



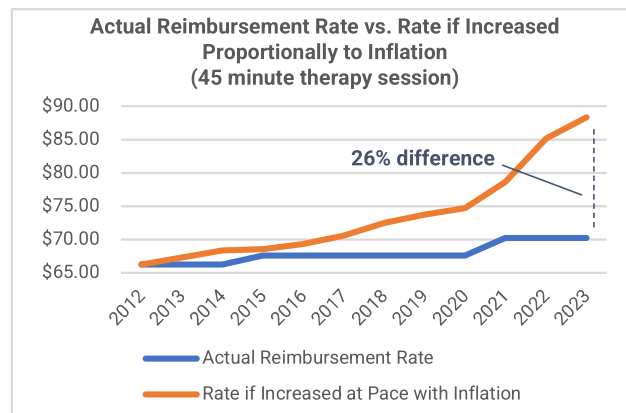
Saving the Children’s Behavioral Health Workforce

Aleece Kelly, MPP, Senior Associate, Child Health and Development Institute

Jason Lang, PhD, Chief Program Officer, Child Health and Development Institute

Like nearly every other state in the country, Connecticut is facing two urgent challenges that are resulting in long waitlists and delays in care: **increased behavioral health needs among the state’s children and a workforce shortage among those who serve children with behavioral health needs.**

Connecticut’s behavioral health system for children, youth, and families stands upon a sturdy foundation, including a robust continuum of services, a specific focus on the child and youth population, comparatively good access to evidence-based practices, and a dedicated network of providers. However, stagnant reimbursement rates combined with an increased need for behavioral health services have put immense strain on the system resulting in long waitlists and delays in care. As a result, the very foundation upon which Connecticut’s children’s behavioral health system was built is eroding.



Increasing Support for the Workforce is Necessary to Provide Timely and High-Quality Behavioral Health Services for Children in Connecticut

Research from the Child Health and Development Institute ([CHDI](#))

To address Connecticut’s behavioral health workforce challenges, the Child Health and Development Institute conducted research with guidance from an advisory body representing diverse stakeholder groups within the state. Methods included a survey of behavioral health providers and family members of children with behavioral health needs, a comprehensive review of relevant workforce initiatives in other states, and interviews with in- and out-of-state experts. Our findings highlight key issues:

1. Workforce burnout and care delays due to rising acuity (i.e., severity of behavioral health symptoms) and staffing shortages.
2. Stagnant insurance reimbursement rates are inadequate to recruit and retain staff, hindering timely service delivery.
3. Persistent lack of parity between mental and physical health insurance despite existing laws.
4. Demographics of the workforce are less diverse than the population served.
5. Insufficient training to serve specific populations.

Tuesday, January 9, 2024

Legislative Office Building in Hartford, Connecticut



Recommendations

Through research on innovative solutions and best practices within Connecticut and across the nation, two primary recommendations were identified:

- 1. Increase reimbursement rates for children’s behavioral health services to cover actual costs of high-quality care and establish a transparent and systematic rate-setting process.**

The lack of adequate pay was among the most cited challenges from survey respondents (both from staff as well as supervisors unable to attract qualified applicants for open positions). Nonprofit community-based and hospital providers largely rely on reimbursement from private insurers and Medicaid for revenue. However, **reimbursement is often significantly lower than the cost of the service**, making it challenging to pay wages sufficient to recruit qualified staff. While some services have received moderate increases in recent years, **there is no systematic approach to adjusting rates** to meet rising costs (see chart on first page), and staffing is suffering, with 1/3 of positions vacant in some programs.

States such as Maine and Massachusetts have adopted transparent and systematic Medicaid rate-setting processes, and other states have substantially increased rates to meet needs. **Connecticut made significant investments** in expansion of services (e.g., Public Act No. 23-101 in 2021), and required a review of reimbursement rates in recent legislation **but will need to increase rates to meet costs for programs so they can properly staff services to meet children’s needs.**

- 2. Develop a children’s behavioral health workforce center that can track and respond to trends in supply and demand and sustain workforce development efforts.**

While the first recommendation is intended to address the immediate staffing shortages, the State of Connecticut can sustain workforce efforts and prevent future workforce crises by creating a Children’s Behavioral Health Workforce Development Center based on similar initiatives in other states, such as Nebraska or Alaska. Such a center would offer a **dedicated infrastructure to children’s behavioral health workforce efforts that would enable Connecticut to address long-term pipeline solutions, implement programs to strengthen recruitment, retention, and diversity of the workforce, and monitor trends in supply and demand data** that strengthen the state’s capacity to respond to changes in the labor market and/or children’s wellbeing before workforce needs reach crisis levels again.

You may read more on this work as well as additional recommendations in [Strengthening the Behavioral Health Workforce for Children, Youth, and Families: A Strategic Plan for Connecticut](#) which was produced by CHDI in collaboration with the Connecticut Children’s Behavioral Health Plan Implementation Advisory Board with funding from the Connecticut Department of Children and Families.

Contact Us:

Jason Lang, PhD (jlang@chdi.org)
Chief Program Officer, Child Health and Development Institute

Aleece Kelly, MPP (akelly@chdi.org)
Senior Associate, Child Health and Development Institute

About CHDI:

The Child Health and Development Institute is a non-profit organization providing a bridge to better and more equitable behavioral health and wellbeing for children, youth, and families. We collaborate with policymakers, providers, and partners to transform child-serving systems, disseminate evidence-based and best practices, and advance policy solutions that result in better outcomes for children in Connecticut and beyond.