for the behavioral health field similar to what was done in the dental field with the introduction of dental hygienists.

Engage in Outreach

NEW

Virginia's School-Based Behavioral Health Academy

The Virginia Department of Behavioral Health and Developmental Services (DBHDS) has developed and implemented an after-school state-wide Behavioral Health Academy for high school students, offering a comprehensive 10-week, 20-hour foundational curriculum designed to equip students interested in a behavioral career with (1) developing foundational knowledge of the field of behavioral health, (2) exploring career pathways, lattices, and educational opportunities, (3) building resilience and a practice of self-care utilizing science-backed strategies, and (4) understanding options for accessing experiential learning opportunities (such as school-based career and technical education (CTE) programs) and educational funding resources. This inter-agency partnership was developed in collaboration with the Virginia Department of Education (VDOE) and has been approved by the Virginia Department of Health Professions (DHP) as providing 20-hours of approved training credit to accomplish the Behavioral Health Technician Assistant Registration requirement and may be stacked with additional training to accomplish the Behavioral Health Technician Registration.

The curriculum was developed/coordinated by DBHDS, and delivered through the VDOE online learning platform, Canvas, nine self-paced learning modules prepare for students for behavioral health career considerations. Ten live virtual discussion sessions complement the modules for participating high school students, showcasing subject matter experts and licensed professionals across the field of behavioral health and school-based mental health professions. Each week also includes the teaching of a science-backed self-care practice, promoting resilience among students. Modules are self-paced with students' completion of an online knowledge check.

Curriculum Modules

1. Behavioral Health Careers: Working Within Systems
2. Human Rights and Advocacy
3. Understanding Mental Health and Mental Health Conditions
4. Supporting Individuals Living with Developmental and Cognitive Disorders
5. Trauma-Informed, Person-Centered, Recovery-Oriented Care
6. Cultural Appreciation in Care and Diversity in the Workforce
7. Engaging Therapeutically and Supporting Crisis De-Escalation
8. Measurement Concepts for Behavioral Health
9. Prevention and Early Engagement

Having launched in the Fall of 2024, The DBHDS Behavioral Health Academy has hosted two high school cohorts with a total of 50 participants. Of these, 23 students and one teacher earned the digital badge, completing the full 20-hour program becoming eligible to register as a Behavioral Health Technician Assistant with DHP. The program is advertised through DBHDS social media avenues and through the CTE division of VDOE. Of note, many of the high school participants identify as college-bound and thus completed all the online modules but did miss occasional live discussions due to competing school commitments

With the passing of legislation codifying the Behavioral Health Technician Assistants and Behavioral Health Technicians in the Commonwealth, DBHDS held a community-based cohort in the Spring of 2025. A total of 20 participants engaged with the program, with 17 earning the digital badge completing the

program in full. One additional participant completed 10 hours of training by completing all ten online modules. To date, there are 380 expressions of interest for community-based participants awaiting the opening of the Fall 2025 community-based cohort. The Workforce Initiatives team is seeking the dedicated resources required to meet the demand of the program by establishing a train-the-trainer program to supplement the live discussion sessions for the community-based cohort.

Program Resources that can be shared: Learning Modules, Promotional Materials

Contacts: Juliann.tripp@dbhds.virginia.gov and Kesia.qwaltney1@dbhds.virginia.gov

NEW

Missouri's Support Worker Certificate and Career Center Pilot

The Department of Elementary and Secondary Education (DESE), in collaboration with the Department of Mental Health (DMH), has scheduled to launch a pilot program Fall 2025 for high school students interested in careers in the behavioral health field. This initiative introduces the Support Worker Certificate, combining training for the Direct Support Professional (DSP) (Division of Developmental Disabilities), and the Behavioral Health Technician (Division of Behavioral Health). This program is aligned with DESE's Health Service Aide career pathway under Health Science. The goal of the pilot is to provide foundational knowledge in behavioral and developmental health, offer exposure to careers in mental and behavioral health and prepare students for careers right out of high school and/or future degrees and certifications in these fields.

NEW

Nevada Health Force

Nevada announced the official launch of [Nevada's public health workforce website](#) developed by the Public Health Infrastructure and Improvement (PHII) Section. Supported by ARPA grant funding, this new platform empowers students, educators, and workforce partners with resources to explore career pathways, discover internships and job opportunities, and access statewide scholarship information.

NVHealthForce.org reflects a shared commitment to strengthening Nevada's health workforce through education, collaboration, and expanded access to opportunity. They were especially proud to introduce their Career Quiz, designed to help learners discover health career paths that align with their interests. They encouraged their colleagues across the state to share the resource widely with institutions and community partners to help connect individuals with meaningful careers that serve Nevada communities.

NEW

Nevada's Behavioral Health Career Hub

Nevada Division of Public and Behavioral Health have a [website](#) to provide information regarding health care and public health careers and there is a section under Career Pathways specifically for behavioral health careers. A career assessment tool is imbedded on the website and includes information about scholarship and career paths for all levels of career growth.

NEW

The State University of New York (SUNY) and The New York State Office of Mental Health (OMH) Paid Community College Program

OMH worked with The State University of New York (SUNY) to establish paid, part-time mental health internships for Community College students. Three Community Colleges participated in the pilot program: Monroe Community College, SUNY Niagara, and Finger Lakes Community College. Students at

these colleges had the opportunity to choose between 10 to 20 hours a week during their internship at a local OMH-licensed, funded, or designated agency. SUNY paid the students \$16 per hour for their time. Approximately 30 students participated in the pilot program. Due to overwhelmingly positive feedback from students and agencies, this program will be extended to additional community colleges starting in fall 2025.

NEW

The New York Youth Mental Health Corps

The Youth Mental Health Corps is a collaborative initiative that supports youth mental health in schools and communities while giving young adults a pathway into behavioral health careers. Four states are currently operating Youth Mental Health Corps programs: Colorado, Michigan, Minnesota, and Texas. New York is one of seven states planning to launch programs in the fall of 2025.

The New York Youth Mental Health Corps aims to build a service-to-career pathway for young adults (18-29) who provide peer-to-peer mental health support. Participating young adults gain professional experience towards a Youth Peer Advocate credential and earn AmeriCorps member benefits, while organizations build their capacity and youth in communities throughout New York receive additional support.

NEW

The New York State Office of Mental Health (OMH) Job Search Website and Marketing

There are currently no cohesive marketing or promotional efforts to attract potential applicants to work in the public mental health system in New York State. Marketing is performed directly by community providers or State operated facilities. There is not a narrative that promotes the positive aspects of working within the public mental health system. The ongoing workforce crisis and shortage of qualified staff is a primary challenge facing the entire system.

In early 2026, OMH will expand marketing to include the entire public mental health system by working with a vendor to develop a website that will describe various behavioral health professions and host a job search feature that connects jobseekers with mental health job opportunities within both State-operated mental health facilities and community providers. The website will include information on the educational pathways to licensed professions, descriptions of various mental health programs and settings. The goal of the website is to improve the recruitment of applicants into the NYS public mental health system.

NEW

Tennessee's Career Development for Peer Recovery Specialist (CADRE)

In 2023, Tennessee utilized TTI funding to enhance their CADRE (CAreer Development for Peer REcovery Specialist) system, providing current and prospective peers the opportunity to apply for certification and recertification online, along with access to training and CEU opportunities. As part of the TTI strategy focusing on peers, they conducted extensive marketing through social media to attract more individuals to the growing workforce, allocated scholarships to ensure access for qualifying peers, and developed an employer toolkit that includes ongoing training and technical assistance. All staff involved in the project were either individuals in recovery or family members of someone in recovery.

After months of careful planning, the CADRE system officially launched on March 8, 2024, and has proven to be a huge success at streamlining the application and renewal process for Certified Peer Recovery Specialists, Certified Young Adult Peer Support Specialists, and Certified Family Support Specialists, all of which are expanding every day. In addition, captivating videos were created as part of the social media campaign that have resulted in increased applications for all three programs. The toolkit is coming together with an estimated date of completion December of 2025.

[#HopeStartsWithYou Ben's CPRS Full Story](#)

[#HopeStartsWithYou Amy's CFSS Full Story](#)

[#HopeStartsWithYou Tori's CYAPSS Full Story](#)

For more information contact Lisa Ragan, Director of Consumer Affairs and Peer Support Services at Lisa.Ragan@tn.gov

NEW

Washington State's Recruitment and Retention Toolkit

The [Recruitment and Retention Toolkit](#) was developed in 2024-25 by the [University of Washington Behavioral Health Institute \(BHI\)](#), with support from the Washington State Health Care Authority. It provides brief and accessible information to assist behavioral health providers (including both mental health and substance use disorder providers) recruit and retain personnel. The toolkit is informed by input from Washington state behavioral health providers, and it pulls together best practices from around the country. Although any behavioral health provider could use the toolkit, it was developed with a focus on smaller and/or rural providers. The toolkit, which is divided into five sections, will be publicly available on the HCA website:

1. Organizational Readiness and Capacity – Assessing current efforts and setting priorities
2. Recruitment – Getting the word out and increasing the size of the applicant pool
3. Selection – Assessing candidates and making an offer
4. Retention – Maintaining engagement and employee satisfaction
5. The Appendix – Linked resources and tools

The toolkit is intended to support organizations in their efforts to enhance their recruitment and retention efforts; it is not intended to address the broader system-level considerations that are related to the statewide (and nationwide) behavioral health workforce shortage

NEW

Washington State's Start Your Path Campaign

Washington state wrapped up Phase 4 of the [Start Your Path campaign](#) to help recruit the next generation of behavioral health professionals. Some highlights of Phase 4 included an 83% increase in website traffic, over 65 million views of the ad, and campaign recognition by 75% of the Washington workforce. They partnered with an independent research firm to conduct qualitative and quantitative research to better understand their audiences which informed their creative, paid media, influencers and event strategies.

Out-of-home ads were on public transit as well as on college campuses. Ads ran on broadcast television and radio, sponsored content in newspapers, and ran ads on social media including the use of influencers. There was also direct messaging to reach the Spanish speaking community.

In addition, there were two in-person events held. Washington state collaborated with [Yakima Valley College](#) to host a panel discussion with behavioral health providers that worked locally and were a

presenting sponsor for the [Washington HOSA Western Fall Leadership Conference](#). These events reached over 1,000 Washington students, generated 128 site visits, and earned 10 news stories. The website was updated to include a mobile-friendly interactive design, an interactive training map, and a partner resources page.

The lifetime performance of the campaign from September 2021 through February 2025 includes:

- 249 million impressions (the total number of times an ad was displayed)
- 35 million video completes (the total of viewers who watched an entire video ad without skipping)
- 993 thousand website sessions (the number of times a user is directed to a campaign site and engaged)
- 389,181 qualified traffic sessions (represents highly interested individuals, who are part of the target audience, visiting the landing page)

Planning for Phase 5 is underway.

NEW

Regional Workforce Development Board Collaborative Project

As of June 2025, Ohio's INSight project (Hamilton County) provided behavioral health "experienceships" to 66 high school juniors (25) and seniors (41). Forty were trained in Mental Health First Aid. All seniors completed the educational requirements for the Qualified Behavioral Health Specialist (QBHS) position and were provided scholarship funding for enrolling into higher education behavioral health related academic programs.

Another project, ASPYR, included development of a behavioral health Leadership Academy for behavioral health professionals in Franklin County, Ohio, with 20 participants from 13 agencies. There were career exposure and job matching activities (164 direct engagements), behavioral health practicum opportunities (21 completed the Fall 2024 term, 10 enrolled in the Spring 2025 term), and available assistance for obtaining education/certification (Peer Recovery Support, MH Technician, CDCA/Addiction studies).

UPDATED

The Tennessee Public Behavioral Health Workforce Recruitment and Outreach Initiative

The Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS), in partnership with the University of Tennessee School of Social Work (UT School of SW), continued the Tennessee Public Behavioral Health Workforce Recruitment and Outreach Initiative in FY25. This initiative was designed to build a more diverse, informed, and prepared behavioral health workforce in Tennessee by increasing middle and high school student awareness and interest in behavioral health careers. Current staff and students at the UT School of SW utilized the following tools to outreach to students:

- High School visits and presentations across the state
- Creation and distribution of educational materials
- Online workshops and social media campaigns
- Partnerships with state agencies and professional organizations
- Promotion of internship and job shadowing opportunities

During the 2024 – 2025 school year, this program reached 350+ students through state conferences, multi-school events, and career fairs. 61 new presenters were trained to utilize the presentation and follow-up materials. There were over 10,000 social media engagements and a new podcast series focused on reducing stigma and highlighting career paths was launched. The project collaborated with the Tennessee Organization of School Superintendents, the Tennessee Association of Mental Health Organizations, Metro-Nashville Public Schools, the internship programming at Lipscomb University school counseling program, and University of Memphis school social work courses. There was a focus on promoted internship and job shadowing opportunities. McNabb Center has allowed students to visit the sites and participate in “Compliance Training” to be able to understand the daily workings of the center and types of daily duties of those who work with clients. Additionally, connections have been made with a local Equine Therapy center in Lenoir City for local students to volunteer time to work at the facility in various ways. For more information contact [Jessica Youngblom](#), LMSW, Director of Strategic Initiatives.

Arizona’s Healthcare Careers Initiative

AZ Healthcare Careers, an innovative collaboration between the Arizona Health Care Cost Containment System (AHCCCS) and Pipeline AZ, is designed to address the critical talent needs in healthcare, promote career advancement, and provide a unique solution for healthcare providers who face workforce recruitment challenges. AZ Healthcare Careers takes a holistic approach to workforce development, engaging with students in K-12 and community colleges, as well as incumbent workers. The platform enables students and job seekers to build a profile, take a job skills assessment, and explore health care career opportunities. It aims to attract an array of healthcare professionals, including Behavioral Health Technicians, Case Managers, Peer Support Specialists, Employment Specialists, Psychiatrists, Psych RN's, and Social Workers. AZ Healthcare Careers highlights health care occupations that require minimal experience or training, making them viable entry-level positions. From an entry-level position like a behavioral health technician or direct care worker, the platform outlines career advancement and training pathways that help employees to move up into in-demand positions like social and community service managers, health care social workers, registered nurses, or home health aides.

Washington State’s Online Recruitment Initiative

Washington State Health Care Authority has launched a [Behavioral Health Career](#) recruitment campaign webpage. The site helps explain various careers in behavioral health to include Substance Use Disorder Prevention Specialist, Substance Use Disorder Professional, Mental Health Professional, and Peer Counselor.

CareerWise Colorado

Colorado established an apprenticeship program called [CareerWise Colorado](#). A CareerWise apprenticeship is a form of work-based learning that applies the academic lessons students learn at school to meaningful work with modern employers. High school students spend part of the week with their employer, learning alongside professionals to help grow the workforce by giving students career pathways.

In-depth State Spotlights: [Nebraska’s Frontier Area Rural Mental-Health Camp and Mentorship Program \(FARM CAMP\)](#); [MassHealth’s Children’s Behavioral Health Initiative \(CBHI\) Innovative Workforce Strategies](#)

More Ideas to Consider:

- Create opportunities for tours of programs/facilities, including forensic facilities, to generate interest and educate people about the various careers in behavioral health.
- Speak to youth groups to foster interest in the behavioral health field.
- Hire military retirees with experience in behavioral health who are interested in a second career. Military spouses may also be a good source of untapped talent.
- Tailor supported employment programs to provide individuals with certifications that enable them to work in the behavioral health field.
- Develop on-the-job training programs as a part of career progression options to broaden recruitment pools.
- Recruit volunteers to help in call centers. Develop processes allowing and training volunteers to grow into paid positions.

Build Career Pathways

NEW Kentucky's Registered Apprenticeship Programs in Behavioral Health

The Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities and its Kentucky Correctional Psychiatric Center (KCPC) have pioneered the use of Registered Apprenticeship to increase workforce supply and build a long-term behavioral health talent supply chain. Motivated by severe staff shortages and by a strategy of increasing the support and care available to patients for improved treatment outcomes, KCPC created a Registered Apprenticeship Program (RAP) for Behavioral Health Technicians (BHTs). KCPC built the required 144 hours of “technical instruction,” or classroom training, 2000 hours of on-the-job learning, and recruited two initial cohorts of five BHTs. Combining paid training time, immediate work assignments, and a supportive cohort that learned and worked together, KCPC has expanded this RAP into its current scale (effective July 1, 2025) of three BHTs already promoted to other jobs; 17 who have completed or are currently completing the BHT RAP and working in the facility as BHTs, and four more who are newly hired and undergoing orientation. Based on the success of this approach in addressing critical staffing needs, improving patient care and experience, and expanding a talent supply chain for the future, KCPC created a Psychiatric Mental Health Licensed Practice Nurse (LPN) RAP. With approval from the Kentucky Board of Nursing to certify completers with a Psychiatric Mental Health LPN state certification, KCPC looks forward to recruiting and training multiple cohorts in a specialized LPN role.

NEW Kentucky's Career Ladders in Mental and Behavioral (CLIMB) Health

Launched in September 2023, the CLIMB Health initiative, funded by the KY Cabinet for Health and Family Services through an agreement with the Kentucky Council on Postsecondary Education (KCPE), is an innovative workforce development project directed at establishing career ladders in behavioral health for the recovery/re-entry population. This effort is designed to increase opportunities for

individuals in recovery/re-entry to participate in Kentucky's growing behavioral healthcare workforce. The initiative is expanding the availability of peer support by increasing the number of KY Career and Technical College System (KCTCS) campuses offering adult, family and youth peer support specialist certification training. As of March 31, 2025, 455 students across nine CLIMB Colleges enrolled in the 30-hour non-credit Adult Peer Support Specialist certification training. Of the 455 APSS students, 43 (9.4%) matriculated from noncredit APSS training into academic programs; this represents a 280% increase compared to Fall 2024. In addition to offering APSS certification training, CLIMB Health is creating career pathways into Human Services for individuals in recovery/re-entry. A total of 945 students were enrolled in CLIMB-supported Human Services pathways for the Spring 2025 semester. The most common programs of study are Human Services (875), followed by Recovery Coach (42) and Psychiatric Mental Health Technician (23), representing a 17% increase over Fall 2024 enrollment in Human Services pathways. On average, 12% of those in the Human Services Pathways transition to a four-year postsecondary institution. Each of the nine CLIMB Colleges has rapidly expanded workforce training initiatives with both regional and community behavioral healthcare providers, employers, and community partners and is currently either a certified Prison Education Program (PEP) in association with the Kentucky Department of Corrections (KDOC) or has actively applied and is awaiting approval as an approved PEP. Additionally, the CLIMB Health initiative is collaborating with the Kentucky Attorney General's Opioid Abatement Grant program to establish Collegiate Recovery Resource Centers (CRRCs) at five colleges and universities in Kentucky.

NEW

Kentucky's 988 Workforce Initiative

To meet the growing and complex behavioral health needs of individuals experiencing crisis—including those with Serious Mental Illness (SMI) and Serious Emotional Disturbance (SED)—Kentucky leveraged FY 2024 Transformation Transfer Initiative (TTI) funds to expand and modernize its 988 workforce. Recognizing the limitations of traditional staffing models in a strained labor market, the state initiated a multifaceted effort to explore nontraditional pipelines and more flexible staffing strategies. These efforts build on a strong foundation of local crisis response capacity developed over the past two decades and are aimed at increasing access, improving retention, and fostering long-term sustainability within Kentucky's 988 system.

Several priority areas guided workforce development activities: exploring registered apprenticeships, internships, AmeriCorps, and volunteer programs; refreshing statewide recruitment messaging; launching a frontline training institute; and convening a statewide summit to share lessons learned. Monthly technical assistance with CMHCs and in-person site visits helped reinforce implementation. Importantly, these strategies were developed and tested in collaboration with frontline staff and leadership through a robust advisory structure that includes workgroups on training, data, and workforce system architecture. Early center-level adoption has already shown promise with dedicated 988 supervisors, part-time and full-time staffing models, team lead roles, and volunteer-based programs beginning to take root.

One of the most transformative outcomes of the initiative is the shift in hiring models. Several centers reduced educational requirements for 988 positions from a bachelor's degree to a high school diploma, significantly expanding the candidate pool and diversifying the workforce. Centers also began adapting to staff preferences for remote and hybrid work, with some modifying their infrastructure and job roles to match these evolving expectations. These operational changes—paired with the development of clearer job pathways, role definitions, and performance evaluation systems—are not only making positions more attractive to potential applicants but are also improving staff morale and retention.

Looking ahead, Kentucky is focused on standardizing job architecture across the system, aligning career ladders, and addressing persistent challenges around compensation and recognition. With strong partnerships, ongoing frontline engagement, and system-wide commitment to innovation, the state is creating a more resilient and responsive behavioral health workforce. These efforts are essential to ensuring that 988 crisis services remain available, effective, and equitable for all Kentuckians, particularly those in greatest need. For more information, contact Angela Roberts, 988 Program Administrator, Department for Behavioral Health, Developmental & Intellectual Disabilities at angela.roberts@ky.gov.

NEW

New York's Behavioral Health Apprenticeship Program

The New York State Office of Mental Health (OMH) is working with the New York State Department of Labor (DOL), educational institutions, and community mental health programs to create a registered apprenticeship pathway for the CMHSS. Those who complete the registered apprenticeship program will meet the requirements to obtain the paraprofessional credential. In addition, OMH met with the Council of Social Work Education, New York State Education Department, and multiple schools of social work to determine the viability of a registered apprenticeship program for bachelor level social workers. After receiving positive feedback from all the stakeholders, OMH is working with DOL to move this program forward.

NEW

New York's Psychiatric Physician Assistant Career Pathways Program

The inaugural NYC Health + Hospitals (NYC H+H) and NYS OMH Psychiatric Physician Assistant Career Pathways Program aims to build training and specialized career pathways for psychiatric physician assistants (PAs) into the behavioral health workforce as the public sector faces a shortage of qualified providers. The use of psychiatric PAs in public clinics and hospitals can help to enhance behavioral health workforce capacity. While there are nearly 20,000 PAs licensed in New York in 2020, only 2% specialize in psychiatry. Meanwhile, a study found that at least 62% of PAs evaluated mental health conditions at least weekly in their patient interactions, while other studies have demonstrated that PAs are effective in increasing access and quality for individuals with persistent or severe mental illness in both inpatient and outpatient settings.

In spite of the potential of PAs, the NYS public sector has relatively few psychiatric PAs working in its facilities due to a low number of specialized training programs in psychiatry and limited entry points to the public healthcare system. In the face of growing need, this program will position NYC H+H and OMH to train and mobilize this versatile workforce to complement the work of other behavioral health providers. The first cohort of psychiatric physician assistant fellows will begin with NYC H+H in September 2025.

NEW

Rhode Island's Ladders to Licensure Program

The Ladders to Licensure program was established and funded in July 2024 to provide grant funding to partnerships of higher education institutions and at least three employer partners to support unlicensed healthcare workers to pursue a higher education degree and health professional license. In December 2024, three Ladders to Licensure awards were issued, including the following partnerships focused on the behavioral health workforce. Rhode Island College 'Clinical Career Ladders to Licensure' Partnership focuses on Social Work and Clinical Mental Health Counseling, with Child & Family Services of RI,

Community Care Alliance, Family Service of RI, Tides Family Services, and RI Department of Children, Youth, and Families. William James College 'Behavioral Healthcare Ladders to Licensure' Partnership focuses on Clinical Mental Health Counseling, with Communities for People, Tides Family Services, and Family Service of RI. Currently, approximately 60 employees are enrolled in higher education courses leading to behavioral health degrees and licensure.

NEW

Connecticut's Career Connect

Career ConneCT helps eligible people access and participate in short-term (typically 5- to 20-week) training programs that allow the individuals to earn industry-recognized credentials and find entry-level employment in a high-quality career pathway such as healthcare, infrastructure, information technology and more. Career ConneCT participants may also receive a skills inventory, case management, and job placement support, as well as supportive services such as transportation, childcare, housing, food, technology, benefits counseling, stipends, and/or other services needed to attend job training and care for your family during training.

NEW

Summer Internship Academy

In the spring 2024, The Virginia Department of Behavioral Health and Developmental Services (DBHDS) launched its first Summer Internship Academy and success brought continuance of the program for the summer of 2025. This 12-week paid internship welcomes students studying healthcare policy, public administration, psychology, social work, HR, communications, IT, healthcare finance, business analysis, and other related fields who are eager for hands-on learning experiences.

Advertising strategies for 2024 included the use of the DBHDS website, social media, Handshake, and job fairs. In 2025, they used PageUp, their website, and social media. Outreach efforts resulted in over 200 applicants each year. Applicants are screened, interviewed, and selected through a competitive process.

In 2024, 15 interns were placed across 14 DBHDS departments. In 2025, there were 14 interns working in 11 departments. Interns receive onboarding from Human Resources and Kesia Gwaltney, Ph.D. Dr. Gwaltney also lead group sessions called *Leaders' Lab*. These sessions included state Capitol tours, mentoring, networking, resume-building a leadership panel, and a self-care session. Interns also meet one-on-one with Dr. Gwaltney to discuss their progress and goals. The program concludes with a Presentation Fair, with interns showcasing their work and receiving certificates. Comprehensive evaluation data is available upon request.

As a workforce development pipeline strategy, DBHDS has successfully recruited two interns into full-time work placement and four interns into part-time work placement. An additional DBHDS intern has been recruited into full-time work placement at a sister state agency. Contact:

Kesia.qwaltney1@dbhds.virginia.gov

UPDATED

California's Mentored Internship Program

The California Department of Health Care Services Mentored Internship Program (MIP) concluded in December 2024. This grant program provided opportunities for students aged 18 and older and at multiple stages of their education to gain practical on-the-job experience. The goal of the MIP project was to enhance the professional development of students through thoughtful mentored internships and to grow the future behavioral health workforce. The MIP grant project invested nearly

\$100 million to establish MIPs at 166 behavioral health services providers across California including nonprofit organizations, tribal organizations, and county-operated providers, that deliver behavioral health services to adolescents, adults, or families. The grant funding enabled organizations to develop and implement in-house mentored internship programs in coordination with educational organization partners, such as community colleges, vocational programs, public and private colleges and universities and high schools. Preliminary data also suggests that over half of the number of interns completing their MIP internship received employment offers within California's behavioral health provider network, while others continued their education prior to seeking employment.

In a "Where Are You Now" survey, conducted with former MIP participants in January 2025, most (77%) think their mentor(s) prepared them well or extremely well for a career in behavioral health. Another positive outcome indicates that 95% of former MIP interns currently working in or planning a career in behavioral health report being likely or very likely to continue in the field a year from now.

As a next step, DHCS plans to release the *Building the Behavioral Health Workforce: A toolkit for Creating Mentored Internship Programs*. This toolkit encapsulates the successful approaches, lessons learned, training, and resources from the MIP, offering practical guidance, customizable tools, and real-world examples. It is designed to help any organization plan, attract, train, and retain top talent through effective mentored internships. This vital resource aims to support the development and sustainability of robust behavioral health workforce pipelines globally. The toolkit will be made available on the [Behavioral Health Workforce Development \(BHWD\) website](#) in 2025. Historical inquiries about the MIP or broader BHWD initiatives can be directed to DHCS@ahpnet.com.

UPDATED

Mississippi's Psychiatry Residency Program

In 2021, the Mississippi Department of Mental Health's Mississippi State Hospital (MSH) launched its Psychiatry Residency Program, one of only two of its kind in the state of Mississippi. As of July 1, 2025, the program has a total of 23 residents actively training. To date, three residents have completed all four years of psychiatry training and successfully graduated from the program. In addition, four residents have transitioned after their PGY-3 year into Child and Adolescent Psychiatry fellowships. The program adds to the existing training programs on the MSH campus, including psychology, social services, recreation therapy, medical students, and nursing. MSH has expanded partnership opportunities with local community mental health centers, collaborative care clinics via telemedicine, local ERs, and local hospitals in the areas of primary care, geriatrics, and neurology. The vision is to continue bridging the gap between community services and inpatient care.

UPDATED

Missouri Leading the Way: Associate of Applied Science in Behavioral Health Support

This program is designed to prepare students for employment in the behavioral health field, including both mental health and substance use treatment immediately upon graduation. This first-of-its-kind program was created to address substantial job vacancies and to help minimize staff turnover in case management positions within the behavioral health workforce. Traditional bachelor's degree-prepared case managers have a high position turnover rate, which agencies attribute to students not having hands-on, practical application of the knowledge and skills learned during their formal education. This BHS degree program offers hands-on education that includes 62 credit hours in a classroom setting and 300+ clock hours of practicum experience in real workforce settings. The BHS program was designed by

a cohort of licensed social workers, associate deans of Missouri community colleges, leaders from the Missouri Department of Mental Health and the Missouri Behavioral Health Council.

The classroom curriculum allows students to adequately prepare for the job duties such as use of various screening and assessment tools, conflict resolution, crisis intervention and de-escalation techniques, and evidence-based treatments, as well as ethical standards, personal and professional boundary-setting and awareness of common legal matters facing individuals with mental health challenges. The practicum experience gives students the opportunity to learn the structure and function of a behavioral health provider and integrate theory and practice. Students engage in supervised interactions working with individuals, families, and communities experiencing a variety of behavioral health issues.

Missouri has been graduating students from AAS BHS programs since 2017. Many students continue with their education in graduate level degree programs. Missouri Division of Behavioral Health has designated seven AAS BHS programs across the state. As of May 2025, Missouri-wide AAS BHS programs have graduated 221 students and currently have 115 students enrolled. Efforts continue to discuss and support the expansion of this program to all community colleges in Missouri.

Florida Behavioral Health Association's Apprenticeship Initiative: Health Quest

The Florida Behavioral Health Association's Apprenticeship Initiative, [Health Quest](#), aims to develop a talent pipeline for behavioral health employers and a career ladder for individuals working in the field. Health Quest's mission is to improve community awareness of careers in the behavioral health field, support employers in their efforts to recruit and retain qualified staff, develop uniform standards and credentials for behavioral health occupations, and support individuals seeking a career in the behavioral health field with education, training, and credentialing to promote career advancement. Approved and available apprenticeships include Peer Specialists, Addictions Counselors, and Behavioral Health Technicians at some of Florida's largest [behavioral health care providers](#). This effort is supported through funding and support from the Florida Department of Education, Apprentice Florida, Career Source Florida, U.S. Department of Labor, and University of Florida Professional and Workforce Development.

West Virginia's Second Chance Hiring Program: First Choice Services

[First Choice](#) began in 1995 as a collaborative effort among West Virginia's comprehensive behavioral health care centers. The goal was to combine resources and expertise to provide management of statewide behavioral health care contracts. First Choice operates several programs and helplines across six states, offering opportunities to peers with a variety of lived experiences. Their 175+ staff members work around the clock and help over 175,000 people every year. To effectively be a second chance employer, it is essential to understand, destigmatize, and create solid supports for all employees, including having policies and procedures in place to address any relapse or other challenges that any employee might experience. People with the right orientation to the work and a commitment to openness in their approach can be trained to be excellent counselors, regardless of education level.

Oklahoma's CCBHC Recruitment Initiative

The Oklahoma Comprehensive Crisis Response (OCCR) system prioritizes community-based diversion approaches that aim to decrease unnecessary law enforcement/criminal justice engagement and

prevent the need for higher levels of care. As part of this effort, Oklahoma will bolster its Certified Community Behavioral Health Clinics workforce by recruiting more treatment team member positions, specifically case managers and peer recovery support specialists. This is being accomplished through collaboration with local colleges and universities, allowing students to apply a certification as credit towards their degree. Specifically:

- The PRSS Certification can be applied for 1 college credit in Oklahoma State University/Oklahoma City's (OSU/OKC's) Associate in Science Addictions Counseling Degree Program.
- The Case Management Certification can be applied for 3 college credits in OSU/OKC's Psychology Department
- These new offerings are accompanied by an online awareness campaign. For more information contact Michael Dickerson, Manager of Case Management Training & Certification, at Michael.Dickerson@odmhsas.org and Jennifer Benefiel, MSW Senior Director Clinical Center of Excellence at Jennifer.Benefiel@odmhsas.org

More Ideas to Consider: Collaborate with Universities and Professional Boards

- Partner with universities and other academic centers to create Behavioral Health Workforce Centers, which can provide education, training, and foster innovative strategies.
- Initiate conversations with universities/colleges to gather ideas for how to address recruitment and retention issues for nurses, social workers, psychologists, and others.
- Partner with universities to reduce tuition or offer scholarships for students interested in pursuing a behavioral health career.
- Develop or expand psychiatric residency programs to recruit psychiatrists to your state.
- Add psychiatry rotations in physical health clinics to foster interest and provide short-term psychiatric support.
- Collaborate with professional associations to facilitate reciprocity of professional licenses and certifications to expand the geographic range of workforce across state lines.
- Collaborate with professional licensing boards to identify individuals with retired licenses and provide options for returning to the behavioral health workforce.

Offer Incentives

NEW Kentucky's High Risk Youth Suicide Prevention Internship Program

The Kentucky State University (KSU) Behavioral Health Internship Program, developed in partnership with the Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID), aims to expand behavioral health capacity across the Commonwealth. Through the High-Risk Youth Suicide Prevention Initiative, this program equips undergraduate and graduate students with the

training, supervision, and field experience necessary to enter and succeed in behavioral health careers, particularly in roles that prioritize cultural responsiveness and equity.

Interns engage in real-world work that spans suicide prevention programming, research, outreach, and community education. Structured supervision, biweekly training sessions, and a capstone or final presentation reinforce skill development in trauma-informed care, community engagement, and systems-level thinking. Training topics include suicide prevention certifications (such as QPR or ASIST), cultural humility, and strategies for addressing trauma, making this initiative an influential contributor to preparing the next generation of professionals to meet the needs of diverse communities.

By recruiting students from disciplines such as psychology, social work, public health, education, and nursing, the program cultivates a multidisciplinary behavioral health workforce that is grounded in both academic preparation and community practice. Interns are supported with stipends, mini-grants, and mileage reimbursement, ensuring accessibility for students who may otherwise face financial barriers to participation. Supervision from licensed clinicians and university faculty further enhances the quality of the program and prepares students for professional advancement.

As Kentucky faces growing demands for a skilled behavioral health workforce, particularly in underserved communities, the KSU internship program plays a strategic role in workforce development. By fostering early exposure to behavioral health systems, aligning academic learning with service delivery, and prioritizing equity-driven practice, this initiative is helping to shape a more inclusive, competent, and sustainable behavioral health workforce for the future. For more information, contact Beck Whipple, State Suicide Prevention Coordinator, Department for Behavioral Health, Developmental & Intellectual Disabilities at beck.whipple@ky.gov.

NEW

Missouri's Roy Blunt Scholarship

The Missouri Behavioral Health Council's (MBHC) mission is to enhance access to care for all Missourians in need. Missouri's former state senator, Roy Blunt, champions this mission; he created a legacy of genuinely improving and expanding access to value-based healthcare services for every Missourian. The Roy Blunt Behavioral Health Scholarship is a tribute to his success and supports Missouri students who want to invest in their careers in the community behavioral health field.

In 2023, upon retiring from over a decade of public service as Missouri's United States Senator, the Missouri Behavioral Health Council created the Roy Blunt Behavioral Health Scholarship Fund for students looking to further their careers serving in the community behavioral health treatment system. This scholarship can be utilized in conjunction with other scholarships, Federal Pell Grant Program funding, etc. Please note, however, that the Roy Blunt Behavioral Health Scholarship funding will be paid directly to the academic institution for tuition and fees. Preference is given to applicants who demonstrate a significant interest and intention to remain in Missouri and work in the community behavioral health system.

NEW

State University of New York (SUNY) and City University of New York (CUNY)/ The New York State Office of Mental Health (OMH) Scholarship Pipeline Program

OMH partnered with the state and city university systems to create this scholarship program designed to attract, retain, and graduate students prepared to work in the public mental health system. Students are eligible to receive funding for up to 3 years in a qualified program. This program also supports recipients through mentorship, workshops, and fee waivers. Students from disenfranchised communities are strongly encouraged to apply.

NEW

The Tennessee Behavioral Health Scholarship Initiative (TBHSI)

The Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS), in partnership with the Tennessee Association of Mental Health Organizations (TAMHO) and the Tennessee Association of Alcohol, Drug, and other Addiction Services (TAADAS), implemented the Tennessee Behavioral Health Scholarship Initiative (TBHSI). The goal of the TBHSI is to further develop and increase Tennessee's public behavioral health workforce pipeline by providing Tuition Stipends to Tennessee residents pursuing a master's degree in a behavioral health related field from an accredited college or university located in the state of Tennessee with the requirement that any scholarship recipient shall work for TDMHSAS contracted treatment agency for an amount of time equivalent to the amount of time the recipient received scholarship.

From January 1, 2023 – June 30, 2025, the TBHSI provided tuition stipends to 221 students from 36 different universities. To date, 68 students have graduated and of those, 40 have secured employment at a contracted TDMHSAS treatment agency while others are still in the process of securing or confirming employment. Of the awards made thus far, graduation dates span through 2028 which will provide individuals who will be dedicated to TDMHSAS contracted providers for several years to come. For more information contact Jessica Youngblom, LMSW, Director of Strategic Initiatives at Jessica.Youngblom@tn.gov.

NEW

Texas's Behavioral Health Workforce Internship Stipend Pilot Program

The Behavioral Health Workforce Internship Stipend Pilot Program is designed to strengthen awareness of the public behavioral health system and build a workforce pipeline into the community mental health center environment. HHSC, through a competitive process, selects Local Mental Health Authorities (LMHA) and Local Behavioral Health Authorities (LBHA) to receive funding to provide paid internship stipends to college and university students who are seeking a bachelor's or master's degree in a behavioral health related field. Each LMHA or LBHA is funded to accommodate four internship slots. Below are a few statements from interns who participated in the program.

"I would very much recommend this internship program to other students because of how beneficial it was for me. This program has helped me learn a lot about the mental health field, and exactly what goes on behind the scenes, better preparing me for my future. I also thought the administration was very accommodating to my situation as an undergraduate student. I was provided with a well-rounded experience that was full of depth, so I got to observe all kinds of roles in the field. This internship, at the

very least, has sparked a greater interest in the psychology field and a greater respect for those who work in it!”

“My biggest take-away experiences are: 1) learning how to effectively and compassionately communicate with clients in a very vulnerable state, 2) learning how to understand and navigate required documentation, and 3) learning how to assess individuals in a way that accurately reflects their current situation and circumstances so they can be appropriately served. The importance of self-care also crystallized for me, as working in the mental health field can be emotionally challenging. It is not an exaggeration to say that I've learned more in three months of interning than my first two semesters of grad school.”

NEW

Ohio's Great Minds Fellowship

As of December 2024, the Great Minds Fellowship provided 1,889 unique students with a sum of more than \$23.4M in academic support in exchange for one year employment in community behavioral health. In addition, over 550 recent graduates were provided a sum of approximately \$11M in student loan support in exchange for one year employment in community behavioral health.

NEW

Virginia's "Grow your Own" Initiatives

The Virginia Department of Behavioral Health and Developmental Services (DBHDS) partnered with Radford College of Nursing, the largest nursing school in Virginia with over 1,500 students and over 500 students with expressed interest in mental health, to implement the following initiatives:

- Serve as Radford College of Nursing resilience partner providing them with the Self-Care Wednesday toolkit to share with their staff and students. Also present on the importance of self-care in healthcare/behavioral healthcare as requested by the College.
- Promoted RN to BSN scholarships to DBHDS nursing staff to the Radford College of Nursing Fast track Program. A total of 15 full scholarships have been awarded as of summer 2025.
- Working to maximize the number of nursing students rotating through state-operated behavioral health facilities.
- Behavioral Health Nursing Summit and paid internship program are also a part of this strategic partnership.

DBHDS is exploring the expansion/duplication of this partnership strategy with other leading universities across the state with special interests to nursing, social work, and psychology as well as the development of “grow your own relationships” with the Virginia Community College System.

Program Resources that can be shared: Playbook on Educational Funding Resources, Scholarship Promotional Materials, Playbook on Advancing Your Nursing Career with DBHDS, Playbook on Supporting Nursing Career Advancement at DBHDS. Contact: Juliann.tripp@dbhds.virginia.gov and Kesia.qwaltney1@dbhds.virginia.gov.

South Dakota Houses Staff for the State Inpatient Psychiatric Hospital

The South Dakota Human Services Center is the state's only publicly funded inpatient behavioral health campus. To maintain services, the Human Services Center has utilized contracted staffing in the areas of Registered Nursing, Behavioral Technicians, and Certified Nursing Assistants. The lack of available rental

housing in the area was a deterrent to having contractors come to the campus. To address this, the Human Services Center developed short-term housing options for contract staff both on the grounds of the Human Services Center and in the surrounding community.

On the Human Services Center campus, staff housing options were created in a unit that was closed in 2016. This space was renovated to provide suites equipped with a bed, reclining chair, television, desk, and welcome binder with information on local services and businesses. The space included individual bathrooms and shared kitchen areas for tenants. The feedback from staff utilizing the on-campus space has been positive. The facility learned through the process the importance of having clear expectations and responsibilities spelled out in the housing agreements each tenant signed prior to occupying the on-campus space. Inspection processes were also a key element in the success of the program to ensure that all facilities were operating to the needs of the staff staying in the space and that no damages were done during the stay.

Oklahoma's Masters of Human Resources Recruitment Initiative

Oklahoma is partnering with local universities to increase the number of Licensed Professional Counselors (LPCs) within the state. This initiative expands on similar successful projects that selected existing Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) employees through an application process and financially supported their attainment of a licensed-eligible master's degree. The ODMHSAS anticipates that piloting this increased eligibility will dramatically improve recruitment for bachelor's level direct care staff interested in working towards the attainment of their licensed eligible master's degree. Currently, this pilot offers Masters of Human Resources degrees through the University of Oklahoma. This program intends to be a foundation for future psychiatric nursing education opportunities. For more information contact Susan Donnelly, Director of Organizational Development at susan.donnelly@odmhsas.org.

Maryland's Statewide Transfer and Reverse Transfer Agreement

[The Maryland Higher Education Commission \(MHEC\)](#) finalized regulations in 2016 regarding statewide transfer of college credit. The regulations allow a student with at least 60 credits of general education, elective, and major courses (earned at any Maryland community college towards an associate of arts or associate of science degree) to transfer that credit to any public sector higher education institution in the State for credit toward a bachelor's degree.

In 2021, following the 2016 rollout of the Reverse Transfer agreement, MHEC enacted the Transfer with Success Act which implemented regulatory standards, ensuring student protections. In 2021, new rules around specific courses were introduced to prevent students from having to retake courses. A full overhaul of Transfer Regulations occurred and became effective September 2022 including a [new Guidance document](#). Additionally, the University System of Maryland began to use the [Articulation System for Maryland Colleges and Universities \(ARTSYS\) Platform](#), a computerized data information system created to aid transfer students.

In-depth State Spotlight: [Maine Workforce Initiatives](#)

More Ideas to Consider: Offer Incentives & Streamline Onboarding

- Invest in technology to recruit and quickly onboard new hires.
- Offer flexibilities (remote work and dynamic shift options) to attract individuals with behavioral-health related experience.
- Create paid internship and/or practicum positions for professions such as social workers.

Ensure Adequate Training

NEW

Kansas Behavioral Health Center of Excellence (KBHCE)

The KBHCE was established to support educational and training opportunities in behavioral health to strengthen and increase the workforce. To that end, KBHCE is employing several strategies to both develop emerging leaders ready to enter the workforce as well as to support and retain the existing workforce. The program funding is appropriated by the legislature and sent to the Kansas Department for Aging and Disability Services (KDADS) for administration, and KDADS retains two seats on the Board of Directors for the KBHCE.

As a consortium of professionals in the field, KBHCE's mission is to promote innovation and workforce development in mental and behavioral health, and human services, fostering a high quality of statewide interprofessional care. The KBHCE's mission is to promote innovation and rigor in mental and behavioral health, and human services, fostering a high quality statewide interprofessional care model of prevention, resilience, and quality of life for all.

For FY 2025 the Kansas Legislature approved \$5.7M to KDADS for expansion of psychiatric residency and addiction medicine fellowship programs; development of a forensic psychology program; additional applied learning opportunities in behavioral health degree programs; paid internships; and recruitment and retention bonuses for nursing faculty in 2-year degree programs. For FY 2026, the Kansas Legislature approved an additional \$2M to KDADS for the expansion of this workforce development work. Universities and colleges involved with this effort include the University of Kansas, Wichita State University, Friends University, Kansas Health Sciences University, Newman University, and more.

NEW

Rhode Island's Higher Education and Credentialing Partnerships

The State of Rhode Island partners closely with higher education institutions to strengthen and expand the Behavioral Health workforce. Key components of this collaboration include curriculum development, grant initiatives, industry-academic partnerships, clinical placements, internships, apprenticeships,

tuition assistance, and wraparound supports. These efforts are designed to benefit both licensed clinicians (LICSW, LMHC, LCDP, LMFT, Psychologists) and unlicensed staff (such as CPRS, CHWs, and Case Managers). An example of this work is the [CCRI Case Manager Certificate Program](#), which supports Rhode Island's broader Behavioral Health Workforce Initiatives.

NEW

Virginia's Establishment of Clinical Training Sites

In 2025, The Virginia Department of Behavioral Health and Developmental Services (DBHDS) was appropriated funding to establish and support formal partnerships between academic institutions and three state-operated facilities to serve as clinical training sites for medical residents, nurses, nurse practitioners, physician assistants and other licensed mental health professionals. First year funds of \$741,889 and second year funds of \$711,989 are being used to:

- Support nine paid summer internship positions for nursing, psychology, and social work college students (nine positions in total) at a state-operated mental health facility;
- Host a Behavioral Health Nursing Summit in partnership with Virginia's largest College of Nursing at Radford University, with 175 academic leaders, nursing students, community-based behavioral health nurses, and DBHDS nursing staff in attendance;
- Support the establishment of an accredited post-doctoral psychology paid internship program at a state-operated mental health facility; and
- Establish a psychiatric residency program at a state-operated facility in collaboration with a community-based academic partner.

Contact: Juliann.tripp@dbhds.virginia.gov and Kesia.qwaltney1@dbhds.virginia.gov

UPDATED

Commonwealth of the Northern Mariana Island's (CNMI) Behavioral Health Professional Pathways Project

Through NASMHPD's Transformation Transfer Initiative, the CNMI's Commonwealth Healthcare Corporation: Community Guidance Center received funding to plan, implement, and evaluate a Professional Pathways Project to increase the number of CNMI Behavioral Health certified professionals and implement a CNMI Behavioral Health Aide Program. The project proposed to more effectively equip and retain the CHCC behavioral health workforce to address data-driven priorities and needs and to increase the impact and outcomes of care that includes crisis care at different stages: pre-crisis, crisis intervention, and post-crisis/aftercare.

The 2024 TTI Professional Pathways Project has achieved several milestones, including the completion of the final draft of policies and procedures for implementation by the Pacific Behavioral Health Collaborating Council Certification body. Discussions were conducted to incorporate local evidence-based and evidence-informed interventions as part of required courses to obtain a Behavioral Health Aide (BHA) certification. A cohort for the first round of implementation in the Commonwealth of the Northern Mariana Islands (CNMI) was identified, focusing on sustainability and capacity needs specific to the region. Additionally, meetings were conducted with the Alaska Native Tribal Health Consortium (ANTHC) and the Western Interstate Commission for Higher Education (WICHE). This included an in-person meeting to design the certification program and provide infrastructure recommendations. Efforts are ongoing to plan an on-site visit to support the next steps with the identified cohort.

While the overall project structure remains unchanged, adjustments have been made to the timeline to address sustainability concerns and accommodate the project's broader structure. The CNMI work plan for BHA is being utilized as a baseline for future regional support among the Pacific Island jurisdictions.

Furthermore, the project is expected to have a significant impact on mental health services by addressing critical gaps in the behavioral health single state agency systems across the continuum of care. The implementation of the first cohort as Behavioral Health Aide 1 will prioritize essential needs and has support from behavioral health leadership. Additionally, the model is designed for regional replication, which will further strengthen mental health services and support for individuals with mental illness. The diverse community in CNMI provides a unique foundation to address this important component, enhancing the overall impact on mental health services in the region.

The project continues to promote system change by sharing infrastructure insights with other Pacific Island communities within the Pacific Behavioral Health Collaborating Council (PBHCC). The Republic of Palau is also advancing efforts to identify a cohort for its community, marking the initial steps in regional strategic planning, prioritization, and implementation of Pacific-specific initiatives for our island communities.

Behavioral Health Curriculum Development Initiative

Through the Institute for Innovation & Implementation and its operation of SAMHSA's National Training and Technical Assistance Center for Child, Youth, and Family Mental Health (NTTAC), in partnership with the National Association of Deans and Directors of Schools of Social Work (NADD), the [Behavioral Health Curriculum Development Initiative](#) supports social work faculty members in developing curriculum modules on children's behavioral health to strengthen the training students receive in their Master of Social Work programs by engaging social work programs in generating and implementing effective practice, services, and policy coursework. For more information, please view this [PowerPoint presentation](#).

Alabama A&M Social Work Apprenticeship Traineeship Program

Alabama launched a registered apprenticeship program as a way for Alabama A&M students seeking a master's in social work degree to attain critical credentials. This program is one of the first in the country to model a traditional apprenticeship design for mental health professionals. This program provides licensing and certificates upon completion of the Master of Social Work degree. It partners with local health businesses and employers to determine the accuracy of demand for both providers and necessary credentials and subsidizes the cost of apprenticeships with resources from private sector employers who benefit from increased providers.

The Master of Social Work Program at Alabama A&M University (AAMU) has received a \$1.9 million award to help students meet workforce demands for mental health practitioners. The four-year award from the Health Resources and Services Administration (HRSA) will provide AAMU \$479,917 annually to further the second phase of its Behavioral Health Workforce Training Program (BHWTP-2).

Currently, the university has produced three full cohorts of individuals working towards their MSW degree with a total of nine graduates that have received their diploma and have received hands-on trainings with ADMH certified Substance Use treatment facilities in Madison and surrounding counties. Those individuals have also received the ADMH Case Managers Certification which is the only case management training recognized by Alabama Medicaid.

Hawaii's Mental Health Emergency Worker Training and Certification

Hawaii created a statewide training and certification program for mental health emergency workers (MHEW) and police. Goals of this initiative include:

- Increasing capacity and developing a curriculum for a train-the-trainer model
- Improving 988 crisis services response outcomes
- Improving linkages between MHEW staff and law enforcement partners
- Providing better care in the community for persons in crisis and increasing connections to mental health, substance use, and social services

This curriculum was developed with input from a stakeholder group comprised of persons with lived experience, experts on crises, and the various county police departments, which include Crisis Intervention Training (CIT) trained officers. For more information contact John Oliver, Public Health Program Manager, Maui Branch Chief Department of Health, Adult Mental Health Division at john.oliver@doh.hawaii.gov.

Individual Placement and Support (IPS) for Young Adults

[This report](#) details the eight principles of IPS for youth and adults. IPS is an evidence-based program designed to assist individuals with serious mental illness to acquire employment based on their personal choices and interests.

In-depth State Spotlight: [Illinois Division of Mental Health CRSS Success Program](#)

Take Advantage of Technology

NEW

Kentucky's ATLAS Telehealth Station Deployment

As Kentucky continues to face the devastating impact of natural disasters—ranging from historic floods to deadly tornadoes—ensuring consistent access to behavioral health care has become increasingly critical. The ATLAS Telehealth program (Accessing Telehealth through Local Area Stations) offers an innovative solution by placing technology-enabled care access points in trusted community spaces, particularly in rural and underserved areas. These stations serve as vital hubs for behavioral health support, especially during and after disasters when infrastructure is damaged, transportation is limited, or internet access is disrupted.

In Kentucky, ATLAS Stations are already operational in high-need regions, including Region 11 (Johnson and Pike Counties), Region 12 (Jenkins and Owsley Counties), and Region 13 (Red Bird Mission). Two ATLAS Stations were recently deployed in Pike County, which has been experiencing a suicide cluster among older men. Additionally, Kentucky has five portable ATLAS stations that can be deployed following a community traumatic event, such as a natural disaster. The ATLAS stations are deployed to Disaster Resource Centers, which are established in communities declared impacted by disasters and serve as resource hubs for a variety of benefits and support services for affected individuals.

Each station is staffed by a trained on-site attendant, a non-medical support person who helps individuals navigate the technology to connect with remote clinicians, counselors, or peer support specialists. This model ensures that individuals facing compounding barriers—such as geographic isolation, lack of broadband, or post-disaster displacement—can still access high-quality care in a safe and supportive environment.

Beyond improving crisis-time access, ATLAS Stations also represent a strategic investment in expanding the behavioral health workforce. By enabling remote service delivery, these stations increase the reach of Kentucky’s existing provider network without requiring full clinical staffing on-site. They support efficient use of limited human resources, especially for peer specialists, therapists, and prescribers, and offer an infrastructure model that is both scalable and sustainable. As Kentucky strengthens its behavioral health system, ATLAS Stations will remain a cornerstone of equitable, resilient, and community-based care delivery. For more information, contact Amy Potts, Program Administrator, Department for Behavioral Health, Developmental & Intellectual Disabilities at amy.potts@ky.gov.

NEW

Texas’s Peer Workforce Support Hub

The Texas Health and Human Services Commission (HHSC) partners with Form Communities and the University of Texas Health San Antonio’s Department of Psychiatry and Behavioral Sciences to operate PeerForce, a web-based tool designed to support people interested in joining the peer workforce through training, credentialing, supervision, continuing education, and locating employment. More information about PeerForce is located on this website: <https://peerforce.org/>.

From August 2024 through June 2025:

- 483 people received a peer certification or career guidance on joining or navigating the peer workforce;
- 50 organizations received support for building and sustaining peer services;
- 729 financial assistance vouchers were distributed:
 - 180 vouchers for core training;
 - 203 vouchers for supplemental training;
 - 94 vouchers for supervision;
 - 252 vouchers for state application fees;
- 211 peer jobs were posted; and
- 59 Texas employers partnered with PeerForce to expand access to peer support professionals and strengthen the peer workforce.

NEW

Texas Advances Direct Care Workforce with Innovative Matching and Education Platform

Personal care attendants — also known as community attendants, personal care assistants and direct service workers — help older adults and people with disabilities live independently in their own homes and communities. HHSC launched Direct Care Careers (DCC)—a free web-based platform designed to connect job seekers with employers delivering Medicaid home and community-based services. DCC users create profiles, highlight their qualifications, and are matched with potential employers based on location, skills, and preferences. Beyond matchmaking, the platform provides training resources for job seekers, and the agency plans to add curriculum that focuses on core competencies in the direct care

field directly into the platform. Ongoing enhancements—such as targeted communications and customizable alerts—reflect a strong commitment to iterative improvement and user engagement.

DCC demonstrates how a state-led, data-informed approach can modernize workforce support and strengthen vital care infrastructure. It offers a replicable model for other states seeking scalable, tech-enabled solutions to address direct care workforce challenges. To support adoption, the state developed a Direct Care Careers Toolkit, equipping partners and communities with outreach materials and practical guidance. The toolkit is accessible on this website: [Become a Personal Care Attendant | Texas Health and Human Services](#).

Develop the Workforce Capacity Necessary to Make Optimal Use of Technology

Technology itself is not self-actualizing, and it is important to adequately plan for, fund, and take the time to develop the workforce capacity necessary to make optimal use of technology. Several examples have emerged in recent years to demonstrate the innovative technology strategies being employed to build and strengthen the behavioral health workforce, including:

- The [Behavioral Health Education Center of Nebraska's Virtual Mentor Network](#) has created a State pipeline program for future behavioral health professionals using online virtual sessions for rural college and high school students.
- The [University of Hawaii has partnered with the Mayo Clinic](#) in a model program to develop an expert children's mental health workforce to serve populations that are geographically isolated or have higher prevalence rates of behavioral health challenges using interactive video teleconferencing (IVTC) and tele-mental health, strengthening collaboration with local primary and behavioral health providers.
- In [Project ECHO](#) (Extension for Community Healthcare Outcomes), a hub-and-spoke virtual training and coaching model originally developed at the University of New Mexico for Hepatitis C care, the Addiction Training and Technical Assistance Center (ATTC) utilized the model to facilitate an international video teleconference (IVTC) knowledge-sharing network conducting virtual mentoring with local substance use treatment supervisors to enhance workforce capacity to provide clinical supervision. The ATTC chose clinical supervision to test this virtual training and coaching model based on its centrality as a workforce development amplifier.
- Putney et al. (2019) describe an [online interactive technology](#) used in advanced level Master of Social Work programs to offer virtual client simulations (PeopleSim) as a tool to provide training in *Screening and Brief Intervention* and *Motivational Interviewing*. The virtual and asynchronous nature of the "patient" offers tremendous cost savings, convenience, and consistency over traditional live patient training, and students demonstrated significant pre-to post gains in Screening and Brief Intervention skills, Motivational Interviewing skills, and Change Planning skills. Though no comparison group was included in the evaluation, this study demonstrates the potential efficacy of this innovative workforce development strategy.

Partner with and Support Tribal Communities

Workforce Technical Assistance

[The National American Indian and Alaska Native ATTC](#) shares evidence-based treatment and recovery practices, builds skills to prepare the workforce to deliver substance abuse treatment and recovery

services, and changes practices by incorporating these new skills into everyday use to improve substance abuse treatment and recovery outcomes.

Expand the Reach of Existing Professionals



This section includes strategies to extend the reach of professionals with the use of technology and interpreters.

NEW

Missouri's Maternal Health Access Project (MO MHAP)

[The Maternal Health Access Project](#) is a statewide perinatal psychiatry access program designed to give health care providers the resources they need to confidently identify and manage their patients' perinatal mental and behavioral health conditions. Enrolled providers have free access to consultations with perinatal psychiatrists, as well as care coordination services, trainings, and other educational resources.

NEW

Missouri's Perinatal Psychiatry Access Program for Moms (MO CPAP)

The Missouri Child Psychiatry Access Project (MO-CPAP) helps primary care providers (PCPs) treat and manage behavioral health needs for children and adolescents who may prefer to receive mental health care from their primary physician. Enrolled PCPs receive support treating mental health disorders in children and adolescents through child psychiatry consultations, ongoing educational opportunities and linkage to connect patients with community-based behavioral health referral services.

Take Advantage of Technology

Technology, sometimes referred to as digital mental health (DMH) can be harnessed as a tool to support several workforce strategies. It can be helpful to think of DMH in three broad categories: client facing, clinician facing, and policy maker/administrative facing. Client facing DMH can help reduce demand on the public mental health system by providing population level tools that may be preventative; can potentially provide direct intervention or platforms that facilitate ease of access (e.g. peer support); and can augment work with behavioral health providers. Clinician facing tools can decrease administrative burdens, provide realistic training experiences, support remote work, facilitate decision support and more accurate triage decisions, and increase efficiencies. Policy maker and administrator tools can provide access to real time or near real time data for resource deployment, targeted workforce recruitment and retention efforts, and data informed training and quality efforts. Solutions exist that can shift tasks away scarce from behavioral health workforce. For example, video and sensor monitoring with analytic capabilities to reduce or eliminate need for one to ones while increasing safety outcomes; using artificial intelligence (AI) for realistic training provision; and quality assurance activities that would be much more time consuming for human workforce to complete.

Offering flexibility to work remotely is a critical strategy for the recruitment of in-demand professionals. Embracing technology to help shift the system of care paradigm quite literally allows behavioral health workforce to meet individuals where they are in a way that is timely and circumvents barriers such as lack of transportation or childcare. Use of telehealth decreases no shows, making better use of valuable provider time. Telehealth also expands the reach of sparse licensed clinicians across service sectors via telehealth consultation and across geographies, when interstate compacts exist and licensing laws permit. Some populations prefer non-face to face and even non-human interventions; digital mental health options can be explored both to reduce demand on behavioral health workforce as well as meeting client preferences.

For more information, NASMHPD created [a brief compendium of DMH resources](#), including guidance, a recent literature review, analysis of state legislation of AI and mental health, organizations that provide DMH technical assistance and training opportunities.

UPDATED

Connecticut's Geolocation Initiative

Connecticut has launched a Transformation Transfer Initiative (TTI) workforce initiative whereby they obtained software that will allow for high-tech, GPS-enabled mobile crisis geolocation and dispatch. This will quickly and efficiently determine the location of the closest available mobile crisis team member, track response times, provide real-time performance outcomes dashboards to monitor the quality and quantity of mobile response services, and efficiently connect persons served and their families to needed resources supporting access to a continuum of care. Real-time, geo-location will allow for more efficient and effective movement from one individual to the next and timelier responses to crises.

DMHAS has partnered with Veoci, a web-based software company, to develop an application that will allow mobile crisis teams to communicate and coordinate a crisis response. An adult mobile crisis team provider in the south-central part of the State is piloting the initiative. The team is comprised of 30 clinicians, case managers and administrators, who have been trained and are prepared to launch the

utilization of the geolocation software by August 2025. Upon successful completion of this pilot, it will be expanded for broader use throughout the state and would also be available to The Department of Children and Families youth mobile crisis teams. For more information, contact Dana Begin, OTR/L, MPA Director, Evidence-Based Practices and Grants Division, DMHAS Office of the Commissioner at dana.begin@ct.gov.

Leverage Technology and Existing Program Capacity in Rural Areas to Maximize Access to Timely Services

[*The National Guidelines for Behavioral Health Crisis Care: Best Practices Toolkit*](#) discusses how approaches to crisis care should include:

1. Learning how other first responder services like law enforcement, fire, and emergency medical services (EMS) operate in the area.
2. Leveraging existing first responder transportation systems to offer access to care in a manner that aligns with emergency medical services in the area.
3. Incorporating technology such as telehealth to offer greater access to limited licensed professional resources.
4. Developing crisis response teams with members who serve multiple roles in communities with limited demand for crisis care to advance round-the-clock support when called upon.
5. Establishing rural reimbursement rates for services that support the development of adequate crisis care in the area.
6. Creating crisis service response time expectations that consider the geography of the region while still supporting timely access to care.

More Ideas to Consider: Using Technology

- Continue to use telemedicine and remove policy and reimbursement barriers to telehealth to create an appealing work environment for many employees.
- Allow primary care physicians to directly serve a larger percentage of individuals with behavioral health needs through access to appropriate and timely consultative services.
- Use satellite phones to link prescribers in very remote locations, thus maximizing the capacities of mobile response teams.
- Develop both service locator tools and hospital bed service registries that identify what is available. This can reduce inefficiencies and avoid wasted staff time having to call around to find placement and/or services for individuals.

Facilitate Access to Interpreters for the Deaf and Hard of Hearing Population:

Alabama's Mental Health Interpreter Training Project

People who are deaf have historically been limited in their ability to access mental health services. Providers should utilize interpreters who have received training in mental health interpreting. An example of such training is the [Mental Health Interpreter Training](#) (MHIT) which was created to train interpreters to work effectively in mental health settings, facilitating communication between providers and consumers who are deaf.

The Alabama Department of Mental Health's Office of Deaf Services partners with the American Deafness and Rehabilitation Association (ADARA) to provide an annual Interpreter Institute for this purpose. Since the first training in 2003, there have been 21 annual institutes attended by 1,923 interpreters. Attending the training, participants can go on to earn certification as a Qualified Mental Health Interpreter by completing a supervised practicum and passing a comprehensive examination. This elite credential has been earned by 181 people.

Serving Children and Adults with Complex Needs:

The Link Center: Building Workforce Capacity to Serve People with Co-occurring Conditions

Many states struggle to provide timely services to children and adults with complex needs. Specifically, those with intellectual or developmental disabilities, brain injury, or other cognitive disability and a co-occurring mental health condition. While the reasons for this are varied, workforce capacity is a critical contributing factor.

Established in 2022, The Link Center is a project of national significance, funded by the Administration for Community Living (ACL), that provides training and technical assistance and advances systems change that will increase access to effective services and supports for people with co-occurring conditions.

In addition to systems change and service access, a key goal of The Link Center is to build workforce capacity for clinicians and direct support workers to provide support to people with co-occurring conditions. Specifically, The Link Center:

- Maintains a library of trustworthy resources, models, and promising practices.
- Provides resources and technical assistance to assist state systems in developing policies and programs that support the provision of effective services and treatment.
- Develops and offers training to individuals with co-occurring disabilities and mental health conditions, family members, direct support professionals, clinicians, and other supporters.
- Promotes effective approaches to treatment and support.
- Fosters collaboration across disability and mental health services systems.

The work of The Link Center is driven by a steering committee made up of people with mental health conditions who also have I/DD, other cognitive disabilities, and brain injuries.

To learn more about The Link Center and explore the available resources visit [The Link Center | ACL Administration for Community Living](#).

NEW

Direct Support Professional (DSP) Pipeline Project

The Department of Behavioral Health and Developmental Services (DBHDS), in collaboration with community partners and the Virginia Workforce Development Authority (VWFDA), is transitioning its established Direct Support Professional (DSP) Orientation Training into a digital format. This initiative aims to integrate the training into Virginia's high school and community college systems, creating a sustainable pipeline of qualified DSPs to serve individuals with intellectual or developmental disabilities and elevating direct care as a legitimate and rewarding career path.

This effort addresses critical staffing shortages across the Commonwealth and is made possible through the resources of the VWFDA, utilizing DBHDS-developed materials already in use statewide.

Curriculum Modules in Development:

- The Role of Direct Support Professionals
- Introduction to Developmental Disabilities
- Person-Centered Supports and Participant Empowerment
- Values That Support Life in the Community
- Health and Safety
- Waivers and Service Facilitation
- Ethics in Direct Support
- Professional Development and Career Growth

In addition to the core modules, complementary training opportunities – such as Mental Health First Aid, Medicaid Aide certification, and Basic Life Support - are being considered based on workforce needs. Plans are also underway to incorporate an internship component and explore establishing a DSP registry to support graduates as they enter the field. Contact: Eric.Williams@dbhds.virginia.gov.

NEW

Best Practices for Implementing the Continuum of Crisis Services Under Medicaid and CHIP

This guidance (NEW) [SHO 25-004: Best Practices for Implementing the Continuum of Crisis Services](#) released by CMS and SAMHSA provides a practical guide for states on effective practices in crisis services, describes specific Medicaid and CHIP authorities and flexibilities to support the full continuum, and strategies for measuring and monitoring crisis response. The document includes a special section on assuring access to crisis services for people with intellectual, developmental disabilities, or other related conditions (page 10). This is a good example of federal policy impacting state services and development of the workforce.

Address the Distribution of Professionals



This section includes strategies to reach individuals in need of care in rural and remote areas, where the workforce may be particularly lacking. It is important to consider the system of care you are trying to develop as you build your workforce. While we certainly need to adopt strategies to attract behavioral healthcare providers to specific geographic areas, we also want to create a behavioral health system that gives people the opportunity to practice within their own communities.

Encourage Practice in Rural Areas:

NEW

Rhode Island's Health Professional Loan Repayment Program

The program provides up to \$50,000 in student loan relief for primary care, dental, and mental health professionals who work in eligible sites. The program is limited to licensed health professionals who work in an outpatient setting. The practice/site has to be located in a Health Professional Shortage Area (HPSA). • Wavemaker Fellowship Program RI Professionals who are employed or have an offer of employment in healthcare in Rhode Island are eligible for Refundable Tax Credits to reduce their higher education debt. Employment must primarily consist of work in one or more of the following covered fields: Medical and mental health, clinical social work, pharmacy, dental, behavioral health, ancillary supports, and related healthcare fields (i.e., those fields or settings in which the primary mission is to provide direct healthcare services). Practice site does not need to be in a Health Professional Shortage Area (HPSA).

Training Psychologists for Rural Practice: Exploring Opportunities and Constraints

[This paper](#) examines trends in the psychologist workforce, training opportunities, and factors that may influence the decision of clinical psychologists to practice in rural settings.

WICHE's Psychology Internship Consortia

[The Western Interstate Commission for Higher Education \(WICHE\)](#) contracts with agencies in seven states to develop and support an internship program for students at local universities to pursue training in psychology, thereby enhancing the behavioral health workforce in each of these states.

National Center for Rural Health Professions' Rural Health Experience

The University of Illinois at Chicago is home to the [National Center for Rural Health](#) Professions, which affords students enrolled in any health-related degree program the opportunity to participate in the Rural Health Experience.

University of North Dakota's (UND) Residency Program

Based on their population and size, it is surmised that the state will never be able to develop enough of its own psychiatrists. Therefore, UND set up both a [residency program for psychiatrists](#), and a program that trains primary care providers in how to treat some of the more common, easier to treat mental health challenges.

Nevada Nurse Practitioner Practice Autonomy

During the 2013 legislative session, Nevada lawmakers granted nurse practitioners full practice autonomy as healthcare professional as a way to address the physician and mental health provider shortage gap in rural regions. Since passage, the Nevada State Board of Nursing has seen an expansion in psychiatric mental health nurse practitioners, which has improving access to care for many rural communities. In 2015, legislators also passed a parity law requiring telehealth to be covered and reimbursed under private insurance, Medicaid, and worker's compensation plans to further improve health care access.

Retain Professionals in the Workforce



As the system of care changes, we also need to consider how to support staff as their roles change. The section provides strategies for workforce retention, many of which would be effective recruitment strategies as well. Focusing more heavily on recruitment than retention, however, merely moves people from one area of need to another and fails to collectively solve the national workforce shortage. This section is broken into the following subcategories: consider wages and benefits, foster resilience, and assure continuing education.

Consider Wages & Benefits

NEW

Strengthening Nevada's HCBS Direct Care Workforce

An initiative with representatives from Department of Health and Human Services, Aging and Disability Services, Medicaid Division and Department of Employment and Training and the Division of Social Services which addresses the Direct Care Workforce shortage in Nevada. The Direct Care Workforce provides home and community-based services (HCBS), also known as home health care services. Nevada is taking part in the Peer Learning Collaboratives of the National Direct Care Workforce Strategies Center, a federally funded project of national significance funded by the Administration for Community Living, U.S. Department of Health and Human Services. The DCW State Peer-Learning Collaborative focuses on sharing best practices, innovative strategies, and proven models for growing the direct care workforce. Nevada saves approximately \$75,000 annually for each client who receives

home care instead of nursing home care which is funded through Medicaid and federal government aid.

Nevada joined a cohort along with state representatives from Vermont, Kentucky, and Maine. Nevada increased the minimum wage for direct care workers to \$16 per hour and the SEIU Local 1107, and other advocates seek to increase this wage to \$20 per hour. This increase, enacted in 2023, was part of a broader effort to address workforce shortages in the home care sector by improving wages and benefits. The \$16 minimum wage is a significant step, particularly for a state where the average wage for caregivers was previously around \$11 per hour. The Nevada home care workforce has seen a 6.5% increase since the new minimum wage took effect, with a high percentage of workers being retained, according to a report from KSNV.

NEW

New York's Community Mental Health Loan Repayment Program

The Community Mental Health Loan Repayment Program (CMHLRP) provides state aid grants to support community mental health programs in the recruitment and retention of eligible staff. Eligible applicant agencies may apply on behalf of eligible staff for funds to be used to repay qualified educational loans, over a three-year employee service obligation period, up to the balance of total student loan debt, not to exceed \$120,000 for psychiatrists and \$30,000 for all other eligible positions. Funds are provided directly to the licensed community mental health program, who enter into loan repayment agreements with their participating employees and distribute payments as obligated by each agreement. As of May 2025, over 900 practitioners across the state are participating in this program (77 Psychiatrists, 156 Psychiatric Mental Health Nurse Practitioners/Physician Assistants, 690 other licensed mental health practitioners).

NEW

New York's Financial Incentives

Cost of Living Adjustment (COLA): Between fiscal year 2022 and fiscal year 2025, the Governor of New York approved nearly 15% in COLA for the public mental health system.

UPDATED

Alaska's Healthcare Workforce Enhancement Program

The [Healthcare Workforce Enhancement Program \(HWEP\)](#) is a statewide support for service program that provides financial incentives to healthcare professionals who commit to serving in underserved communities across Alaska. HWEP aims to strengthen Alaska's healthcare delivery system by improving recruitment and retention of healthcare professionals and expanding access to care. HWEP is employer funded and administered by the State of Alaska and offers two types of financial benefits – Student loan repayment, and direct incentive payments. HWEP recognizes a broad range of healthcare occupations to ensure inclusion of clinical and non-clinical roles that support access to care. In 2024, 130 professionals across 30 participating employers served 18 Alaska communities, providing care to 41,680 unique patients through a total of 71,815 healthcare visits. On average, each professional managed a caseload of 321 patients over 552 visits. A total of \$1.77 million in awards was disbursed, with an average award of \$13,716 per professional.

CCBHC Funding Mechanism in New York

Due to CCBHCs' cost-based, provider-specific Prospective Payment System (PPS) reimbursement mechanism, New York's CCBHCs eliminated wait lists, and the number of Medicaid-eligible individuals served increased by 21% in the first year of operation. New York also reported a 24% increase in services provided to children and adolescents, noting that this was possible, in part, because the PPS allowed CCBHCs to hire more child psychiatrists. Many CCBHCs in New York and other states have implemented open access scheduling in combination with expanding the psychiatric workforce as a two-pronged strategy to increase access.

Since 2024, New York State (NYS) has tripled the number of CCBHC Demonstration providers from the original 13, established in 2017, to 39 as of July 1, 2025. Through the CCBHC Demonstration, NYS has increased access to integrated care and improved program outcomes. NYS monitors CCBHC workforce challenges with quarterly data reports. Additionally, NYS provides ongoing technical assistance and resources to support CCBHC providers address these gaps. While workforce is still a challenge faced by behavioral health providers across the state, the CCBHC demonstration providers have reported that the cost-based reimbursement model has allowed them to implement incentives to recruit and retain staff.

CCBHCs Support Competitive Wages in Nevada

As a result of the CCBHC demonstration, CCBHCs in Nevada have been able to recruit and retain all types of behavioral health professionals by offering more competitive wages. Geographic areas that rarely had access to psychiatrists prior to the demonstration now have an onsite psychiatrist and/or psychiatric advanced practice registered nurse, as well as providers to treat certain types of substance use disorders, including providers qualified to use medications for opioid use disorders (MOUD).

Michigan State Loan Repayment Program

[Michigan's State Loan Repayment Program](#) (MSLRP) helps employers recruit and retain primary medical, dental, and mental healthcare providers by providing loan repayment to those entering into MSLRP service obligations. MSLRP service obligations require participants to provide full-time primary healthcare services in Health Professional Shortage Areas (HPSAs) at not-for-profit health clinics for two years. MSLRP will assist those selected by providing up to \$300,000 in tax-free funds to repay their educational debt over a period of up to ten years.

More Ideas to Consider: Salary and Benefits

- Use HRSA's [National Health Service Corps](#) (NHSC) funding for health shortages areas, including scholarships and loan repayment.
- Use NHSC-HRSA Student Loan Repayment Program (SLRP) funds to supplement salaries as part of workforce retention.
- Increase pay for high-duty positions for periods of time.
- Use Bureau of Labor Statistics data to estimate salaries.
- Review behavioral health clinical claims data to support arguments in support of funding for the workforce.

Foster Workforce Resilience

NEW Commonwealth of the Northern Mariana Islands' Crisis Workforce Wellness Project

The CNMI Commonwealth Healthcare Corporation (CHCC)-Community Guidance Center (CGC) received TTI funding to implement a Crisis Workforce Wellness Project to promote wellness and resilience and prevent burnout among its crisis and mental health care providers. The project, led by the CHCC: CGC Adult Mental Health Services unit, aims to support the crisis workforce on Saipan, Tinian, and Rota.

The project is focused on developing and implementing a crisis workforce training plan to increase awareness and knowledge about recognizing signs and symptoms of mental health challenges, coping mechanisms and practices, and resources for intervention. Training resources will cover a wide array of mental health topics and may include topics such as stress management, self-care practices, coping skills, healthy relationships, and effective communication. Training opportunities will focus on the crisis workforce and will include outreach information about available services and resources.

Training will also be provided for the staff implementing this project to expand their capacity to respond to the needs of the crisis workforce. Training provided for staff will focus on evidence-based practices and curriculum for implementing mental health outreach, training, and intervention. Key highlights of the project progress include developing a partnership with the CHCC Workplace Wellness Team and developing a crisis workforce training and outreach plan. In collaboration with internal partners, the project team will begin implementing training and outreach activities. The project also aims to provide intervention services to the crisis workforce and share these available services through its outreach efforts.

NEW Trauma-Informed Retention and Safety Initiatives

The Virginia Department of Behavioral Health and Developmental Services (DBHDS) has launched *Thrive*, a curated selection of well-being and resilience supports, designed to empower DBHDS to create a culture of well-being and shared accountability from "me, we, and us" (parallel process) levels of trauma-informed care. Thrive, by design, is based on the trauma-informed care organizational principle of shared responsibilities, highlighting the parallel importance of science-backed strategies for self-care, current knowledge and skills in relation to team care, evidence-backed co-worker support, and organizational strategies and structures of support for success.

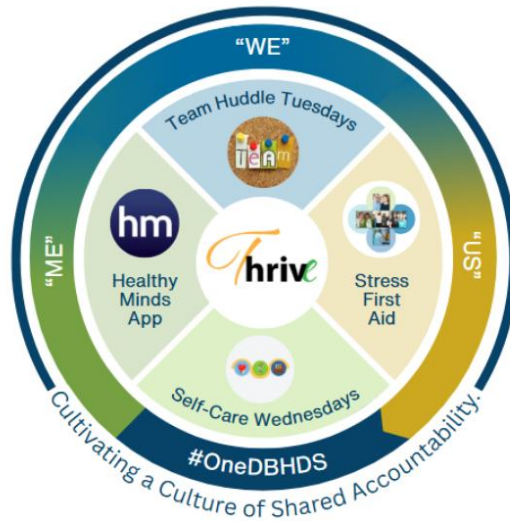


FIGURE 1. DBHDS HAS LAUNCHED THRIVE, A CURATED SELECTION OF WELL-BEING AND RESILIENCE SUPPORTS, DESIGNED TO EMPOWER DBHDS TO CREATE A CULTURE OF WELL-BEING AND SHARED ACCOUNTABILITY FROM "ME, WE, AND US" (PARALLEL PROCESS) LEVELS OF TRAUMA-INFORMED CARE.

The curated selection of resources includes:

- The DBHDS-developed Self-Care Wednesday Toolkit of 100 science-backed strategies supporting staff in developing personal resilience to maximize mental health and well-being.
- Promotion of the Healthy Minds App, a free easy-to-use tool for developing well-being skills that may otherwise feel elusive. Developed by Dr. Davidson and others at the University of Wisconsin-Madison, the Healthy Minds app and framework center around training our minds in awareness, connection, insight, and purpose.
- Stress First Aid (SFA), is both a self-care and co-worker support model developed by Veterans Affairs, specifically for those working in high stress professions. The program has been tailored to the behavioral health industry by DBHDS. SFA is designed to be available to all employees and offers simple, practical steps to identify and address early stress reactions in oneself and others during routine and acute circumstances, including exposure to workplace violence. The model provides for foundational support, not just during "critical incidents," and is designed to address stress that can have adverse organizational impacts on employee morale, turnover due to burnout, increasing costs and stressors related to absenteeism, disengagement and quiet quitting, and more. The program is led in our state-operated behavioral health facilities by SFA Coordinators who identify and train SFA Champions across the facility and all shifts.
- The DBHDS Team-Care Toolkit showcases over 60 (and growing) Team Huddle Tuesday resources highlighting best practices designed to inspire and strengthen team care and organizational leadership.

Thrive is led by a collaborative workgroup at DBHDS with diverse membership. In an effort to expand their initiative, they have submitted a request to fund training and a pilot study to develop a culture of reflective supervision. Reflective Supervision (RS), a collaborative approach to supervision, has shown

promise in combatting many of the contributing factors to employee turnover in human services organizations.

Program Resources that can be shared: SFA materials personalized for behavioral health, Thrive Playbook, Thrive promotional materials, Self-Care Toolkit, Team-Care Toolkit

Contact: Juliann.tripp@dbhds.virginia.gov

More Ideas to Consider: Building Resilience

- Provide training for supervisors on how to handle different interactions with service recipients, how to create hospitable work environments, and how to cultivate a workplace that combats stigma.
- Various team connectivity options can be set up to help responders build community, especially individuals with remote/hybrid set-ups (e.g., team playlists anyone can contribute to, hosting staff parties/events, including remote events via technology platforms such as Zoom).

UPDATED

Kentucky's Well@Work Project

The Well@Work project hosted by the University of Kentucky Center on Trauma and Children contains information designed for use by professionals to mitigate workplace stress-related conditions such as burnout, moral distress, and secondary traumatic stress. The website is organized in a multi-tiered fashion to meet the needs of various audiences. Tier 1 contains universal resources relevant to all health, behavioral health and client-facing professionals including podcasts, webinars, and downloadable resources. Tier 2 content includes targeted resources for being Well@Work and is the platform for registration to Project ECHO sessions specific to workplace well-being. Tier 3 resources include free, anonymous screeners for use by individuals experiencing a wide variety of occupational stressors, with automatic scoring and links to appropriate resources based on results, including linkages to behavioral health professionals in Kentucky who specialize in addressing workplace stress for those who need specialized care.

The creation of the Well@Work platform and its maintenance are funded through grants from SAMHSA to the Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities. In SFY24, a total of 62 Well@Work podcasts had 3,723 views/listens (Tier 1); 335 individuals engaged in a 5-part Project ECHO series on Trauma-Informed Practices to Enhance Staff Wellbeing with an average attendance of 108 per session (Tier 2); and 2,452 workforce resilience self-assessment tools were completed (Tier 3). [See more at Well@Work](#) | Center on Trauma & Children.

Taking Care of Our Workforce

Crisis staff - those dedicated team members who directly care for those in a behavioral emergency - need care and support from the organizations and leaders that run crisis stabilization centers, call centers, mobile teams, and other facilities. Becky Stoll, Senior VP of Crisis Services at Centerstone, joins the 988 Crisis Jam to talk about [Taking Care of Our Workforce](#) on the March 22, 2023 episode.

Burn Out: Change the Problem

While current research has focused heavily on burnout among clinicians in the academic medical setting, it is important to acknowledge that everyone is susceptible over the course of their career, regardless of their role. [Michigan Medicine at the University of Michigan](#) developed a [Burnout Toolkit](#) on Interventions that focuses on organizations and work levels in order to enact lasting change.

Ensure Continuing Education

NEW Mississippi's Crisis Continuum Behavioral Health Workforce Training

In 2025, the Mississippi Department of Mental Health introduced a statewide training series for employees working within the crisis continuum of care. This initiative was designed to strengthen Mississippi's behavioral health workforce by establishing a coordinated, statewide training and collaboration model for crisis response staff. Through in-person and virtual training, development of standardized curriculum, and opportunities for staff to engage with each other, the project will enhance staff skills, improve access to crisis services, and promote consistent care across regions. By unifying processes and building provider networks, Mississippi is advancing a more resilient and responsive behavioral health system.

NEW Missouri Provides Recovery Support Services for Pregnant and Parenting Families (PPF) Training & Credential

With the expanded focus upon the treatment of substance use disorders, driven by the opioid epidemic, there is an expanded focus on and investment in recovery support services. To support this growing demand, the Mid-America Addiction Technology Transfer Center (ATTC) & the Missouri Credentialing Board (MCB) has collaborated on a three-day training: Providing Recovery Support Services for Pregnant and Parenting Families. The overall goal of this training is to better prepare Behavioral Health professionals to meet the diverse needs of pregnant and parenting families in early recovery. Recovery and parenting both occur in the context of relationships, and this training is designed to help participants build skills to support/strengthen families as they grow and develop in their roles as nurturing parents. The Training of the Trainers (TOT) process for Pregnant and Parenting Family program started towards the end of 2022. A total of 59 individuals have been trained, with a total of 30 holding the Pregnant and Parenting Family (PPF) certification.

NEW The New York State Office of Mental Health (OMH) Training Webpage

OMH funds over a dozen training platforms for New York's public mental health professionals. These platforms provide quality trainings that address a variety of topics including, but not limited to, clinical service, trauma-informed care, and suicide prevention. Our goal is to develop the skills and knowledge of the mental health workforce in the state. Trainings are available in-person, online, or as self-study. Supervisors at provider agencies can support staff by assigning trainings from the public OMH Training Webpage.

NEW

Connecticut's Clinical Supervision and Technical Assistance Initiative

Supervision is the single best strategy that any employer can use to develop and maintain its workforce. Research supports the effectiveness of training in supervision in improving job satisfaction among those supervised and those providing supervision. It can increase staff retention and improve quality of care and clinical outcomes. Connecticut Department of Mental Health and Addiction Services (CT DMHAS) contracted with the Yale Program on Supervision ([Yale Program on Supervision < Yale Program on Supervision](#)) to provide agency consultation and training of their supervisors in the standards and best practices of supervision, tailored to public sector behavioral health.

The program model and supervisor training are built around four core functions of supervision: quality of care, administration, professional development and support. The supervisor training is three full days (two consecutive days with a third day four to six weeks later). DMHAS has had two cohorts of its state-operated and contracted providers participate in this training, with a third cohort planned for FY26. Trainings are followed by technical assistance and continuing education. Evaluations have been very positive, and we look forward to doing an overall assessment of the project and its outcomes. For more information, please contact Julianne Giard, Section Chief, Community Services at julienne.giard@ct.gov.

NEW

Pennsylvania's On Demand Learning Modules

Pennsylvania recently celebrated the one-year anniversary of the MyOMHSAS e-learning platform launch. MyOMHSAS, created with support from a NASMHPD TTI grant, is a centralized learning platform that makes on-demanding learning modules available to mental health professionals free of charge. The first major project for MyOMHSAS has been focused on developing a certificate program for Crisis Workers that will relieve individual provider training burden and create more consistency in crisis training across the state, allowing mental health professionals to move between jobs and take their training transcript with them.

UPDATED

South Dakota's Investments in Workforce Competency

South Dakota's Division of Behavioral Health has supported no-cost trainings to agencies they contract with in the community behavioral health sector, traditionally around specific evidence-based practices that are purchased for services, such as [Matrix](#), Motivational Interviewing, Dialectical Behavior Therapy and Cognitive Behavioral Interventions for Substance Use. Training has also been offered to support staff no matter what specific services they deliver, such as Motivational Interviewing. These investments are key to the Division's baseline strategy of ensuring partnering clinicians are equipped with the latest in evidence-based methodologies, and that services are delivered at a high level of competence and confidence. An annual training calendar is kept up to date and published in a timely manner to allow time for agencies and providers to plan their training activities accordingly.

In collaboration with the South Dakota Council of Mental Health Centers and South Dakota Council of Substance Abuse Directors, the Division of Behavioral Health identified areas of highest training need for and importance of for its providers. This public-private partnership allowed for mutual understanding and agreement of what those priorities are and directed funds towards training in those same areas. Efforts to proactively evaluate training needs within the community behavioral health workforce have aided in our state's overall workforce development efforts, including but not limited to rate-setting discussions.

Providers through the Council of Community Behavioral Health shared issues and concerns with legislators during the last legislative session, demonstrating the need for higher rates which was approved and put into law; these rates have allowed agencies to compensate staff at a higher annual salary, aiding in their ability to recruit and retain staff to deliver services and ensure access to quality care. In SFY25, DBH supported 38 trainings, attended by a total of 686 clinicians. DBH partners with providers through a public-private collaboration via the [South Dakota Council of Community Behavioral Health](#) to annually assess training needs and priorities.

Florida's Learning Management System for Behavioral Health and Training

Florida, in partnership with the Florida Alcohol and Drug Abuse Association, funds free webinars, workshops, and online courses for licensed and non-licensed behavioral health prevention and treatment professionals, health care providers, child welfare practitioners, and other community stakeholders. Trainings are developed and presented by national and state consultants on evidence-based practices for prevention, treatment, and recovery.

Online courses are free to the public and provide continuing education credits (CEUs) at no cost through a [Learning Management System](#). These self-paced courses can be accessed 24/7 which allows learners to take training based on a schedule that works for them. Free live webinars are conducted monthly for two (2) CEUs, and in-person workshops are offered quarterly at no cost for four (4) CEUs. Recordings and PowerPoint slides for all webinars are archived in a [Training Library](#) for free public access. Training announcements are distributed via email and posted in a training calendar found [here](#).

During Fiscal Year 2022-2023, 6,026 individuals attended 24 webinars and 258 participated in 12 in-person workshops. Archived webinar recordings were viewed online 3,889 times. There were 13,721 online course completions on the Learning Management System, with 2,748 continuing education units issued. Peer specialists are a key part of Florida's behavioral health workforce. To recruit and retain peers, Florida funds training and some peer certification services. More than 460 scholarships were awarded for peer certification during the state fiscal year 2022-2023.

Providing Guidance and Support for an Adequately Trained Workforce

SBHAs should [support supportive housing, case management, and employment programs](#) so that staff can effectively assess for crisis risk factors and plan for and intervene as needed to prevent, mitigate, and resolve crises before they escalate and become more challenging to handle. In addition to training providers on the types of program guidance, tools, and protocols that support this goal, SBHAs can offer training and technical assistance on supportive housing, case management, and for provider agencies and staff operating both within and outside of the behavioral health system to equip them with basic skills for recognizing and responding to behavioral health crises.

In-depth State Spotlight: [Oklahoma Builds a Skilled CCBHC Workforce](#)

Conclusion

As we collectively work to shift the system of care paradigm, State Behavioral Health Directors continue to report workforce challenges as a key barrier to effectively implementing services across the continuum of care. States, Territories, Pacific Jurisdictions, the District of Columbia, and federal and other partners have risen to address these issues with highly innovative and successful strategies. Collectively, these strategies have the potential to improve the public sector's ability to recruit and retain staff, while simultaneously improving the system of care for individuals served in the public system. NASMHPD hopes that sharing these resources and examples can assist states to replicate strategies as they see fit and to spur further sharing of ideas and creativity in developing new solutions. Many thanks to all the States, Territories, Pacific Jurisdictions, the District of Columbia, and the many federal, national, and other partners that developed the information shared in this document. NASMHPD will continue to provide ongoing updates about state-level behavioral health workforce development initiatives as new ideas and strategies become known.

Appendix A: State Spotlights

This Appendix offers additional, more extensive state spotlights.

Alaska's Native Tribal Health Consortium

The Alaska Native Tribal Health Consortium's (ANTHC) Behavioral Health Aide (BHA) Program, implemented in 2008, is designed to promote behavioral health and wellness in Alaska Native individuals, families, and communities through the use of village-based counselors. This multi-level provider model trains and educates community members on how to provide therapeutic services, respond to behavioral health crises, and support the general mental health and well-being of individuals in rural and tribal communities. A Behavioral Health Aide (BHA) is a counselor and health educator. BHAs, employed by their regional tribal health organizations, help address individual and community-based behavioral health needs, including those related to substance abuse as well as mental health.

The BHA program trains new BHAs, supports current BHAs, works with and offers technical assistance to partners across the state to provide education and assistance to BHAs and their supervisors. The ANTHC BHA Training Center designs and provides training that is required for BHA certification. BHAs are certified by the Community Health Aide Program Certification Board. Once certified, BHAs are qualified to provide and bill for various Medicaid services based on their level of certification, including SBIRT (Screening, Brief Intervention, and Referral to Treatment); tobacco cessation; and individual, group, and family psychotherapy. All BHAs are supervised by licensed clinicians who are able to assist BHAs in connecting individuals to higher levels of care as needed. For more information, read the [#CrisisTalk](#) article here.

Colorado's Secure Transport Program at the San Luis Valley Behavioral Health Group (SLVBHG)

In 2019, Colorado's Department of Health Care Policy and Financing (the state's Medicaid authority) partnered with the State's Public Utilities Commission to pilot a program that trains drivers in de-escalation techniques. Each agency contributed funds to train local citizens in two rural communities on de-escalation techniques, and to secure and enhance a fleet of vehicles to make them safe for drivers to transport individuals in crisis to care. The program covers six counties over 8,700 square miles.

All SLVBHG drivers are trained in CPR, Mental Health First Aid, and given additional training on how to build rapport with their clients. A private security company made up of former law enforcement officers was hired to serve as drivers. Each secure transport includes two drivers for safety. The agency purchased two Ford Explorers and had them retrofitted with Plexiglas to create a secure area in the back for the individual in need of transport. Cameras were also added to the vehicles to ensure that events were recorded at all times to verify the safety of the drivers and the passenger. Individuals who will be admitted to a hospital must be on the road within 30 minutes to ensure the bed at the hospital remains available. In addition to driver training, the transport service provides snacks, cold drinks, and blankets for individuals to consume and use during their rides.

Upon discharge from inpatient care, the secure transport program brings individuals back to the wellness center to re-engage individuals in community-based treatment. At this stage, SLVBHG also provides cellular phones, clothing, and food. Not only does this program provide safe, timely transport

to and from inpatient facilities, it is designed with recovery and comfort in mind. This approach helps to reduce the stress and eliminate the stigma of transport to an inpatient facility. The program has also helped to improve the agency's relationship with local law enforcement, as law enforcement is no longer the first to be called to respond to an individual in crisis and transport them to inpatient care. Contact Tammy Obie at tammyo@slvbhg.org for more information on the program.

UPDATED

Connecticut Health Horizon Initiative

Connecticut Health Horizon is collaborative partnership between Connecticut State Colleges and Universities (CSCU), the Office of Workforce Strategy (OWS), multiple state agencies, the University of Connecticut (UConn), the Connecticut Conference of Independent Colleges (CCIC), and the Connecticut Hospital Association. The \$35 million initiative seeks to address the state's healthcare workforce shortage. The program includes three categories: tuition assistance, faculty support and innovative programs.

- **Tuition assistance** (\$12,000,000) to incentivize low-income and minority students to enter accelerated and cost-effective nursing and social work programs. The goal of the program is to increase reach an estimated 1,200 students at \$10,000 each over the period of three years. Students must meet Federal Pell Grant eligibility or be from a designated in-need school district, and in some cases have a salary below the state's living wage or demonstrate financial hardship. Students may be pursuing traditional AND, BSW or BSN, or an accelerated BSN, MSW, or PMHNP program. Over 1,600 students have received tuition assistance. 1,128 awards were to students pursuing BSN programs, 415 for MSW students and 99 Psychiatric Mental Health Practitioner, and 15 PMHNP post graduate certificates and 2 MSN Advance Practice in Psychiatric Mental Health.
- **Faculty support** (\$12,850,000) to rapidly expand seat capacity and train the next generation of nurses and social workers. This funding is projected to support an estimated 42 faculty, which, in turn, will support 1,000 new students in nursing and social work programs. Faculty can serve in classroom, virtual instruction, medical simulation, and in clinical placement settings. Institutions are encouraged to use flexible hiring practices such as joint appointments and utilizing faculty waivers. Funding has supported the addition of nursing faculty at 17 schools and 5 schools with MSW programs.
- **Innovative programs** (\$6,000,000) to promote partnerships between healthcare employers and institutes of higher education to accelerate entrance into careers in nursing and social work. Innovative program proposals must include a 50% match from an employer partner, philanthropy, or in-kind resource. Staff time is an acceptable form of matching funds. The types of programs that are encouraged include developing hiring and talent pipelines between higher education and healthcare employers, and creating education/career pathway programs for entry and mid-level workers to become nurses and social workers. Also encouraged are agreements to create formalized series of stackable credentials/degrees for RN and/or MSWs, addressing barriers in licensing and/or degree completion, and curriculum development for accelerated, 4+1, and nontraditional programs. Seven nursing schools have launched innovative programs that are supported with a 50% match from employer partners. Another 4 schools have innovative programs for social work students.
- **NEW** **Funding awards** thus far have included hiring nursing faculty at 17 schools to try to address the nursing faculty shortage that has led to nursing programs only accepting one

quarter of qualified students. Nursing tuition support at 16 schools, with a priority on accelerated Bachelor of Science in Nursing (BSN) degree programs. Master of Social Work (MSW) tuition support at six schools and hiring of faculty at five schools. Licensed clinical social workers are the most needed positions in the behavioral health workforce, officials said. Support for innovative nursing programs at seven schools, and innovative social work programs at four schools with a 50% match from employer partner or in-kind support. More than 45 faculty are expected to be hired by the third year of the CT Health Horizons initiative and an additional 1,000 students will be provided with tuition support

UPDATED

Connecticut's Workforce Development, Recruitment and Retention Learning Collaborative

Connecticut utilized one-time federal funding to assist DMHAS SUD treatment organizations to align with ASAM 3 Criteria, including additional staffing and supervision requirements, as part of their 1115 Waiver system transformation. Compliance with ASAM 3 is predicated not only on providers retaining current staff, but also on their ability to hire new staff to execute various facets of programming. DMHAS elicited assistance from The Annapolis Coalition which developed and began offering these learning collaboratives with funding from Mental Health Technology Transfer Centers, foundations, and a regional mental health board.

The Learning Collaboratives were led by Michael Hoge, Ph.D. and Manuel Paris, Psy.D., both of whom are clinical psychologists. Two cohorts of ten (10) organizations were invited to participate in the collaboratives and each organization created a three-person Change Management Team. Each collaborative spanned approximately 10 months. All team members participated in a series of three virtual sessions (three hours each) that involved education and workforce planning. During these sessions teams received: (1) information on best practices in recruitment and retention; (2) technical assistance on developing a recruitment and retention plan for their organizations; and (3) guidance on managing the change process in their organizations. After these sessions, teams proceeded to work within their organizations to fully develop and then implement their recruitment and retention plans with ongoing technical assistance from the Learning Collaborative facilitators. The collaborative was extended for an additional 12-month follow-up phase to promote further attainment goals, which involved four individual technical assistance calls/consultations and two additional all-agency meetings of the collaborative.

The response of participating organizations was resoundingly positive. The co-facilitators reported that while there were no magic answers the cohorts developed a long list of strategies they could pursue with the potential to make a significant impact. During the final nine months, most agencies reported significant increases in the number of qualified applicants and number of new hires, while turnover remained variable. Improvements in the labor market, 'resignation regret' among the workforce, and R&R strategies implemented by the agencies were apparent factors in this improvement. Licensed clinicians and nurses remain extremely difficult to recruit.

Pre-Post agency self-assessment ratings by Team Leaders reflect a positive shift on all six of the key dimensions that the collaborative was designed to address. The greatest change reported was moving from having no recruitment and retention plan to having a comprehensive written plan in place; and putting structures in place (committees, workgroups) to address recruitment and retention. Agencies

also reported notable increases in the number of active interventions underway to address R&R and the level of engagement of senior agency leaders in supporting R&R interventions. Somewhat lesser change was reported in increases in level of knowledge about R&R best practices and in the level of support for R&R interventions among lower staff ranks in the agency. CT DMHAS concluded this work in SFY2024. Drs. Michael Hoge and Manny Paris conducted a virtual presentation for the NASMHPD TTI Workforce Learning Collaborative in March of 2024.

Medicaid 1115 Grant Funds California's BH-CONNECT Workforce Initiative

To support workforce recruitment and retention, and to increase the availability of behavioral health care providers serving Medi-Cal members and uninsured individuals, the state is implementing five statewide workforce initiatives starting in July 2025:

1. **Medi-Cal Behavioral Health Student Loan Repayment Program:** The state will offer student loan repayment opportunities for behavioral health professionals, including those with prescribing privileges, individuals in training to become licensed prescribing practitioners, non-prescribing licensed or associate-level pre-licensure practitioners, and other non-prescribing providers serving Medi-Cal members.
2. **Medi-Cal Behavioral Health Scholarship Program:** The state will make available scholarship payments while participants work towards earning a behavioral health degree or certificate.
3. **Medi-Cal Behavioral Health Recruitment and Retention Program:** The state will establish a program to recruit and retain behavioral health practitioners serving Medi-Cal members. Program funding will support retention bonuses, clinical supervision, licensure and certification expenses, and training backfill to promote workforce stability in safety net settings.
4. **Medi-Cal Behavioral Health Community-Based Provider Training Program:** The state will provide funding to train Alcohol or Other Drug Counselors, Community Health Workers, and Peer Support Specialists and address workforce shortages across the state.
5. **Medi-Cal Behavioral Health Residency Training Program:** The state will provide annual funding to support the expansion of psychiatry residency and fellowship slots in safety net settings for the duration of the demonstration period.

The goal of these initiatives is to address critical shortages of qualified behavioral health practitioners who serve Medi-Cal members and uninsured populations at risk for or living with behavioral health conditions. Individual recipients of BH-CONNECT workforce funds must complete a full-time service commitment of 2-4 years in Medi-Cal safety net settings. For more information, please visit: [DHCS Workforce Initiative](#).

Florida's Behavioral Health Professional Recruitment and Retention Grant Program

In 2023, Florida made a significant investment in workforce development for the State's behavioral health system of care. Through the "Recruit and Maintain Behavioral Health Professionals" grant program, Florida allocated funding to support increased recruitment and retention efforts for behavioral health professionals. Grants may be used to provide professional development opportunities to enhance upward mobility or develop innovative workforce initiatives. Specifically, the grants focus on recruitment and retention of the following professionals: social workers, psychologists, marriage and family therapists, mental health therapists, psychiatrists, and certified peer specialists.

Florida contracts with Managing Entities to provide a network of behavioral health services and to award these recruitment and retention grants. Local providers were awarded funding based on sustainable strategies, plans, and actions to address the workforce challenges in the behavioral health labor force. The State will closely monitor the impact of this grant program, but initial reports from behavioral health providers indicate these efforts are already producing positive results towards increasing the number behavioral health professionals practicing in Florida.

UPDATED

Illinois Division of Mental Health CRSS Success Program

The Illinois Department of Human Services Division of Behavioral Health and Recovery awarded \$13.2 million in grant funds to ten post-secondary educational institutes and one community mental health organization to fund the Certified Recovery Support Specialist (CRSS) Success program. The CRSS Success Program provides education and training for individuals with lived experience of mental health and/or substance use recovery to acquire the necessary skills to enter the behavioral health workforce as peer recovery support specialists. The CRSS Success program prepares students for entry-level positions in a variety of settings, including inpatient and outpatient mental health and substance use treatment services, mobile crisis teams, and recovery homes. Students in the program receive funding to overcome practical barriers to success, including tuition, textbook costs, application fees, childcare, and transportation. Program participants are prepared to sit for one of two certification exams through the Illinois Certification Board—Certified Recovery Support Specialist (CRSS) or Certified Peer Recovery Specialist (CPRS)—to further pursue their careers in behavioral health. As of June 17, 2025, a total of 576 program enrollees had completed the program, and an additional 358 are currently enrolled. Contact Nanette Larson at the Illinois Division of Behavioral Health & Recovery, at Nanette.Larson@illinois.gov, for additional information.

Kansas Suicide Prevention Headquarters

Annie Murdock, coordinator of the Core Chat Program at Kansas Suicide Prevention Head Quarters, shares the value of chat as a means to reach out to the National Suicide Prevention Lifeline. The Lifeline received 6,734 chats during its pilot year in 2012, and during the pandemic, from July 2020 to July 2021, the Lifeline received over 586,000 chats. Murdock says young people and those with a higher intensity of symptoms are more apt to reach out by chat. The chat format, notes Murdock, also provides more anonymity and privacy than a call. For more information, read the [#CrisisTalk](#) article here.

UPDATED

Louisiana's Center for Evidence to Practice

The Louisiana Department of Health's Office of Behavioral Health (LDH-OBH) created the Center for Evidence to Practice in 2018 to expand access to high-quality, evidence-based behavioral health treatments for Medicaid-enrolled youth. Housed at Louisiana State University Health Sciences Center, the Center removes barriers that often prevent providers from implementing proven interventions such as high training costs by offering state-funded training, consultation, and technical assistance. The Center manages a statewide "menu" of nationally recognized evidence-based programs (EBPs), including therapies like Multisystemic Therapy (MST), Functional Family Therapy (FFT), Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Eye Movement Desensitization and Reprocessing (EMDR), and Dialectical Behavioral Therapy (DBT), addressing needs from early childhood through adolescence.

Since its inception, the Center has steadily grown Louisiana's EBP-trained Medicaid provider network. Training typically spans 12–18 months and leads to national certification, with ongoing recruitment and

retention efforts helping to expand the workforce. In 2024 alone, 181 new practitioners began training across eight EBP cohorts, contributing to a rise from 113 EBP-trained clinicians in 2020 to 454 in 2024. Beyond training, the Center has developed practical tools such as an EBP Referral Guide, detailed service descriptions, and an Interactive Map of Medicaid EBP Providers to connect families and stakeholders with the right services. These efforts have resulted in a diverse, statewide network of certified providers delivering effective, research-backed care to Louisiana’s youth and families.

Maine Workforce Initiatives

Maine has invested in entry-level positions and frontline healthcare workers to make entry-level healthcare jobs more appealing to a broader candidate pool. To retain a critical workforce and reduce turnover, Maine has established tuition-free community college programs to expand clinical education and training programs through incentives for preceptors and clinical sites to address rural health access. Furthermore, navigators with expertise in healthcare pathways guide job seekers and incumbent workers on how to access tuition remission programs, stackable credentials, credit for prior learning, and health care apprenticeships. These navigators also assist medical professionals with out-of-state or foreign-trained credentials to quickly re-enter or advance in the healthcare sector in Maine.

Maine’s short-term strategies include making the credentialing process more understandable and portable across providers to create streamlined career pathways. Where possible, they are continuing to build opportunities within curricula and training programs to align required certifications for entry-level positions with stackable credentials that lead to career and educational advancement. For credentials, healthcare workers can work while achieving on-the-job competencies, allowing frontline staff to advance their careers and increase the pool of healthcare workers with degrees. Lastly, Maine’s long-term initiatives include working with the Department of Labor and the Department of Tourism to recruit health care professionals to work and live in Maine.

MassHealth’s Children’s Behavioral Health Initiative (CBHI) Innovative Workforce Strategies

These efforts, aimed to attract and retain staff, were developed jointly between the Department of Mental Health and the Medicaid Authority. Relatively small amounts of funding from Block Grants and other streams were utilized to implement initiatives aimed at supporting graduate students as they enter the field, providing education and support for supervisors and students, and increasing outreach to potential employees through partnerships. Examples included:

- Licensure reimbursement (minimum time in the public system required)
- In-Home Therapy Fellowship (student preparation for working with children and families effectively; students and supervisors receive stipends)
- Training Opportunities (Wraparound Fundamentals Training and Assessment & Clinical Understanding Training)
- Higher Education Partnerships (Elective Course focused on basic system knowledge and other elements, and Lunch and Learns that provide bachelor's and master's students the opportunity to hear about services and job opportunities within the public system)

Nebraska's Frontier Area Rural Mental-Health Camp and Mentorship Program (FARM CAMP)

[Nebraska's Frontier Area Rural Mental-Health Camp And Mentorship Program \(FARM CAMP\)](#) is a week-long summer program designed to introduce rural students who are interested in behavioral health careers to the field and connect them with mentors working in rural communities. The program is also intended to help with the drastic shortage of mental and behavioral health providers in Nebraska's most rural settings.

The Frontier Area Rural Mental-Health (FARM) Camp and Mentorship Program is a collaborative effort between the Behavioral Health Education Center of Nebraska and Western Nebraska Behavioral Health Clinics, funded by both organizations along with community fundraising and donations. Since its inception, the camp has been offered at no cost to participants, a critical goal given the region's high poverty rate. FARM CAMP was first held in 2013 in Rushville, Nebraska, and in summer 2025, FARM Camp celebrated its 12th year with 13 students, though attendance has varied over time from as few as five to as many as nineteen. Originally held in Rushville, Nebraska, the camp later moved to Chadron State College, offering improved logistics for housing and meals as well as valuable exposure to college life—especially for first-generation students. Many alumni have gone on to attend CSC. Over the years, the camp has expanded its curriculum, added diverse guest speakers, and updated projects to include digital-era skills, such as creating social media content on mental health topics.

FARM Camp welcomes both new participants and alumni each year, with returning students often taking on leadership roles such as leading activities or giving presentations. Plans are underway to conduct follow-up interviews with past campers to assess the program's long-term impact. While the original mission focused on introducing rural youth to behavioral health careers to address workforce shortages, the program has evolved to also promote general mental health awareness, provide social and professional support in isolated areas, and benefit the providers who share their expertise. These professionals gain validation and motivation in their careers through the experience. In 2024, faculty from the University of New Mexico—Las Vegas visited the camp, received start-up resources, and successfully launched their own version of the program the following summer. If you have follow-up questions, Dr. Jones-Hazeldine can be reached at: drcate@westernnebraskabehavioralhealth.com

New Jersey to Train Peers in CT-R

Through the Transformation Transfer Initiative (TTI) in 2020, New Jersey began their project to train peer support specialists in Recovery-Oriented Cognitive Therapy (CT-R) and provide incentives to the trainees and their clients via gift cards. This initiative is a partnership between the Beck Institute for Cognitive Behavior Therapy, Rutgers University, and the NJ Division of Mental Health and Addiction Services (DMHAS). Numerous agencies in multiple counties expressed interest in sending peers to this training, which began in August 2021, to enhance peer efficacy.

The Beck Institute designed a 16-hour virtual workshop for the basics of CT-R training, to introduce a way of understanding how clients may become stuck, and include practical, person-centered strategies and interventions for engaging vulnerable individuals and actively collaborating with them on the life they desire. Peers learn how to address challenges in the context of life aspirations, as well as how to effectively utilize incentives. Beck, Rutgers, and DMHAS will formally evaluate the incentive aspect to determine its efficacy.

Following this workshop, experts from the Beck Institute will help the trained peers incorporate CT-R into their existing skill base. Peers will implement these strategies and effectively leverage their role to engage individuals in reaching their aspirations who historically may have been less involved in treatment in reaching their aspirations. To sustain these trainings and peer-delivered CT-R, the Beck Institute has begun developing online (on-demand) modules of learning. These involve Recovery Mapping, ways to understand and connect with clients that can be hard to engage and accessing intrinsic motivation.

Oklahoma Builds a Skilled CCBHC Workforce

The Child and Family CCBHC Learning Community, led by NASMHPD, the [National Council for Mental Wellbeing](#), and [The Institute for Innovation and Implementation at the University of Maryland](#), recently hosted a session showcasing Oklahoma's workforce investments and innovative planning to build a skilled CCBHC workforce.

The Oklahoma System of Care (OKSOC) believes that the key to improved outcomes for children, youth, young adults, and families is continuous job-embedded learning for staff. Sheamekah Williams, Director of Children, Youth and Family Services with the [Oklahoma Department of Mental Health and Substance Abuse Services](#), and Josh Cantwell, Chief Operating Officer and Larry Smith, Chief Executive Officer with [GRAND Mental Health](#), spoke on several different ways Oklahoma is leveraging its workforce and creating opportunities to include coaching and on-the-job training, onboarding strategies, a focus on communities of practice, using platforms to make data-informed decisions, and creating Medicaid billable job opportunities. OKSOC has been able to maintain and enhance fidelity to evidence-based practices, find and address any challenges, celebrate successes, and plan and forecast to identify trends and needs. [Click here to watch this session](#) and learn more about Oklahoma's workforce development. This session was hosted by the [CCBHC-E National Training and Technical Assistance Center](#) and was funded by SAMHSA.

Oklahoma's Grand Lake Mental Health Center iPad Program

Oklahoma creatively used their Transformation Transfer Initiative (TTI) 2020 funds for the Mental Health Association of Oklahoma to identify needs among the homeless population through street outreach, and they leveraged other State funding to purchase tablets to ensure access to services. Through this program that connects to providers through a partnership, they have connected individuals with resources already downloaded on the tablet and crisis specialists that can be reached when in need. In addition, OK providers have given tablets to law enforcement, allowing them to hand a tablet to someone in crisis for them to talk face to face with a crisis informed specialist. To ensure sustainability of the initiative, they plan to use evaluation methods and cost savings to justify budget proposals for the future. Tablets can be quite inexpensive, in some cases priced at \$60 per tablet. For more information read the #CrisisTalk article here. Please contact Jackie Shipp, Senior Director of Treatment, Oklahoma Department of Mental Health and Substance Abuse Services at JShipp@odmhsas.org for more information.

This National Association of State Mental Health Program Directors Research Institute (NRI) report presents the findings of an independent evaluation of Grand Lake Mental Health Center's (GLMHC) Grand Response Access Network on Demand Model (GRAND Model). The purpose is to establish the evidence base for producing the following outcomes: reduction in inpatient hospitalizations among adult GLMHC clients; increase service utilization among adult GLMHC clients, and cost savings from decreased inpatient hospitalizations and use of law enforcement.

NEW

Louisiana's Provisionally Licensed Providers

In August of 2024, OBH expanded the behavioral health workforce by allowing provisionally licensed mental health providers (PLMHP) to bill for and obtain reimbursement for services they are permitted to provide as aligned with Centers for Medicare and Medicaid Services (CMS) regulations. Provider types noted include provisionally licensed marriage and family therapists (PLMFTs), provisionally licensed professional counselors (PLPCs), and licensed master social workers (LMSWs).

Allowable services are to be billed using appropriate Current Procedural Terminology (CPT) codes (over 25 codes). PLPCs, PLMFTs, and LMSWs shall practice within the scope of practice of their respective Louisiana professional licensing board and shall be rendering providers only.

NEW

Ad Hoc Workforce Committee of Rhode Island's Governor's Council on Behavioral Health (GCBH)

Established in June 2025, the committee is charged with developing and recommending strategies that support statewide health care system planning and workforce transformation initiatives. Its work will focus on Rhode Island's Behavioral Health Workforce Initiatives by providing input on occupations and education/training requirements within regulations, certification standards, and the Medicaid plan, while recommending revisions to strengthen recruitment, retention, workforce supply, diversity, and career mobility. All while maintaining quality, safety, professional standards, and compliance with federal, state, and accreditation requirements. The committee will also review CCBHC workforce investments, explore strategies to expand supervision capacity for entry-level positions, and compile and share information on educational and financial incentives for the behavioral health workforce. In addition, it will coordinate its recommendations with statewide workforce planning efforts supported by OHHS, with an initial emphasis on reviewing behavioral health career pathways.

NEW

Rhode Island Provides Training for Direct Care Workers in Long-Term Care

In 2022, Rhode Island Medicaid established a new Behavioral Health rate enhancement for home care agencies. To be eligible, at least 30% of an agency's direct care workforce (Nursing Assistants and Homemakers) must complete a 30-hr certificate program offered by RI College. Qualifying agencies must pass through 100% of the rate enhancement to all BH-certified employees.

NEW

Workforce Data-Driven Policymaking

The National Academy for State Health Policy (NASHP) released a blog spotlighting Utah's approach to expanding its behavioral health workforce through legislative action and data-driven policies. Utah advanced new credentials and expanded scopes of practice. Read the full blog here: [Behavioral Health Workforce Data-Driven Policymaking: A Utah Case Study – NASHP](#)

Additional blogs and information about behavioral health workforce initiatives can be found on the NASHP website: [NASHP – The National Academy for State Health Policy](#).



NASMHPD (2025). Workforce Resource Document (4th ed.)