WEST VIRGINIA BEHAVIORAL HEALTH WORKFORCE DEVELOPMENT PLAN

2020

Growing and strengthening the behavioral health workforce in West Virginia.

ACKNOWLEDGEMENTS

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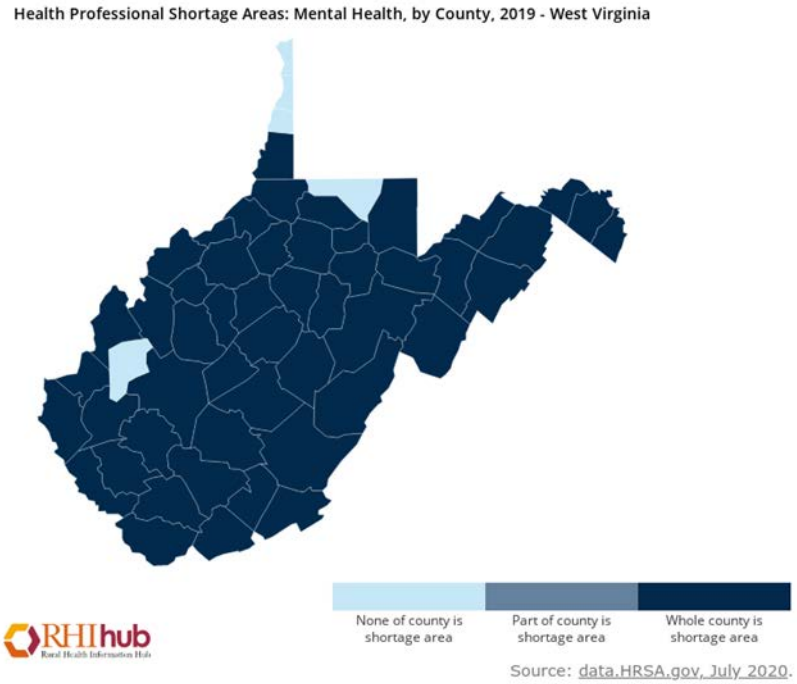
Introduction:

The purpose of the West Virginia Behavioral Health Workforce Plan is to partner with colleges and universities in West Virginia to grow and strengthen the number of individuals choosing to pursue a career in the behavioral health professions and to provide strategies that can help to retain the behavioral health workforce throughout the state of West Virginia.

What is behavioral health? Before diving into the action plan surrounding growing and strengthening the behavioral health workforce in West Virginia, it may be helpful to fully understand of whom that workforce is comprised. As a discipline, behavioral health refers to mental health, psychiatric, marriage and family counseling and addictions treatment, and it includes services provided by social workers, counselors, psychiatrists, neurologists and physicians (National Business Group on Health, 2019). Behavioral health also includes both mental health and substance use, encompassing a continuum of prevention, intervention, treatment and recovery support services.[1] The state of West Virginia, and its citizens, have been strongly impacted by the tragic and pervasive opioid crisis. This crisis has led to an increased need for behavioral health professions statewide. The West Virginia State Substance Use Response Plan references a goal of improving access to effective treatment for substance use disorder in outpatient and residential facilities. In an effort to reach that goal, stakeholders identified the need to increase the number of treatment providers who offer evidence-based practices and programs to save lives of individuals with substance use disorders.[2] The purpose of this plan is to provide West Virginia stakeholders with additional guidance in their work to grow and strengthen the behavioral health workforce.



The vision for this plan is to develop a robust labor force of behavioral health professionals by increasing recruitment efforts, providing the appropriate training and education specific to behavioral health and the opioid epidemic, and identifying and minimizing gaps in the workforce to retain individuals in these positions and fields. The majority of this state is considered a Health Professional Shortage area (HPSA). Three factors are currently used in scoring criteria for all disciplines: (1) population-to-provider ratio; (2) poverty rate; and (3) travel distance/time to the nearest accessible source of care. Additionally, discipline specific criteria for mental health incorporates the ratios of the population under the age of 18 and over the age of 65 to the adult population ages 18 to 64, as well as the prevalence of alcohol and substance use disorder.[3] Barriers to behavioral healthcare in rural areas

have been summarized as "4As and an S": accessibility, availability, acceptability, affordability, and stigma.[4] The strategies introduced in this plan are intended to aid in alleviating these barriers in West Virginia.

Furthermore, the need for services expands beyond the individuals who are directly struggling with substance use disorder. In order to successfully support these individuals through the course of their treatment, children and family members may also seek behavioral health support. Availability of behavioral health providers in a wide variety of settings including schools, healthcare facilities, and community based organizations would be of paramount value to the state of West Virginia.

In order to make a perpetual change surrounding the size and strength of the current, and future, behavioral health workforce, the state must focus on partnerships and collaboration. According to Stampfer, Mittelstaedt, Vásquez, and Karr (2019), there are four important elements to a genuine collaboration: 1) funding and sustainability; 2) community representation; 3) recognition of community strengths; and 4) community partner capacity building.[5] To encompass the diverse culture around the state of West Virginia, community representation is vital. Communities provide the foundation to leverage local, state, and federal resources to implement comprehensive strategies to reduce the onset and acuity of behavioral health disorders (prevention), expand access to services to individuals with behavioral health disorders (treatment), and support individuals with behavioral health disorders to live healthy and productive lives (recovery).[6] To denote a statewide presence in the creation of this plan, behavioral health professionals from around the state participated in developing a detailed plan to address the lack of behavioral healthcare professionals statewide. The participants of this collaborative recognized community strengths statewide by apprising contributors of knowledgeable networks that are local to their communities as well as focusing on previous work that has been done around the state relevant to this current endeavor. Members of this collaborative also focused on building the capacity of community partners by including high schools, Department of Veterans Affairs, Workforce West Virginia, and other population areas in the plan.

The West Virginia Behavioral Health Workforce Development Plan:

- Identifies recommended strategies to encourage entry into the behavioral health profession through various modes of transmission;
- Promotes essential steps to ensure availability of trainings and education necessary to develop a behavioral health workforce prepared to face the challenges of substance use disorder/opioid use disorder (SUD/OUD); and
- Provides strategies to retain behavioral healthcare professionals in West Virginia.

Background:

Beginning in early 2019, behavioral health professionals, representing eleven four-year colleges and universities in West Virginia, as well as the West Virginia Department of Health and Human Resources (WVDHHR), the West Virginia Higher Education Policy Commission (WVHEPC), Recovery Point of West Virginia, and the West Virginia Behavioral Healthcare Providers Association met to establish an infrastructure to create measurable goals and objectives for increasing and strengthening the workforce

in West Virginia. Prior to convening, the participants were offered a survey to narrow down the preferred topics of discussion. This survey indicated three main areas that contributors felt were essential to focus on: 1) Attract - Recruit: How do we encourage entry into the behavioral health profession?; 2) Educate – Train: How do we prepare our behavioral health workforce for the challenge of substance use disorder/ opioid use disorder, both as they enter the profession and as they pursue continuing education?; 3) Grow – Retain: How do we ensure that our behavioral health professionals stay in the profession, engage in personal growth, and that they remain in West Virginia? These three areas of focus feed into each other and create a cyclical pattern of need as it pertains to the behavioral health workforce in West Virginia. Retention truly begins with recruitment by offering attractive incentives to join the workforce. Some examples of incentives are loan forgiveness programs, supervision opportunities to obtain licensure, and equitable salaries. In addition, offering the appropriate training and education to ensure these individuals are equipped with the knowledge and skills necessary to continue employment and thrive within the behavioral health field is essential.

Following the initial convening in August of 2019, the three identified work groups continued to meet and formulate important action steps that would make this plan possible. In May of 2020, the individual groups met virtually to apprise stakeholders of updates around the state relevant to the behavioral health workforce. The workgroups continued collaboration to examine and advance the contents of the previously established goals and objectives before attending a two-part statewide conference to present their plans. Stakeholders were given the opportunity to offer feedback to all subgroups through virtual meetings, feedback surveys, and the statewide conference. These opportunities ensured the presence of a statewide voice in this plan.

In the midst of the development of this plan, the nation faced a global pandemic, COVID-19. In recognizing that the delivery of information, education, treatment services, etc. have changed and may continue to do so in the future, contributors also focused on addressing the three focus areas in alternative environments, such as virtual platforms.

Recommendations:

Attract – Recruit Work Group

Inviting individuals to join the behavioral health workforce is not always easily accomplished. Therefore the use of creativity and strategic thinking was very important in designing these strategies. Over the course of several meetings and conversations, participants in this group discussed the importance of recruiting behavioral health professionals with “lived experience”. Being able to relate to a person from whom you are receiving services has the potential to create a more successful outcome. In order to accommodate individuals in recovery that are interested in pursuing a career in behavioral health, the team identified the need for collegiate recovery support systems. These support systems would provide

information to interested individuals as well as offer the support necessary to ensure continued success in recovery while working toward their degree.

Another evident need when recruiting individuals into the field is a pipeline program focused on degrees in behavioral health. Participants in this group discussed initiatives to recruit high school students. These discussions established the importance of building from current, existing initiatives, as well as developing new initiatives. With the recent change of environment around COVID-19, contributors discussed the advantages of making this strategy available in person as well as virtual. Additionally, discussions amongst group members and survey results from the Group 3 student survey revealed that behavioral health is not a field that is often encouraged by family, friends, teachers, counselors, etc. By continually providing information about this field to high school students, it may allow for a better understanding of the field and encourage interest in the pursuit of such an area of study. One example of this type of programming is Montana's "Heads Up" camp, which exposes young adults to behavioral health careers.[7] To take the pipeline experience to the next level, stakeholders in this group identified the benefit of exploring job shadowing opportunities to aid in fulfilling high school students required community service hours for graduation. This would allow students to gain a better understanding and perspective of the behavioral health field, as well as introduce them to current practitioners who may serve as career mentors as they students pursue further education.

Furthermore, and to encompass inclusivity in the behavioral health field, the team recognized the benefits of developing and increasing community-based initiatives to engage non-traditional recruits such as mid-career candidates, retirees, veterans, and the recovery workforce. The desired outcome of this goal would be similar to the pipeline for recruiting students into the workforce, but engaging a different population.

Goal 1: Develop initiatives to recruit high school students for behavioral health careers.

Strategy 1	**Establish the scope of existing activities and initiatives in WV high schools that promote behavioral health careers for development of sustainable recruitment strategies throughout the state.**	**Year 1**	**Year 2**	**Year 3**
KPI 1	Define a data collection process, timeline, and tools to capture what behavioral healthcare career exploration initiatives are already in place and identify promising/best practices in WV high schools.	X		
KPI 2	Conduct data collection process and write report.	X		
KPI 3	Convene 'Think Tank' workgroup to utilize the collected data to develop recommendations and action items.	X		
Strategy 2	**Create an 'Outreach and Communication Plan' that will result in engagement and exposure of high school students to behavioral health careers.**	**Year 1**	**Year 2**	**Year 3**
KPI 1	Identify funding and secure consultant to support development of a communication and marketing plan, including resources needed, to promote behavioral health careers.		X	

KPI 2	Conduct strategic planning with consultant that results in a written 'Communication and Marketing Plan'.		X	
KPI 3	Implement plan after identification and acquisition of needed funding and resources.			X
Strategy 3	**Develop additional innovative approaches to engage, and increase interest, among students to pursue behavioral health careers.**	**Year 1**	**Year 2**	**Year 3**
KPI 1	Develop a plan to implement virtual career fairs with high schools across the state, including recorded interviews with representatives of the behavioral health workforce to provide perspectives of what these careers offer. (Requires funding and definition of model for virtual delivery – understand cost, media partners)	X	X	
KPI 2	Implement virtual career fairs in high schools across the state.			X
KPI 3	Partner with all appropriate higher education institutions to develop plan for virtual campus experiences to promote behavioral health careers, (i.e. using virtual pharmacy camp model).	X	X	
KPI 4	Implement virtual campus experiences			X
KPI 5	Explore existing virtual mentoring models (i.e. Nebraska) and create plan for development of virtual mentoring environment in WV.	X		
KPI 6	Secure funding and develop the virtual mentoring environment.		X	
KPI 7	Pilot the virtual mentoring environment.			X
KPI 8	Evaluate and disseminate comprehensive virtual behavioral health career decision-making model.			X
Strategy 4	**Utilize job shadowing for high school students engaged in fulfilling required community hours for graduation.**	**Year 1**	**Year 2**	**Year 3**
KPI 1	Develop strategy with recommended process, agreements, etc. to engage behavioral health agencies, facilities, and offices in offering job shadowing opportunities for high school seniors (including transportation for students).	X		
KPI 2	Disseminate and share with high schools and behavioral health providers/staff.		X	
KPI 3	Partner with Workforce WV (WFWV) and their Workforce Innovation and Opportunity Act (WIOA) partners to include career decision-making/job shadowing experiences in behavioral health for youth served through their programs. https://workforcewv.org/about-us/partner-services			X

Strategy 5	Explore opportunities for apprenticeships and/or mentorships linked to state student loan repayment programs	Year 1	Year 2	Year 3
KPI 1	Explore feasibility of apprenticeships and/or mentorships related to state student loan repayment programs. Example: Statewide Therapist Loan Repayment Program https://dhhr.wv.gov/bhhf/jobsworkforcetraining/Pages/Statewide-Therapist-Loan-Repayment.aspx	X		
KPI 2	Advance planning based on what is learned by KPI 1.		X	
Strategy 6	**Assess existing initiatives for high school recovery programs that facilitate a process of change through which youth improve their health and wellness, live self-directed lives, and strive to reach their full potential which may include pursuing careers in behavioral health care occupations. (expanded school mental health resources)**	**Year 1**	**Year 2**	**Year 3**
KPI 1	Assess existing models for recovery high schools or other integrated programs throughout the US that can serve as models for implementation in WV.	X	X	
KPI 2	Link to collegiate level efforts and ReClaim WV to gather data on resources and lessons learned.		X	
KPI 3	Determine feasibility in WV and establish recommendations for piloting of a program.		X	

Goal 2: Establish collegiate and community networks of recovery support systems and develop trained peer specialist workforce in behavioral health and counseling.

Strategy 1	Connect peer recovery specialists to academic partners for continuing education opportunities to foster interest in behavioral health career advancement.	Year 1	Year 2	Year 3
KPI 1	Establish a work group to develop a plan for developing online courses using the Learning Management System to integrate behavioral health and SUD counseling.	X		
KPI 2	Define training needs and competencies.		X	
KPI 3	Establish mechanism and plan for delivery to advance professional development and education.		X	
KPI 4	Design online resources on how to go about getting into a behavioral health/counseling field (i.e. the steps) including podcasts by those who have already done it with success.			X

KPI 5	Disseminate the online resources to peer specialists.			X
Strategy 2	**Partner with WV Higher Education Policy Commission (WVHEPC) to develop campus mental health plans.**	**Year 1**	**Year 2**	**Year 3**
KPI 1	Explore partnership opportunities to support WVHEPC work with campuses on mental health plan development.	X		
KPI 2	Develop strategies based on above.		X	
Strategy 3	**Support placement of peer specialists on campuses statewide based on southern WV model.**	**Year 1**	**Year 2**	**Year 3**
KPI 1	Support development of plan and process to conduct a statewide conference to share the southern WV model across higher education campuses statewide, including infrastructure building and sustainability strategies (i.e. billing).	X		
KPI 2	Implement statewide collegiate conference.		X	
KPI 3	Conduct follow-up for spread and uptake of model on campuses across the state.			X
Strategy 4	**Develop and disseminate success stories.**	**Year 1**	**Year 2**	**Year 3**
KPI 1	Identify capacity and process to collect and develop success stories.		X	
KPI 2	Disseminate success stories based on the cross-cutting community plan that is developed.			X

Goal 3: Establish community-based initiatives to engage non-traditional recruits: mid-career, retired, active military, veteran, and recovery workforce.

Strategy 1	**Establish an evidence-base of existing initiatives in WV that promote behavioral health and counseling careers among veterans, second career, vocational rehab, and other similar target populations.**	**Year 1**	**Year 2**	**Year 3**
KPI 1	Define a data collection process, timeline, and tools to capture what initiatives are already in place and identify promising/best practices (i.e. military transition programs).	X		
KPI 2	Conduct data collection process.	X		
KPI 3	Conduct 'Think Tank' approach of the workgroup to utilize the data collected and develop recommendations and next steps.	X		

KPI 4	Design online resources on how to access a behavioral health/counseling field (i.e. the steps), including podcasts by those who have already entered the field with success for the priority target populations.		X	
KPI 5	Develop and disseminate the plan and disseminate the online resources. Consider how to reach specific target populations, if there is a fit with any public assistance requirements, and partner with WFWV, Creating Opportunities for Recovery Employment (CORE), and Jobs & Hope.		X	
Strategy 2	**Partner with faith-based organizations, residential, and transitional recovery facilities to address workforce needs and align with state resources**	**Year 1**	**Year 2**	**Year 3**
KPI 1	Define a data collection process, timeline, and tools to capture which initiatives are already in place and identify promising/best practices (i.e. military transition programs).	X		
KPI 2	Conduct data collection process.	X		
KPI 3	Conduct 'Think Tank' approach of the workgroup to utilize the data collected and develop recommendations and next steps.	X		
KPI 4	Develop next steps based on the findings from above.		X	X
Strategy 3	**Target out-of-state recruits to relocate to West Virginia – the 'State of Substance Use Solutions' through (for example) the American Association of Retired Persons, the National Health Services Corp, and AmeriCorps**	**Year 1**	**Year 2**	**Year 3**
KPI 1	Define a data collection process, timeline, and tools to capture which initiatives are already in place and identify promising/best practices (i.e. military transition programs).	X		
KPI 2	Conduct data collection process.	X		
KPI 3	Conduct 'Think Tank' approach of the workgroup to utilize the data collected and develop recommendations and next steps.	X		
KPI 4	Develop next steps based on the findings from above.		X	X

Strategy 4	Develop and disseminate success stories: "What has become possible in West Virginia?"	Year 1	Year 2	Year 3
KPI 1	Identify capacity and process to collect and develop success stories.		X	
KPI 2	Disseminate success stories based on the cross-cutting community plan that is developed.			X

Educate – Train Work Group

In order to sustain an informed and progressive behavioral health workforce, proper training and education must exist. Through discussion amongst participants, obvious barriers were identified in reaching the highest standard of professional education and continuing education for the students and workforce in West Virginia. A significant barrier that emerged from these discussions was stigma. It is imperative that behavioral health training programs, as well as the active workforce, have access to stigma reduction materials. Studies show that individuals with substance use disorder often experience social exclusion and marginalization resulting from being labeled an "addict". This exclusion interfered with participants' treatment attempts by instilling in them a desire to remain part of the adverse environment they are accustomed to because this is where they felt respected and included.[8] In an effort to reduce this barrier, contributors developed the idea of a "Reduce Stigma Network". Through this channel of communication, various entities around the state, including the general public, would have access to information and data surrounding substance use disorder, evidence based treatment options, and additional support offered to families. Fortunately for the state of West Virginia, this barrier has been recognized prior to the convening of this collaborative effort and is being addressed in some capacity. Knowing this, the contributors developed a strategy to connect existing stigma-reduction work platforms to the efforts of the behavioral health workforce development plan to strengthen the collaboration between behavioral health provider training programs and the entities promoting anti-stigma trainings and resources.

Furthermore, the group discussed the importance of working with professional boards and other stakeholder networks to increase the number of licensed behavioral health practitioners in the state. In order to be successful in this endeavor, the group acknowledged that the obstacles to reach that outcome must be identified and diminished. Also, due to the vast range of professions in behavioral health, understanding licensure requirements for specific occupations can be unclear. The group discussed that this difficulty may contribute to a perception that deciphering the nuances of career path options to practicing mental health or substance use disorder therapy is an arduous process. Having a portal to centralize this information would be helpful to current professionals as well as students interested in pursuing a career in behavioral health.

There was further discussion in the group around the need for incentives for advanced education. Strategies to address this include first compiling existing incentives and housing opportunities in a central location for easy sharing and access by students and prospective students. Another strategy detailed by the group includes increasing incentive opportunities by leveraging the National Health Service Corps.

Goal 1: Support Statewide Efforts to Reduce Stigma by Developing a Behavioral Health Stigma-Reduction Network.

Strategy 1	**Address stigma within behavioral health training programs by sharing stigma-reduction materials with network of training programs and field training organizations.**	**Year 1**	**Year 2**	**Year 3**
KPI 1	Research academic texts that use stigma-free language for clinical training in the behavioral health disciplines. House this information in a central, statewide web-based location.	X	X	X
KPI 2	Share listing of stigma-free academic texts and stigma-reducing resources for clinicians-in-training with a broader audience to include campus Diversity, Equity and Inclusion Officers and field education and internship supervisors. Present information at criminal justice conference and/or biannual meetings.		X	
KPI 3	Leverage existing stigma materials developed by federal and state entities to provide professional development for university faculty and staff.		X	
KPI 4	Working with the Office of Drug Control Policy within the state's Substance Use Response Plan Public Education Goals, create an annual communication plan to strategically disseminate stigma-related training materials on a periodic basis to behavioral health practice and student audience.	X		
KPI 5	Guided by annual communication plan, distribute training opportunities and other stigma-related materials to behavioral health professionals via professional organization list servs, Prevention Lead Organizations and local coalitions.	X	X	X
Strategy 2	**Connect behavioral health students, faculty, and providers to existing stigma-reduction materials, platforms and campaigns digitally.**	**Year 1**	**Year 2**	**Year 3**
KPI 1	Document existing stigma-reduction campaign work by StigmaFree WV and other state and national projects. House this information in a central, statewide web-based location accessible to behavioral health students and professionals.	X		
KPI 2	Seeking to avoid replication and to encourage partnerships, examine behavioral health and educational networks for affiliations with stigma-reduction projects and for recent and relevant resources that fill gaps in stigma-reduction	X		

	messaging for behavioral health students, professionals, and public.			
KPI 3	Establish ongoing contact between Behavioral Health Stigma Reduction Network and StigmaFree WV for communication about any additional stigma materials specific to the behavioral health workforce.	X		
KPI 4	Through periodic digital communication of the Behavioral Health Stigma Reduction Network, strengthen collaboration between behavioral health provider training programs, provider agencies, and entities promoting stigma-free training and resources in WV.	X	X	X
Strategy 3	**Utilizing the Behavioral Health Stigma- Reduction Network, inform behavioral health training programs, as well as behavioral health and SUD/OUD treatment and recovery providers of current evidence base regarding SUD/OUD treatment in addition to harm reduction (to include infectious disease).**	**Year 1**	**Year 2**	**Year 3**
KPI 1	Conduct review of current evidence base.	X		
KPI 2	Conduct review of current training materials utilized in behavioral health training programs.	X		
KPI 3	Identify any gaps in addressing misconceptions surrounding SUD/OUD harm reduction, treatment, and recovery.		X	
KPI 4	Utilize (adapting if needed) materials developed by projects funded through the State Opioid Response Grant for the medical workforce to educate other provider groups (behavioral health, housing, education, recovery, child welfare, criminal justice).		X	
KPI 5	Develop Stigma-reduction toolkits specific to provider groups (i.e. Mental Health Counselors)			X
KPI 6	Disseminate Stigma-reduction toolkits specific to provider groups.			X

Goal 2: Work with professional boards and other stakeholder networks to increase the number of licensed behavioral health practitioners in the state.

Strategy 1	**Research current board requirements.**	**Year 1**	**Year 2**	**Year 3**
KPI 1	Update board requirements for SUD/OUD training on chart developed by WVU School of Social Work.	X		

KPI 2	Research what SUD/OUD requirements are included by boards of other states and the outcomes of any requirements.	X		
KPI 3	Convene a group of stakeholders with licensing board representatives to discuss substantive areas of training reflected in requirements.	X		
KPI 4	Consider making recommendations for board requirements.	X		
Strategy 2	**Collect baseline data of the number of licensed, practicing behavioral health professionals including those with additional licensure that therapists or counselors may attain to focus on treating individuals with SUD in West Virginia.**	**Year 1**	**Year 2**	**Year 3**
KPI 1	Working in cooperation with the WV Health Care Workforce Sustainability Study efforts of the Department of Commerce (HB 4434 passed in 2020), meet with Workforce WV, WV Rural Health Association, and other stakeholders regarding collecting workforce data for the following disciplines: psychology, social work, mental health counseling, alcohol and drug counseling, psychiatry, psychiatric nursing, peer recovery support specialists, and recovery coaching.	X		
KPI 2	Decide on a website location where this data will be housed, managed, and updated at regular intervals.	X		
Strategy 3	**Examine barriers for licensure within the state and find ways to incentivize and help individuals overcome barriers.**	**Year 1**	**Year 2**	**Year 3**
KPI 1	Compile data from recently administered surveys (i.e. student survey) to inform what barriers and strategies to address barriers exist.		X	
KPI 2	Conduct literature review and disseminate information about promising practices in other states.		X	
KPI 3	Work with partners to address specific barriers cited in surveys above, including incentivizing points along the educational and career pathway to licensure attainment. (i.e. Jobs and Hope is working with individuals in recovery to address/expunge criminal records that impact hiring.)		X	
Strategy 4	**Develop recommendations (guiding principles) to integrate SUD/OUD behavioral health requirements within academic training and licensure renewal.**	**Year 1**	**Year 2**	**Year 3**

KPI 1	Provide opportunities for interdisciplinary, inter-institutional sharing of pilots, and successful programs (i.e. Screening, Brief Intervention, and Referral to Treatment (SBIRT), AHEC's Rural Scholars program).		X	
KPI 2	Work to integrate educational opportunities that have been successfully piloted.		X	
KPI 3	Increase the ease of enrollment for behavioral health students and providers in Continuing Education opportunities aimed at SUD/OUD training through periodic communication via list servs and through the website and meetings of the Behavioral Health Reduce-Stigma Network.		X	X
Strategy 5	**Increase the number of eligible sites for Health Resources and Services Administration (HRSA) National Health Service Corps (NHSC).**	**Year 1**	**Year 2**	**Year 3**
KPI 1	Share NHSC information to providers in all Health and Mental Health Professional Shortage Areas (HPSAs).	X		
KPI 2	Utilizing training program list servs, raise awareness among graduating students of HRSA's Workforce Connector website as a tool for job searching.		X	
KPI 3	Utilize WVRHA for information sharing to promote NHSC participation through information fairs, list serv, conference, and job board.		X	
KPI 4	Share data on NHSC (how many awards granted in WV each year) from the WVDHHR State Office of Rural Health with students and potential applicants.		X	
Strategy 6	**Collect and disseminate information on advanced education incentives.**	**Year 1**	**Year 2**	**Year 3**
KPI 1	Send out a quarterly update form to colleges and university training programs, Federally Qualified Health Centers (FQHCs) and facilities that offer practice incentives to collect info on internship and job training opportunities.		X	
KPI 2	House all information on a central website or portal.		X	
KPI 3	Disseminate updates through West Virginia Rural Health Association (WVRHA), statewide practice group list servs, professional association list servs and social media sites, and academic program communication channels.		X	X

*The chart below represents preliminary data regarding various behavioral health professions and the current mandatory continuing education requirements. It is noted that a LVN-LPN is currently the only profession that has a mandatory requirement for chemical dependency/substance use disorders.

Profession	Licensure Level	Hours	Frequency (Years)	Mandatory Requirements
Social Work	LSW, LGSW, LCSW, LICSW	40	2	2 hours related to mental health issues of veterans and families. 1 hour of ethics.
Counseling	LPC	35	2	2 hours related to mental health issues of veterans and families. 3 hours of ethics.
Nursing	RN	12	1	2 hours related to mental health issues of veterans and families. 1 hour drug diversion and best practices prescribing controlled substances.
Nursing	LVN-LPN	24	2	2 hours related to mental health issues of veterans and families. 3 hours chemical dependency/substance disorders.
Nursing	APN	24	2	12 hours pharmacotherapeutics, 12 hours clinical management of patients.
Medical Doctor	MD	50	2	30 hours related to specialty. 3 hour drug diversion training.
Psychologist		20	2	2 hours related to mental health issues of veterans and families. 3 hours related to ethics.
School Psychologist		30	3	

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Grow-Retain Work Group

Maintaining and expanding a behavioral health workforce in West Virginia is a challenge for many identified reasons. Encouraging individuals to enter into a substance use disorder (SUD) treatment field, complete their education, fulfil the many requirements to secure licensure in their chosen profession, and then sustain a rewarding long-term career, all present many hurdles. In an effort to fully understand what factors play a role in motivating those to enter, and remain, in the behavioral health field, the participants of this workgroup established a goal to develop and disseminate a survey to Masters' level students at four institutions of higher learning that are enrolled in a behavioral health focus area (social work, counseling, and psychology). The intention of this survey was to analyze its results to then suggest programmatic changes to align with dynamics that impact professional decisions, such as a career focus area and location.

Asking individuals to remain in a field that requires clinical supervision to obtain licensure, but lacks an abundance of qualified supervisors can be a deterrent for interested individuals due to the length of time

it may take to obtain the necessary licensure. Participants recognized this barrier and developed multiple strategies to address it through directing steps to increase the availability of clinical supervision opportunities. An additional barrier identified by contributors is the low salaries paid to behavioral health professionals in West Virginia. According to data from the U.S. Department of Labor, Bureau of Labor Statistics, West Virginia salaries in the field of substance abuse, behavioral disorder, and mental health counselors are approximately 22 percent below the national average.[9]

Goal 1: Survey MSW students and identify factors to encourage entry into SUD treatment fields in West Virginia.

Strategy 1	**Develop the survey instrument**	**Pre-Year 1**	**Year 1**	**Year 2**	**Year 3**
KPI 1	Develop questions directed towards Masters' level behavioral health students (social work, counseling, psychology) to identify targeted factors for recruitment and retention in West Virginia	X			
Strategy 2	**Implement the survey**		**Year 1**	**Year 2**	**Year 3**
KPI 1	Identify target date for distribution (January, 2020) (distributed on January 16, 2020)	X			
KPI 2	Distribute the survey to the four identified schools of higher learning (Concord University, Marshall University, West Liberty University, West Virginia University)	X			
Strategy 3	**Collect Survey results**		**Year 1**	**Year 2**	**Year 3**
KPI 1	Identify means of survey response collection (collected through an electronic portal)	X			
KPI 2	Survey results received and verified through the WVU Institute for Community and Rural Health. (Due to COVID-19 pandemic, the survey required an extension to May 9, 2020 for completion of the survey) (Response rate was 22.6%, with social work response at 32.4% and psychology response at 11 %.)	X			
Strategy 4	**Analyze the survey**		**Year 1**	**Year 2**	**Year 3**
KPI 1	Dr. Brianna Sheppard-Willis conducts quantitative analysis	X			
KPI 2	The research team conducts thematic qualitative analysis	X			

KPI 3	Quantitative and qualitative results combined for final report	X			
Strategy 5	**Report survey results to Collaborative.**		**Year 1**	**Year 2**	**Year 3**
KPI 1	Survey results will be presented to the full Learning Collaborative membership on August 5, 2020	X			
KPI 2	Collaborative membership will take action on the survey results	X			
KPI 3	Collaborative membership will evaluate survey and make decisions about further dissemination and use of data	X			
KPI 4	Evaluate gaps in survey results and determine if there is need to commission further data collection		X		

Goal 2: Improve the availability of required clinical supervision for unlicensed behavioral health professionals as they work toward licensure

Strategy 1	**Collect substantive, comprehensive information about requirements for supervision including required hours and limits in the behavioral health professions.**	**Year 1**	**Year 2**	**Year 3**
KPI 1	Approach the licensure boards to determine what current supervision requirements (number of supervisee's) are and whether the limits can be revised. Request a review of requirements.		X	
Strategy 2	**Encourage employers to make their employed licensed professionals more available for supervision, within and outside the organization.**	**Year 1**	**Year 2**	**Year 3**
KPI 1	Recommend that employers allow potential supervisors time off to get the required training to become a supervisor		X	
KPI 2	Incentivize employers to permit supervisors to supervise.		X	
KPI 3	Explore use of contracted supervisors through telehealth capability		X	
Strategy 3	**Explore/enhance funding resources to pay supervisors (other than the unlicensed professional).**	**Year 1**	**Year 2**	**Year 3**
KPI 1	Convene expert panel to propose and identify funding sources, priority areas, and recipients of		X	

	federal and state initiatives to support clinical supervision services			
KPI 2	Approach the Office of Drug Control Policy to request incentive payments for supervisors.		X	
KPI 3	Explore grant applications for funding of supervision (HRSA/SAMHSA)			X
KPI 4	Incentives for supervisors			X
KPI 5	Maximize awareness and support use of HRSA National Health Service Corps program to support clinical supervision			X
KPI 6	Partner with education programs to expand the Health Care Provider Incentive Program to include loan repayment for students in training.		X	
Strategy 4	**Remove barriers to and facilitate development of clinical supervisors and trainee access to clinical supervisors.**	**Year 1**	**Year 2**	**Year 3**
KPI 1	Explore virtual supervision possibilities – re: policy change? Legislative change?		X	
KPI 2	Determine if resource guide exists through the licensure boards that includes available supervisors and contact information. If not, explore creation of resource guide.	X		
KPI 3	Make recommendation to employers to provide education and training opportunities for supervisors easier to complete for rural community members through online education, local training opportunities with virtual supervision when appropriate		X	
KPI 4	Support teleconferencing and necessary infrastructure to facilitate clinical supervision in rural geographic areas		X	
KPI 5	Explore loan repayment service obligation through licensure supervision		X	
KPI 6	Provide training for supervisors to be able to provide supervision and develop list of supervisors that have taken the training.			X

Goal 3: Increase remuneration for behavioral health professionals.

Strategy 1	**Meet with the Bureau of Medical Services (BMS) to discuss budget matters.**	**Year 1**	**Year 2**	**Year 3**

KPI 1	Research reimbursement schedules in neighboring states		X	
KPI 2	Prepare a reimbursement plan prior to meeting with BMS to establish reasonable reimbursement rates for behavioral health services.		X	
KPI 3	Establish a dialogue with BMS to understand the barriers they are facing as it relates to finances			X
Strategy 2	**Explore/encourage payment models relative to reimbursement for services.**	**Year 1**	**Year 2**	**Year 3**
KPI 1	Have discussions with Bob Hanson (Director of the Office of Drug Control Policy), Cindy Bean (Commissioner of the Bureau of Medical Services), and/or Cynthia Parsons (Medicaid for Outpatient Behavioral Health) relative to reimbursement issues.		X	
KPI 2	Explore integrated healthcare delivery model (behavioral health in primary care)		X	
Strategy 3	Explore Non-monetary forms of incentive and recognition.	**Year 1**	**Year 2**	**Year 3**
KPI 1	Develop a recommendation for press releases, plaques/certificates presented to clinicians, on clinic websites or newsletters and through announcements at staff or board meetings.		X	
KPI 2	Provide recommendations to employers relative to supportive congenial office space			X
KPI 3	Provide recommendations to employers relative to diversity, inclusion, and respect in the workplace in behavioral health venues			X
KPI 4	Provide recommendations to employers relative to on-site child care			X
KPI 5	Include the question regarding forms of non-monetary incentives of interest to behavioral health providers on provider surveys.			X

Strategy 4	Encourage the development of partnerships and collaborations with state and federal departments of labor in employment, wage, and benefit issues.	**Year 1**	**Year 2**	**Year 3**
KPI 1	Use data generated through collaborations to make recommendations for adjustment of wages and benefits appropriately			X
KPI 2	Develop and implement a public awareness campaign to increase public value of mental health and substance use counselors.		X	

Intersecting themes

While stakeholders identified three focus areas for growing and strengthening the behavioral health workforce in West Virginia, there are apparent themes that are important to confront across all areas. As with any plan of action, it is important to showcase stories of success, including those success stories of individuals with lived experience. This should be incorporated throughout all of the identified goals in the Behavioral Health Workforce Development Plan. By integrating these stories of triumph, it may offer a chance to reduce stigma around SUD/OUD and offer inspiration to the current and prospective behavioral health workforce. Shared personal and career experiences of individuals in recovery are promising practices for reducing stigma. Groups that may benefit from targeted stigma reduction interventions include opioid users (to combat shame and blame), at-risk youth, first responders, media, and healthcare professionals.[10]

Finally, participants recognized that although West Virginia has a high rate of SUD/OUD, this state could be branded as the "State of Solutions" through a communication campaign. Strategic communication is necessary to fulfill a desired mission, such as this communication campaign. Six relevant disciplines are involved in the development, implementation, and assessment of communications by organizations: management, marketing, public relations, technical communication, political communication, and information/social marketing campaigns.[11] These are some examples of focus areas to ensure information regarding all aspects of the behavioral health workforce development plan are implemented. Providers from around the state, as well as throughout the country, would have the opportunity to utilize their passion for working with individuals in recovery. Though West Virginia faces major obstacles as a result of the opioid crisis, it also offers viable resolutions and this plan showcases that work.

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Appendix A
Resources

Stigma:

Stigma Free WV- Learn about the types of stigma experienced by people with substance use disorder, read stories of recovery, and gain access to resources.

West Virginia - Prevention First – "PREVENTION FIRST is a proactive, comprehensive stance to showcase the importance of substance abuse prevention throughout West Virginia. This approach provides a clear, consistent, strong message to community members, lawmakers, and other key stakeholders that "prevention" is an integral part of the continuum of care and that prevention is a critical component of any thriving community."

Movable Project – "A platform for people in Appalachia and beyond to share, highlight, and document stories of recovery."

The Evidence for Stigma Change: Ending Discrimination against People with Mental and Substance Use Disorders

Johns Hopkins Bloomberg School of Public Health: Part 1 - Guiding Principles for Addressing the Stigma on Opioid Addiction

Johns Hopkins Bloomberg School of Public Health: Part 2 - A Roadmap to Reduce Stigma on Opioid Addiction

Back to Life WV

Services:

TEAM for West Virginia Children – West Virginia Infant/Toddler Mental Health Association: Supporting the Social and Emotional Well-Being of Children

Help4WV - HELP4WV offers a 24/7 call, chat, and text line that provides immediate help for any West Virginian struggling with an addiction or mental health issue.

Appendix B
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Appendix C

Findings from First-Year Student Surveys

Facilitators and Barriers to Practicing Behavioral Health Professions and Treating Opioid and Substance Use Disorders in West Virginia: Findings from First-Year Student Surveys

Report prepared for the West Virginia Behavioral Health Learning Collaborative Retention Workgroup. Prepared by Carolyn Canini[1], MSW, LCSW; Courtney Hereford[2,3], MSPH, MSW; Barbara Holt[2], MS; and A. Brianna Sheppard[3,4,5], PhD

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EXECUTIVE SUMMARY

This study was conducted based on recommendations of the statewide workgroup on provider retention at the 2019 West Virginia Behavioral Health Workforce Learning Collaborative. The Learning Collaborative is supported by the West Virginia School of Osteopathic Medicine (WVSOM) and is part of the State Opioid Response Professional Development collaboration with WVSOM, the West Virginia Department of Health and Human Resources Bureau for Behavioral Health, Marshall University, and West Virginia University School of Public Health.

The **goal of the project** was to determine the intent, preparedness, and willingness of current first-year students enrolled in master's level behavioral health training programs in West Virginia (counseling, psychology, social work) to practice in the state following graduation and to work with individuals affected by opioid and other substance use disorders. The behavioral health workforce is often defined to include professionals along a service continuum that incorporates prevention and treatment services for mental health and substance use disorders, as well as child welfare and work in nonprofit, healthcare, and educational settings. For the purposes of this report, the behavioral health workforce is defined as advanced practice in social work, counseling, psychology and other closely related fields of mental health study. Survey questions including cover letter (Appendix A) were developed by Workgroup 3 (Appendix B) during Fall 2019.

Three versions of the survey were created to distribute to first-year students with the only distinctions being reference to discipline and an additional question for counseling students concerning practice concentration. A SurveyMonkey link to the anonymous surveys was sent directly to students by program contacts (Appendix C) using an e-mail script (Appendix D).

Survey distribution began on January 16, 2020 with an original closeout date of March 16, 2020. However, data collection was extended to May 9, 2020 due to COVID-19 related changes to instruction. Two reminder e-mails were sent to students in each program asking for voluntary participation. Overall response rate was 22.6%. Response rates are estimated based on number of first-year students extrapolated from total 2019 enrollment in each participating program (Appendix C).

MAJOR FINDINGS

- **Adequate pay** was a dominant theme across all responses. Providing competitive salaries to credentialed professionals is necessary to train, recruit and retain a quality behavioral health workforce in West Virginia.
- **Stigma** associated with the profession and vulnerable populations served was a significant barrier that may indirectly negatively affect policies determining reimbursement, salary, safety, and public perception of behavioral health services. Marketing and educational campaigns as well as interprofessional team approaches may be employed to address stigma.
- There are a limited number of **pipeline programs** for high school students interested in behavioral health careers. Students that did participate in programs indicated these programs influenced their decision to pursue a behavioral health career. Pipeline programs could provide opportunities for mentorship and recruitment to training programs.
- The majority of respondents plan to remain in West Virginia (66%) or are still undecided (27%) following graduation. These students are a **target population** for offering and marketing behavioral health positions and incentives to practice within state.

- **Strong recovery supports** were a consideration of survey respondents when deciding whether they will practice in West Virginia. A significant number of respondents have lived experience with substance use disorders, either directly or indirectly, that influenced their decision to pursue a career in behavioral health. **Additional and continued support is needed for students with lived experience** who wish to serve the state upon graduation.

Data from the current study also support the need for a **statewide behavioral health workforce initiative** to provide assessment, programming, and ongoing evaluation necessary to strengthen the state's workforce.

TABLES

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DEMOGRAPHICS

Table 1: Survey Response Rates			
	Number of Respondents	*Number Enrolled*	*Response Rate*
Counseling	15	132	11.3%
Addictions	4		
Mental Health	6		
School	5		
Vocational/Physical Rehabilitation	0		
Psychology	3*	23	13%
Social Work	60	185	32.4%
Overall	*78*	*340*	*22.9%*
One respondent was enrolled in a non-clinical program and will not see clients upon graduation.			

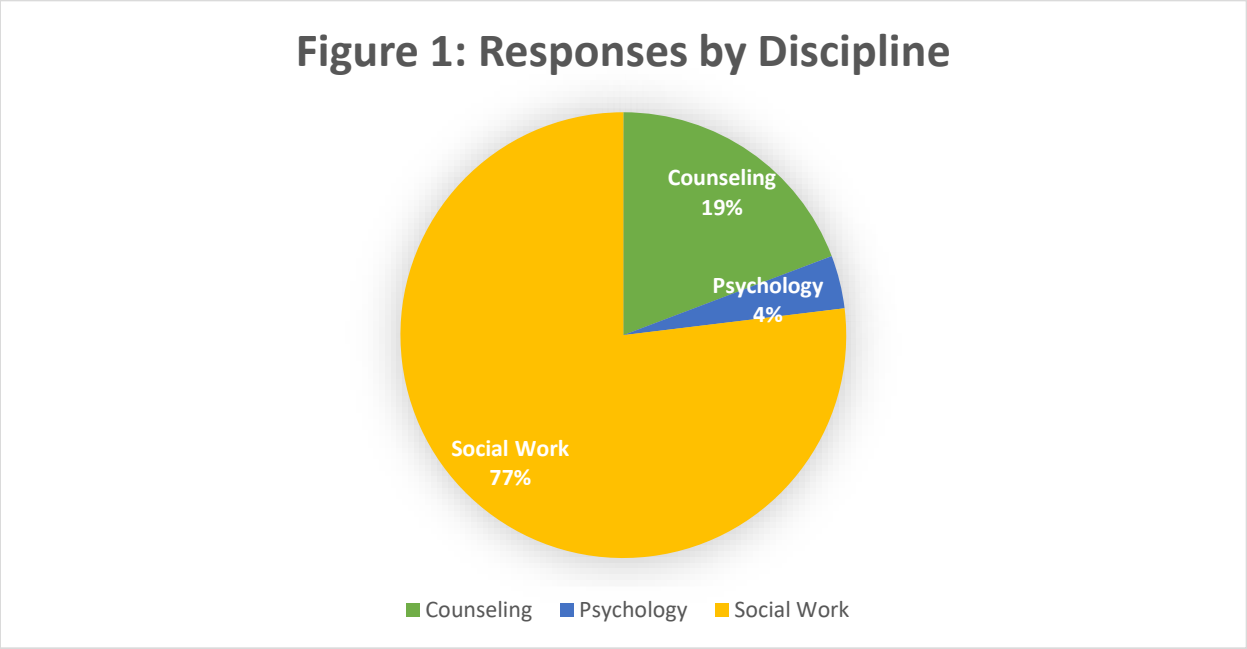


Table 2: Program Enrollment by Gender				
	Female		**Male**	
	Number Enrolled	*Percent Total*	*Number Enrolled*	*Percent Total*
Counseling	112	85%	20	15%
Psychology	12	52%	11	48%
Social Work	157	85%	28	15%
Overall	281	83%	59	17%

Table 3: High School Attended		
n = 77	*Number of Respondents*	*Percent Total*
Maryland	2	3%
New Jersey	1	1%
Ohio	6	7%
Pennsylvania	3	4%
Virginia	4	5%
West Virginia	59	77%
No Response	2	3%

Table 4: Undergraduate Institution		
n = 77	*Number of Respondents*	*Percent Total*
Bluefield State College	6	7%
Cedarville University	1	1%
Concord University	6	7%
East Kentucky University	1	1%
Fairmont State University	3	4%
Glenville State College	2	3%
Marshall University	27	35%
Mary Baldwin University	1	1%
Marymount College	1	1%
Middle Tennessee State University	2	3%
Shepherd University	1	1%
University of Charleston	2	3%
University of Maryland	2	3%
University of Texas at Dallas	1	1%
West Liberty University	3	4%
West Virginia State University	2	3%
West Virginia University	12	17%
West Virginia University-Parkersburg	1	1%
West Virginia University Institute of Technology	2	3%
No Response	1	1%

Table 5: Undergraduate Major		
n = 77	*Number of Respondents*	*Percent Total*
Animal and Vet Science	1	1%
Athletic Training	1	1%
Bachelor of Arts-Unspecified	5	6%
Behavioral Science	1	1%
Biology	2	3%

Business	2	3%
Communications/Public Relations	2	3%
Counseling	1	1%
Criminal Justice	4	6%
Early Childhood/Elementary Education	4	6%
Emergency Medical Technician	1	1%
Health Care Administration	2	3%
Health Sciences	1	1%
Music	1	1%
Psychology	21	27%
Recreation and Parks Management	1	1%
Social Work	19	25%
Sociology	6	9%
No Response	1	1%

BARRIERS AND POTENTIAL RESOLUTIONS

Barriers

Respondents indicated two types of barriers: barriers relating to pursuing a career in behavioral health and barriers experienced by those seeking services for mental health and substance use disorder.

One barrier to pursuing a career in behavioral health collected from the survey showed that 94.8% of respondents did not participate in **pipeline programming.** Of the four respondents that participated in available programs, 75% indicated that participation influenced their decision to become a behavioral health provider. Pipeline programs were defined as programs that encouraged and/or emphasized behavioral health as a career during their K-12 education. Qualitative data also supports that a limited number of pipeline programs are available to high school students as indicated by suggestions to provide education and exposure to behavioral health professions within high school curriculum.

Table 6: Pipeline Programming			
n = 77	*Yes*	*No*	*Not Applicable*
During your K-12 education, did you participate in programs that encouraged and/or emphasized behavioral health as a career?	4	73	-
If yes, do you feel these programs influenced your decision to become a behavioral health provider?	3	*6*	68
Five of six respondents that answered "No" to question also answered "No" to the second question.			

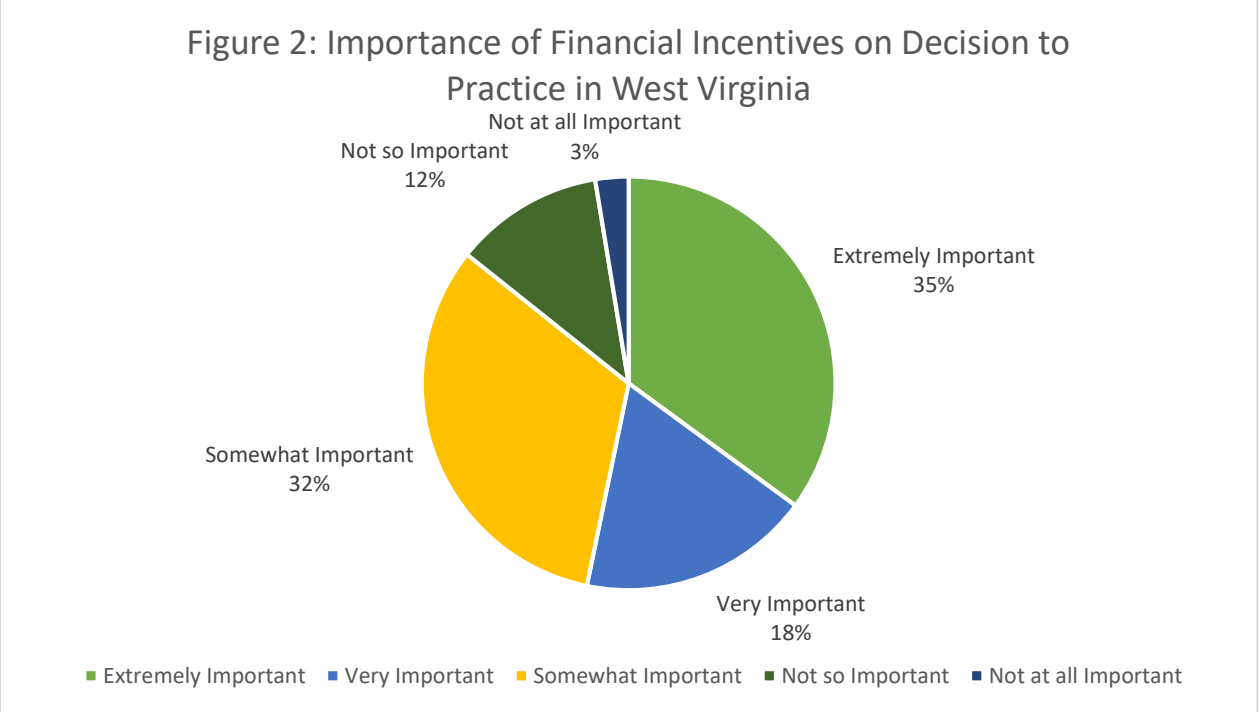
Most respondents reported they were given advice against entering the behavioral health field. The respondents reported that this advice came from different people in their lives such as, family, friends, peers, education counselors, and acquaintances such as a tax preparer. Table 7 includes a summary of reported barriers citing why a career in behavioral health would not be a good career move (not listed in any particular order).

Table 7: Qualitative Summary of Barriers to Practicing Behavioral Health in West Virginia				
Safety Concerns	**Lack of Respect and understanding of behavioral health career**	**Pay Inequity**	**Stigma associated with profession and treatment offered**	**Resource Scarcity vs. Demand**
"It could be dangerous dealing with addicts"	" the LPC is not respected"	"from family because they thought I wouldn't make very much money."	"Yes, and because they do not make any money and they are 'baby snatchers'"	"Lack of available resources" and "the rapid growth of opioid addiction"
"Safety" & "There are safety issues"	"The complete disregard for quality income for social workers. The complete disregard for the safety of social workers"	"Unfortunately, salary and benefits"	"Stigma and for client's to be able to afford proper care" and "fighting the stigma with substance use disorder and mental health"	"The demand of addiction counselors" and "West Virginia is a dying state. Substance abuse has taken over."
"WV is a constitutional carry state, if Social workers could have the option to be trained and carry. Or at least learn self-defense or feel like their safety is of importance. It would make a huge difference. Cops protect themselves, why can't we have that right?"	"lack of respect for the social work field"	"Financial burden and stress of career"	"people are reluctant to seek mental health services in this region"	"Not enough help for the amount of demand the state has." and "the case loads, not enough support to get our clients what they need for addiction treatment"
"Safety. With Family First we will be expected to go in homes with active addiction. That is dangerous and	"We are considered emergency response by the Department of Labor, but we are not respected as	"Yes, I was told by a tax preparer at H&R Block to choose a different career due to the stress and low pay"	"I believe, that due to the culture of the state and the stigma associated with seeking help, that it may be more	"The amount of residents with SUD - the opioid crisis, the level of poverty and opportunity."

we have no way to protect ourselves. I was almost attacked, and someone tried to break in my car in broad daylight”	the front line workers"		often that the client has been sent for mandatory treatment, as opposed to having come voluntarily, which would make lasting change harder to achieve for the client, as they may be much more resistant to change”	
“I have been told countless times that it is dangerous (in home services), not worth the little pay, and not respected as a health profession. If you want examples of that, look at our current state with the COVID-19 response. We are considered emergency response by the Department of Labor, but we are not respected as the front line workers.”	“Stigma in thinking social work is only CPS”	“Social workers cannot pay their bills but make just enough to not get assistance to help feed their families”	"People think Social Workers are slaves to the profession. We should be allowed to have a life. Employers expect you to work 24/7 because you chose the position of caring.”	“It is too needed. Many people are system-abusers and have no ambition to do anything but that. Methamphetamine makes people incredibly unstable and dangerous, and I predict we will see incredible fallout from that, not only in this generation, but the next”

The lack of compensation was also measured by the use of **incentives**. Participants were asked to rank the importance of incentives on their decision to practice in West Virginia upon graduation using a 5-point Likert scale. Approximately 86% of respondents ranked incentives as extremely (35.1%), very (18.2%) or somewhat (32.5%) important.

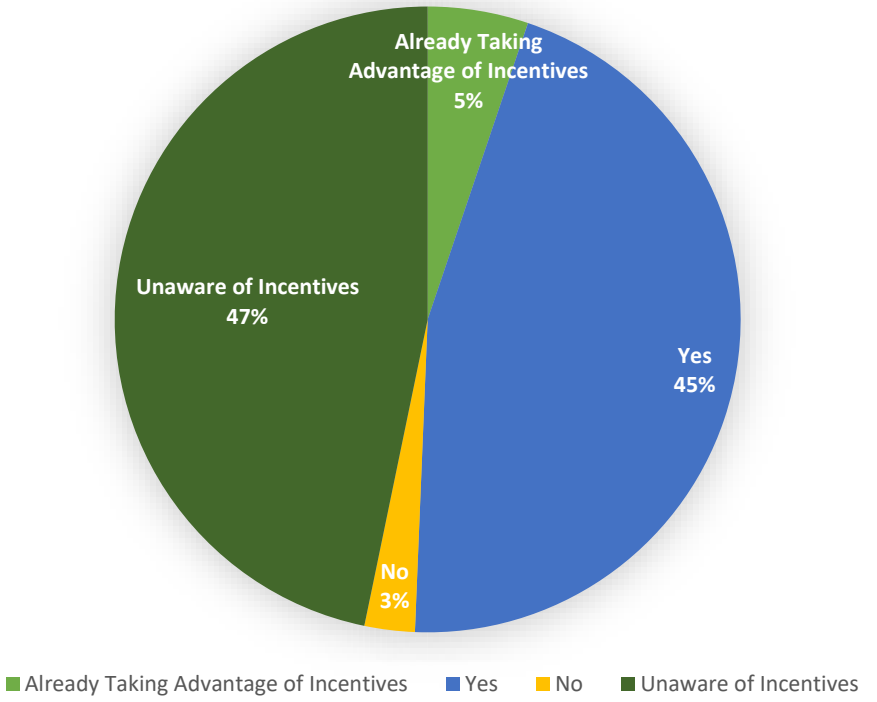
Table 8: Importance of Financial Incentives on Decision to Practice in West Virginia	
n = 77	*Frequency of Response*
Extremely important	27
Very important	14
Somewhat important	25
Not so important	9
Not at all important	2



However, when the respondents were asked if they were taking part in the incentives currently offered, about half were aware of incentives offered in West Virginia, with **only 5.2% receiving these incentives**.

Table 9: Plan to Take Advantage of Incentives Offered for West Virginia Practice		
n = 77	*Frequency of Response*	*Percent Total*
Already taking advantage of incentives	4	5.2%
Yes	35	45.5%
No	2	2.6%
Unaware of available incentives	36	46.8%

Figure 3: Respondents Who Plan to Take Advantage of Incentives Offered for West Virginia Practice



Potential Resolutions

Example resolutions proposed by respondents to the barriers listed in Table 7 are presented below.

Safety:

- "Create a better communication system between agencies"
- "Privatize the profession"
- "Allow Social Workers to carry" and "to be trained […] or at least learn self defense or feel like their safety is of importance.. it would make a huge difference."
- "Provide counseling to workers"; "more funding to promote prevention in communities in WV in order to prevent […] burnout and […] secondary trauma we encounter by interacting directly with suffering West Virginia Residents."

Respect and understanding of a career in behavioral health

- "Don't allow other degree professionals work in the social work field"; "No provisional licensees"; "not allowing people with a bachelor's degree to practice as counselors/addictions counselors"
- "Better communication with government level officials regarding the socioeconomic status of many of our residents, educational opportunities, and a more broad availability of mental health facilities"

- “Help WV gain licensure for Substance Abuse Professionals like AADC through WVAADC. Licensure instead of certification”
- “Better training, more assistance, and for people to ask the opinions of those working in the field as opposed to looking at numbers for solutions to problems.”; “talk with the front lines instead of taking advice for those who sit behind a desk”
- “Implementation of social work education for high schoolers […] and point out how necessary behavioral health workers are for our state” and “more support from teachers”
- “Trainings to other professions regarding the jobs of social workers and how working together can benefit everyone involved in a case”; "integration into the healthcare field and legal field”; “Social workers need to be valued more in clinical settings in hospitals especially on substance abuse units.”
- “Hire better advertisers”
- “More research done in academia to earn more respect from communities and higher salaries”

Pay equity

- “Increase the lowest salary of a LSW [to] the national average of all social workers.”
- “I believe that the improvements of increase in salary and a variety of career opportunities would make this career more appealing”
- “Better opportunities for employment and wages, also a Master's degree tends to hold more value (monetary and prestige) in states other than WV”
- “Give us support and resources to help our communities facing poverty, addiction, children facing adverse trauma.”
- “I think that insurance companies recognizing more credentials as being a reimbursable service to providers would lead more professionals to consider being a counselor in West Virginia.”
- “Provide manageable workloads (impossible without increasing funding to increase pay to increase appeal, and yet). Pay interns.”
- “Better pay and support for state-employed social workers.”
- “More loan forgiveness programs, better pay, incentives for staying with WV agencies”; “financial easement of student loans”; “tuition reimbursement programs”; “sign on bonuses”

Reducing stigma associated with the profession and treatment offered

- “Less stigma to mental health and a salary increase depending on where you work"
- “Community education, support, and involvement”
- “Positive viewpoints from the community”; “Showing Positive Change”
- “I think that it is important that counseling services be more accessible to clients in rural areas of the state”
- “Education on social work as a profession for high school students”
- “More resources available for free to begin fighting the stigma with substance use disorder and mental health and to educate the public on what can be done on their part. Having the available resources to properly treat the individuals who need help.”
- “advocacy”
- “Respect from the courts and state dept to not view us as servants, but to value our professional opinions”
- “It is important […] for counselors to work closer with primary care physicians to give people more opportunity to connect with services”

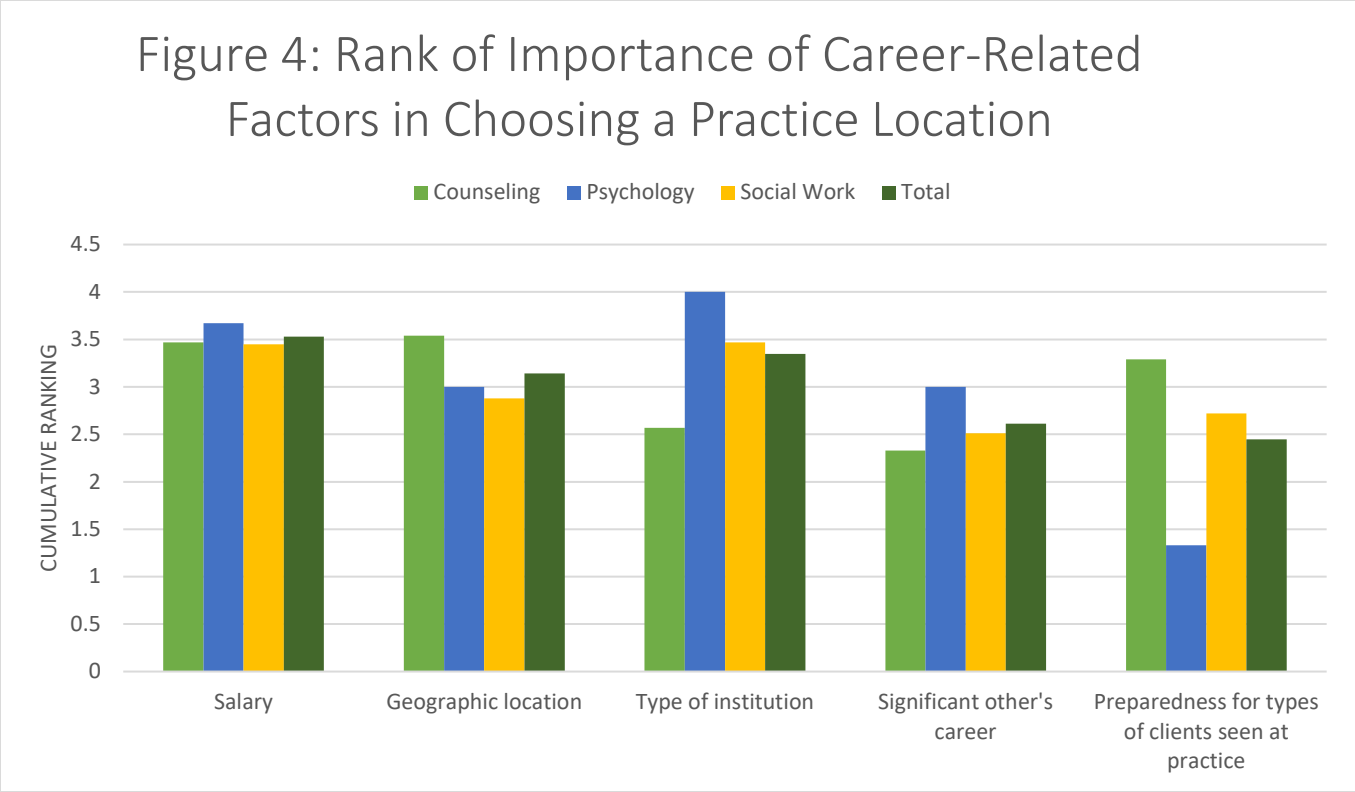
Resource Expansion

- “More resources allocated to the social services in general”; “Probably more money to certain outreach programs. “
- "Probably increased reimbursements from Medicaid and for-profit health insurers”
- “Finances/benefits”; “have good healthcare available”
- “MAT funding should be put into long-term treatment facilities, which would provide more work for those with social work degrees (if they are structured right), and stop clogging up hospitals, clinics, etc., with people who are only there to abuse the system.”
- “Making a degree more valuable. Make doctoral programs in the state. Have a bigger budget in education programs”
- “Increase revenue for mental health programs so that they are able to meet their goals […] increased salaries for social workers [and] funding for professional, quality programing.”
- “More resources for the aged and disabled and the IDD population”
- “promotional opportunities”; “personal development opportunities”; “more educational opportunities”; “more options for self-care"; “respect for work/life balance”
- “Improved transportation systems: especially in extraordinarily impoverished and isolated regions”; “different ways that clients can access services such as telehealth and reliable transportation or internet services.”
- “Extensive drug addiction treatment training”
- “It is important […] for counselors to work closer with primary care physicians to give people more opportunity to connect with services”

PATHWAYS TO A BEHAVIORAL HEALTH CAREER

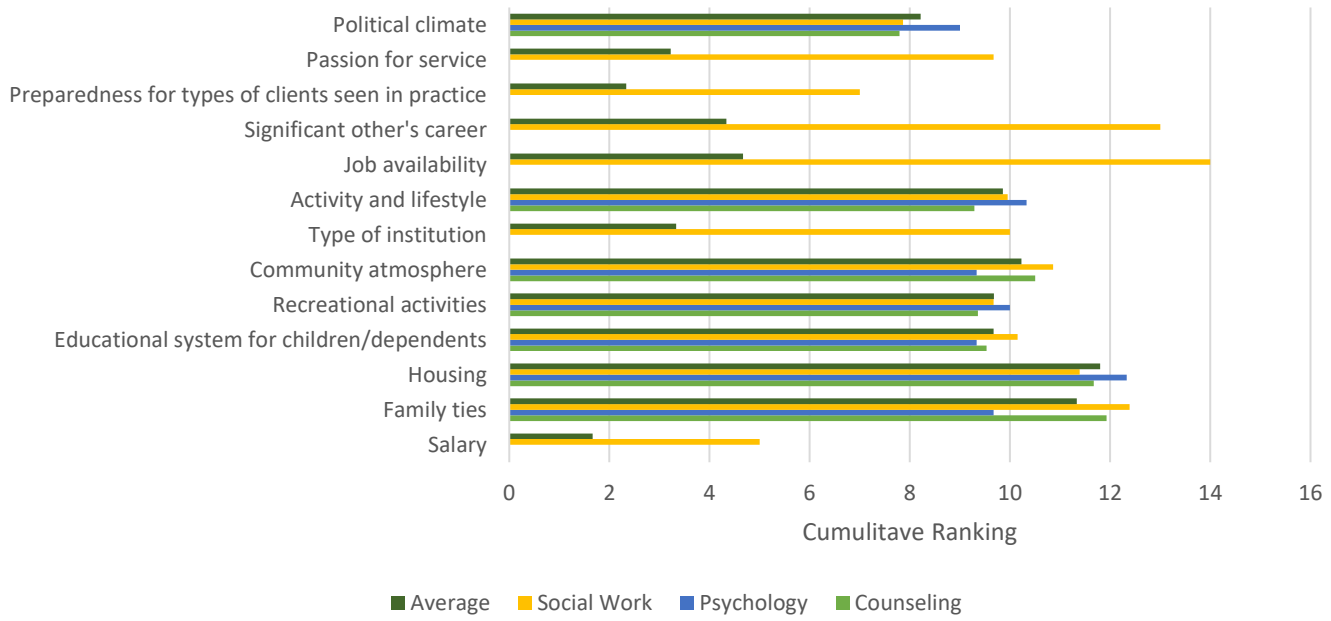
Several respondents had not decided **where to practice** until pursuing their master’s degree (30) and many were still undecided on where they planned to practice following degree completion (25). Three participants made this decision during high school and 19 during undergraduate training. Most respondents (90%) indicated they planned to pursue a behavioral health career after attaining their degree.

Despite identified barriers, respondents are continuing to progress through their education into the behavioral health profession. Respondents provided more context by ranking **career-related factors** that influence their practice location (Figure 4). Higher rankings signify a greater importance in decision making. Salary ranked highest across disciplines as well as the type of employing institution.



Additional context is provided through ranking of **lifestyle factors** that influence practice location choice (Figure 5). Housing, family ties, and community atmosphere ranked highest for lifestyle factors.

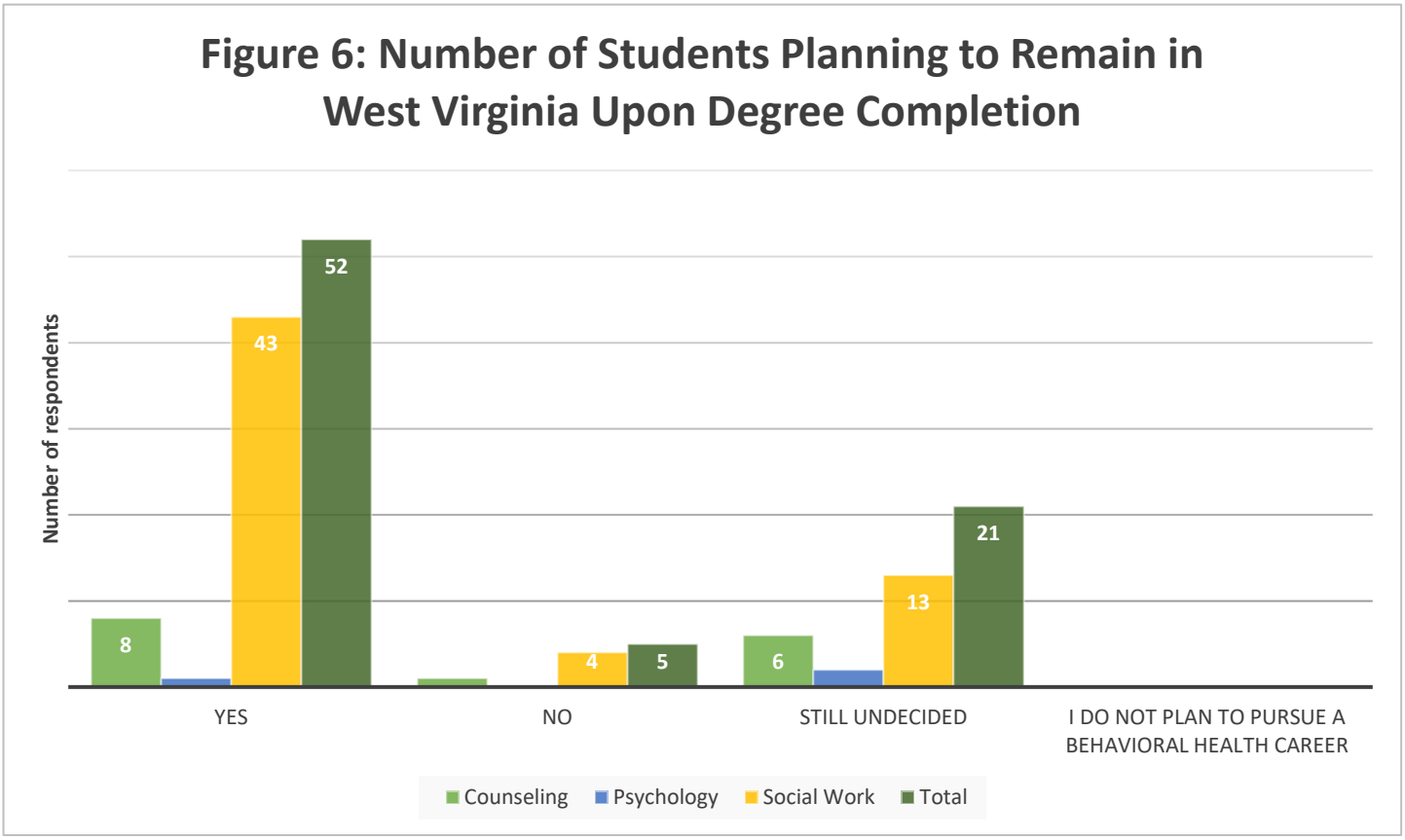
Figure 5: Rank of Importance of Lifestyle-Related Factors in Choosing a Practice Location



Some reasons provided by respondents to **continue their career path** despite identified barriers and advice against pursuit included (Table 7):

- Their exposure to the field as a child
- The desire to help others
- Inspiration after having experience working or volunteering in the field
- Having known others in the field

- One person expressed that their negative experience with the behavioral health field made them want to get involved so others would have a better experience



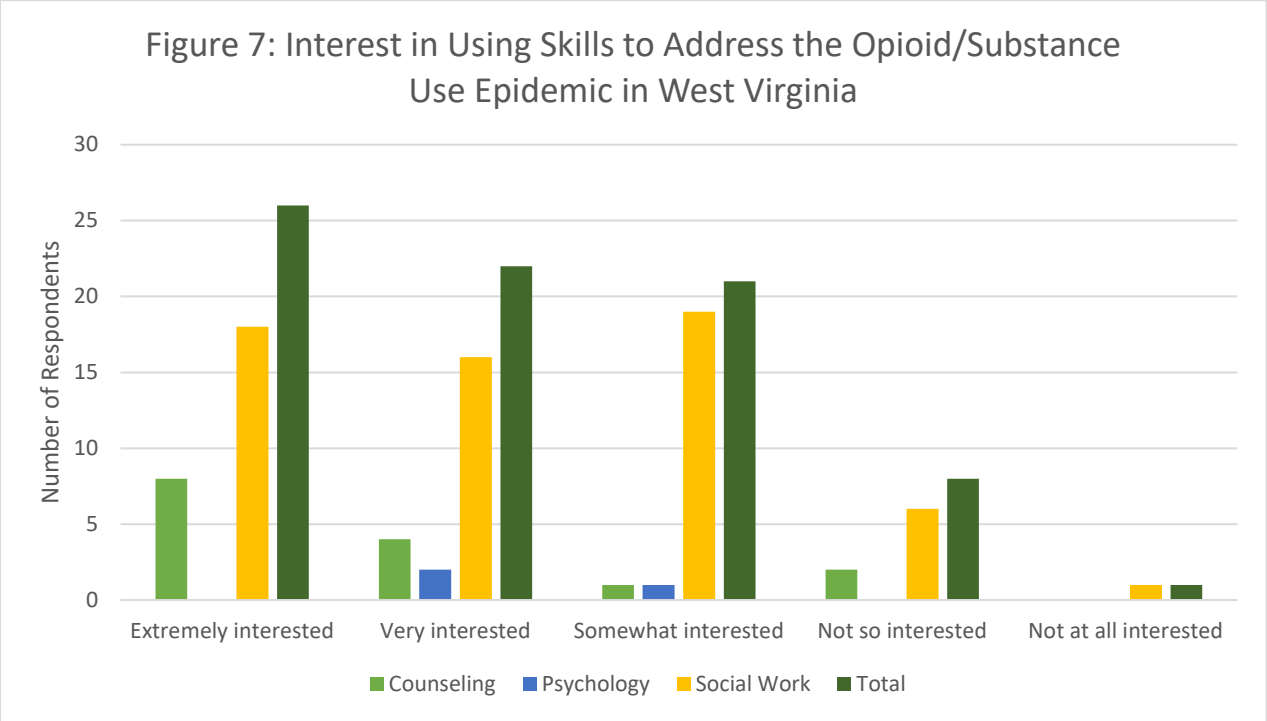
Two-thirds of respondents plan to stay in WV upon degree completion (66%) while 27% are still undecided. Potential reasons for leaving the state after graduation include:

- Better pay (15)
- Better job opportunities (11) with better programs and treatment resources (2)
- Partner career opportunities (3) and family (2)
- Location (4) and urban resources (1)
- Higher job satisfaction (2)
- Better economy (2)
- Profession/masters valued more (1) and in demand elsewhere (1)
- State laws and representatives (1)
- Safety (1)
- Residency (1)

ADDRESSING OPIOID USE DISORDER AND SUBSTANCE USE DISORDER

<u>Interest, Skills and Insights</u>

Of those surveyed, 44 students (61.1%) were **very or extremely interested** in using their skills to address the WV opioid/substance use epidemic, while 21 respondents (27.3%) reported being somewhat interested and 9 (11.7%) not so or not at all interested. Data are illustrated in Figure 7.

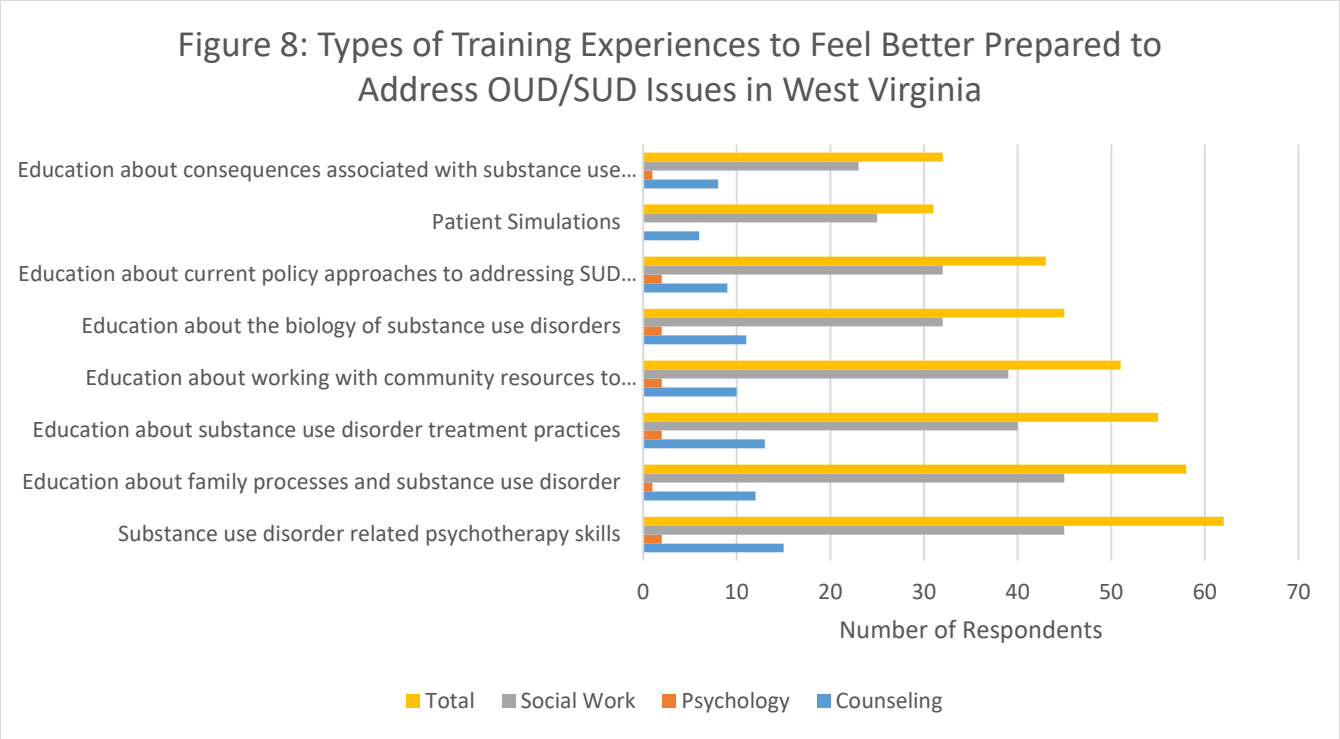


Respondents were asked which **types of training experiences** would make them feel better prepared to address the opioid/substance use issues WV currently faces (Figure 8). Respondents were interested in all options provided, with the majority selecting:

- Substance use disorder (SUD) related psychotherapy skills: 62 (80.5% total and 100% respondents in counseling and psychology)
- Education about family processes and SUD: 58 (75.3%)
- Education about SUD treatment practices: 55 (71.4%)
- Education about working with community resources to address SUD: 51 (66.2%)
- Education about the biology of SUD: 45 (58.4%)
- Education about current policy approaches to addressing SUD and priority advocacy areas: 43 (55.8%)

To a lesser though notable extent, respondents were also interested in SUD-focused training in:

- Education about consequences associated with SUD: 32 (41.5%)
- Patient simulations: 31 (40.3%)



One major focus of the survey was to better understand the impact of OUD/SUD on the profession and willingness of current students to work in this area. This section is included to summarize **respondent perceptions of how the OUD/SUD epidemic has impacted their career path**.

Qualitative Summary

Personal experiences/exposures that influenced career path

- "I have my own struggles with [substance abuse] and I find that helping people helps me."
- "Being a product of a father who battled substance abuse, and a child who needed mental health services but had no resources."
- "Seeing the impact of that on my family […] was devastating. Seeing and hearing the struggles from my family […] about the lack of support and help available fueled my ambition to change my [career] and advocate for treatment of mental illnesses and drug addiction."
- "Just the area I live [in] is so packed of those on drugs and you can see how it impacts them and their families."
- "Originally I wanted to be [another profession] but after working [elsewhere] during the beginning stages of the opioid crisis I knew there was greater need elsewhere."

Role models

- "Personal recovery from SUD and the work I've performed with my […] therapist."
- "Other counselors who helped me heal and counselors who were my colleagues."
- "Anyone who has recovered from addiction, trauma, or violence."

Most appealing about being a behavioral health professional

- "Advocating for change with children, addiction."

- "Helping end cycles of poverty and self-medication."
- "Helping people heal."
- "Helping the community I grew up in. Helping the substance [use] community. Knowing that there are limited resources […] and that I would be doing a lot for the state and the people."
- "My roots are here, helping reclaim a community I grew up in. Bringing […] recovery to people who trust me because I am one of them."
- "There is a lot of need […] in WV. […] these children are a unique demographic who are impacted by drug addiction and poverty generationally. […] Working to help [youth] develop their passions is the most appealing aspect to me."
- "I know the recovery community and resources available in my area."

Factors influencing choice of practice location

- "The opioid epidemic and the need for social workers."
- "The ability to make changes on a larger scale is more of an option in West Virginia than other states when looking specifically at the Opioid Epidemic due to how severely the state has been impacted."
- "Community support and resources for mental health/addiction recovery."

Factors influencing consideration of leaving the state after graduation

- "Ability to find meaningful addictions services within the state."
- "The demand."

Advice from others against pursuit of behavioral health profession

- "I have been told not to enter [because] the work is mentally and emotionally taxing, and there is very little reword for lots of risk."
- "It could be dangerous dealing with addicts."

Most concerning about being a behavioral health professional

- "The amount of residents with SUD – the opioid crisis, the level of poverty and opportunity."
- "The rapid growth of opioid addiction."
- "It is too needed. Many people are system-abusers and have no ambition to do anything but that. Methamphetamine makes people incredibly unstable and dangerous, and I predict we will see incredible fallout from that, not only in this generation, but the next."
- "Safety. […] we will be expected to go in homes with active addiction. That is dangerous and we have no way to protect ourselves. I was almost attacked, and someone tried to break in my car in broad daylight."
- "Not enough support to get our clients what they need for addiction treatment."
- "West Virginia is a dying state. Substance Abuse has taken over."
- "The same reasons I find appealing are also those of great concern**.** Children who are living in families impacted by drug addiction and poverty, who are displaced and living with people other than their parents. They have a lot of needs that a school counselor can work to address.

Suggested changes to address barriers to behavioral health practice in WV

- "Policies need to change to provide communities the funding needed for more mental health professions and to work at prevention instead of waiting until treatment is needed."

- "Insurance companies such as Medicaid need to be changed in how much they cover for clients needing substance abuse treatment."
- "More resources available for free to begin fighting the stigma with substance use disorder and mental health and to educate the public on what can be done on their part. Having the available resources to properly treat the individuals who need help."
- "Stop using Medicaid to fund MAT for those who are not really addicted to opiates, and especially those not trying to better themselves by finding work or getting an education. We have doubled down on the black market with MAT. Suboxone therapy is not being monitored, and people are not being kicked out of programs for testing positive. It is a money-making scheme that merely replaces the pain-pill industry."
- "Not allowing people with a bachelor's degree to practice as counselors/addictions [counselors]."
- Extensive drug addiction treatment training

Changes/improvements could make profession more appealing

- "MAT funding should be put into long-term treatment facilities, which would provide more work for those with social work degrees (if they are structured right), and stop clogging up hospitals, clinics, etc., with people who are only there to abuse the system."
- "West Virginia is where I've lived all my life but that does not mean I'll stay here after graduation. Social workers need to be valued more in clinical settings in hospitals especially on substance abuse units."

Comments to Governor for improving recruitment and retention of behavioral health workers in WV

- "More treatment facilities for substance [use] disorder and more information readily available."
- "Social workers are the glue that holds society together. There is no more important job than supporting people out of poverty, addiction, and mental illness. Highly trained social workers need to be able to support themselves at a level comparable to others who have earned Master's degrees and continue to hone their skills with continuing education."
- We have to make it safer for social workers to practice in WV. We already give so much to this job. We take time away from our families to save others. We deserve the right to not worry if we will be shot when walking into a home visit. We should have the same respect as first responders.. because we are.."
- "Give us support and resources to help our communities facing poverty, addiction, children facing adverse trauma."
- "I would ask him to recognize the importance of early intervention of services. Mental health issues should not be addressed only when a person is in crisis or so very far from healthy that they cannot be helped. There should also be more inpatient facilities that tailor to the growing needs of our communities such as substance abuse rehabilitation services […]"
- "Help WV gain licensure for Substance Abuse Professionals like AADC through WVAADC. Licensure instead of certification."

DISCUSSION, POLICY IMPLICATIONS AND ACTIONABLE ITEMS

<u>Expand Programming Targeting High School Population</u>

Most respondents (94.8%) reported they did not participate in programs that encouraged or emphasized behavioral health as a career during their K-12 education (Table 6). Further, only three respondents

indicated they identified plans to pursue a behavioral health career during high school. Qualitative data supports that a limited number of pipeline programs for behavioral health currently exist. These responses illustrate a prime opportunity for increased intervention at the high school level. In fact, when survey respondents were asked to provide suggestions on what can be changed to address the barriers to practicing in a behavioral health field in West Virginia, their qualitative responses called for the implementation of education about social work and other behavioral health careers for high school students.

Borrowing models from fields such as Science, Technology, Engineering and Math (STEM) and primary care, programs can be implemented to increase high school student understanding of the field of behavioral health. Programs may include information on potential educational paths, job shadowing opportunities, increased integration of behavioral health employers into career fair and exploration events, increased availability of dual credit psychology courses, and career-focused camp or summer internship experiences, as well as other strategies that have proven effective in STEM programming.
Exposure to information about behavioral health educational and career options during high school may also promote students' ability to take advantage of financial incentives offered to professionals who practice in West Virginia. Though most students (86%) responded that the availability of incentive programs was important (Table 8, Figure 2), the majority were not aware of such programs. As noted in a recent white paper, "early identification of students from high need areas of the state with an interest in behavioral health careers will allow these students exposure to the supportive resources they need to complete their training and the development of relationships that will follow them along their training path[1]."

Exposure to behavioral health career programming in high schools may also present further financial and workforce entry incentives. Table 5 indicates that nearly half of students who ultimately enrolled in behavioral health master's programs pursued various other liberal arts undergraduate majors, then made a decision to pursue a career in behavioral health during (or upon conclusion of) their undergraduate years. With earlier exposure to behavioral health career paths, more students who ultimately pursue careers in behavioral health could enroll in complementary undergraduate programs such as behavioral sciences, thus gaining foundational education to qualify them for advanced standing graduate programs. This results in tuition cost savings and in credentialing graduates to enter the workforce one year sooner in many cases.

To complement career exposure and exploration programming in high school, survey results indicated an opportunity to empower current behavioral health professionals with tools for formal and informal recruitment of future practitioners into the field. When asked about role models who influenced their decision to pursue a career in behavioral health, respondents cited counselors, therapists, and social workers with whom the respondents have a relationship. Some included family members who are helping professionals, while others cited a behavioral health worker who provided services or support directly to the respondent. Others were instructors, supervisors or coworkers in the field. One action item for both future research and investment would be to equip existing behavioral health professionals with tools and incentives for intentional mentoring and recruitment of high school and college students. For example, continuing education sessions for social workers, counselors and psychologists could highlight the need for more behavioral health professionals, the impact of a relationship with a practicing professional on a young person's career path, and introduction to digital and print materials to aid in connecting interested students with career path guidance and resources. In this way, the current workforce becomes further empowered to recruit and mentor the future workforce. Further work in this area could also include the

evaluation and expansion of existing programming which targets high school students with exposure to behavioral health careers. For example, the Northern West Virginia Rural Health Education Center hosts an annual Health Occupations Today Exposition during which students gain exposure to professionals practicing behavioral health careers. To determine the value of replicability in other regions of the state, support for longitudinal tracking of student participants in these types of programs and their educational and career pathways is needed.

Employ Strategies to Raise the Public Perception of Behavioral Health Professionals

In qualitative responses to questions about the barriers to practicing a behavioral health profession in West Virginia, stigma fell into two categories. First, respondents identified the stigma associated with substance use disorder and mental health treatment experienced by individuals, families and communities served by the profession. Second, respondents described the stigma connected with the field of behavioral health practice. This was illustrated through responses to multiple survey questions. More than half of respondents (54%) reported they were given advice against entering the behavioral health field. Advice centered mostly on concerns about low pay, as well as stress, safety, and lack of respect as a health profession (Table 7). In response to questions about barriers to practicing, respondents also cited low pay and lack of respect for the field from other professions, factors which may have similar root causes. To explain, respondents expressed concern that misconceptions about the behavioral health field contribute to bias against social workers (i.e. perception that social workers are "baby snatchers," and equating misconceptions about the role of Child Protective Services work with all social work jobs). This bias may contribute to the devaluing of the profession at a systemic level, indirectly impacting decision making about policies that determine reimbursement, salary, and worker safety. Though a deep-seated issue with various contributing factors, addressing the public perception of behavioral health workers and clients may contribute positively to long term goals of pay equity with other health and wellness professions.

Further, a respondent suggested that barriers to clients accessing services may be reduced through increased interprofessional and multidisciplinary approaches to physical and mental health treatment. Multidisciplinary medical teams and integrated behavioral health programs may contribute to a decrease in stigma around seeking help for substance use or mental health disorders, while also improving the perception of behavioral health professions among other allied health professionals as they begin to work more collaboratively to address patient needs. Some clinics within West Virginia provide examples of integrated care provided by multidisciplinary teams. More research is needed to explore the impact of this model of care may have on both health and access to care in West Virginia, as well as the impact on the public's perception of behavioral health providers.

Beyond issues of pay and cross-discipline respect, responses to the survey clearly indicate that misconceptions and stigma among the general population remain barriers to practicing behavioral health. Many respondents suggested strategies to address stigma. Suggestions include providing broad communication and education about behavioral health issues, needs and concerns to various audiences including state leaders, legislators and public officials, as well as students and the general public. One respondent suggested "positive advertisement of (the) field" as a change that could make the field more appealing.

Implications for action include the creation of marketing campaigns to highlight behavioral health professionals who are making a difference and to provide career pathways information to broad

audiences. As employed to help elevate the nursing field, advertisements with phrases like "Change Your Life- Be a Nurse" and "Nurses Change Lives" could be adapted to bring attention to the work of counselors, psychologists and social workers. In the field of nursing, data from such campaigns indicate that their short- and long-term reach can have a positive impact on several dimensions that address current and projected workforce shortages[2].

Support for Behavioral Health Students with a History of Substance Use Disorder

Some respondents indicated that their own, or a family member's, experience with substance use disorder influenced their decision to pursue a career in behavioral health. Individuals in recovery and those with lived experience represent a diverse group with many career backgrounds and interests, including behavioral health. Though a statewide count of individuals in recovery providing peer support is difficult to capture due to differences in training, certification, treatment setting and billing procedures, the state has approved over 600 peer recovery support specialists to bill for eligible services, according to the West Virginia Bureau for Behavioral Health[3]. This population's personal lived experience, understanding of substance use disorder, and professional experience helping others may make them ideal candidates for further education and attainment of credentials in behavioral health and substance use disorder treatment.

Implications for behavioral health academic training programs may include building or strengthening the framework for student support, particularly for graduate students. Support may include flexible campus mental health counseling opportunities, trauma-informed teaching, and graduate student support groups. Student access to collegiate recovery programs that integrate campus and community-based recovery supports can strengthen academic outcomes for students. Though research is limited, studies indicate that participation in such programs has been linked with higher GPAs and graduation rates than are reported in the general college population[4,5]. Further research is needed to determine the impact of participation in campus and community-based recovery programs on longer term professional outcomes among those in the behavioral health field[6] .

Further, the strengthening of recovery supports in rural communities may help in the recruitment of trained behavioral health professionals with lived experience to these underserved areas, as strong recovery supports is one factor survey respondents consider when deciding whether they will practice in West Virginia. Strengthening recovery supports could include approaches like the above referenced stigma-reduction campaigns, professional mentoring programs for collegiate recovery program alumni, and increasing community-based supports for those with lived experience, particularly in rural areas.

Support Policy that Upholds Professional Standards, Increases Compensation, and Creates a Comprehensive, Collaborated Approach Across the Behavioral Health Career Continuum

Several comments from respondents highlighted a theme around the importance of high professional standards for the social work profession. For example, in response to which changes are needed to address barriers, one respondent said, "keep standards high- don't allow those without social work degrees to work as social workers." This feedback, as well as suggestions "to ask the opinions of those working in the field… for solutions to problems" are important considerations for policy makers and state leaders when approaching critical workforce shortages and potential short-term solutions.

As noted in the sections above, concerns about pay emerged as one of the strongest themes from the survey. Inadequate pay was consistently cited as a barrier to choosing the behavioral health field, as well

as practicing within West Virginia. According to data from the U.S. Bureau of Labor and Statistics and Workforce WV, the median annual salary of a Substance Use Social Worker in West Virginia lags more than $11,000 behind the national median[7].

West Virginia salaries for behavioral health professionals lag behind neighboring states, and challenges persist for retaining graduates to practice in state. When asked what the most concerning thing is about being a behavioral health provider in West Virginia and what changes they suggest, two-thirds of respondents cited pay directly, with others referring to a more general lack of resources related to the profession.

According to this survey, low pay, including significant gaps in financial support along the training pathway stands out as the most significant disincentive to practicing behavioral health professions in West Virginia. While increasing salary requires policy change, the potential return on investment reaches beyond the support of social workers, counselors and psychologists and their families. Providing a strong workforce of behavioral and mental health practitioners impacts the educational attainment, job training and physical health and wellbeing of individuals and families, as well as the economy within communities and the state.

Policy strategies to address pay include raising the reimbursement rates for services provided by behavioral health professionals and ensuring the direction of a portion of the increased revenue to practitioner salary. While this survey focused on barriers and suggestions from a student perspective, there is a need for further discussion between providers, administrators and policy makers to identify and implement steps to raise pay for behavioral health providers.

While pay for behavioral health professionals is comparatively low among health disciplines in West Virginia and nationwide, the dynamics contributing to such strong survey responses on the issue of pay may be compounded by the additional challenges created by a lack of gender-based pay equity[8]. Though the survey did not collect demographic details to include gender of respondents or questions specifically regarding concerns about a gender-pay gap, some general considerations can be drawn related to this topic. Table 2 provides data representing that counseling and social work program enrollment is majority female at the institutions included in the survey. Based on national data, women are paid 81.6 cents for every dollar that men are paid[9], a factor that may exacerbate salary concerns of future non-male social workers, counselors and psychologists in West Virginia. Behavioral health careers may also be a profession where "occupational segregation[10]" contributes to the gender wage gap. Occupational segregation refers to men and women working in different occupations despite having the same level of education hypothesized to relate to gender preferences in occupational prestige, whereby higher prestige is defined as the contribution of the occupation to society and public good as opposed to monetary earnings[11]. Research supports a stronger preference for occupational prestige and a willingness to accept lower wages for higher prestige positions for women compared to men[11]. With the exception of clinical psychology, behavioral health professions, particularly social work, employ significantly more women than men (85% and 15% MSW, respectively[12]) with an almost identical distribution of behavioral health workforce trainees reflected in the current survey (Table 2). Responses reflected occupational prestige; however, respondents did not feel this prestige was recognized by individuals outside of their profession. Moreover, despite potential preference for societal contribution over monetary earnings, respondents felt current salary and financial incentives were excessively low (Table 7).

In addressing behavioral health provider salary, continued and increased efforts at the state and federal level are needed to advocate for pay equity for individuals of all genders, particularly for women of color who experience an even greater wage gap[13]. Research supports that reducing the wage gap could also reduce incidence of depression and anxiety[14]; therefore, addressing pay equity may also contribute to retention of behavioral health providers by addressing structural processes that contribute to the wage gap in a high-stress work environment such as behavioral health, that has a reported burnout rate of up to 67%[15].

Finally, while a limited variety of the pipeline and incentive programs discussed previously are available to target specific populations across the state,[6] West Virginia still lacks funding to establish a comprehensive behavioral health workforce initiative. Such an initiative could provide vision, structure and coordination of existing efforts while providing for ongoing assessment of the state's workforce needs and ongoing evaluation of efforts aimed at growing and retaining the behavioral health workforce.

CONCLUSION

The voices of student respondents call for urgent attention to develop a well-researched, coordinated plan to reduce barriers to the practice of behavioral health professions in West Virginia that could be accomplished through a statewide behavioral health workforce initiative. As one respondent noted, "more research should be done looking into these barriers before they can be addressed." This survey focused on student perceptions of barriers and suggested strategies. To further explore barriers and strategies, feedback from practicing providers is needed. Next steps for this work may include a survey of practitioners and employers to gain their perspectives.

In closing, one student summed up the value of behavioral health professionals with a corresponding call for support. "Social workers are the glue that holds society together. There is no more important job than supporting people out of poverty, addiction, and mental illness. Highly trained social workers need to be able to support themselves at a level comparable to others who have earned master's degrees and continue to hone their skills with continuing education." Urgent attention to reducing barriers to behavioral health education and practice is required to accomplish this for the social workers, counselors, psychologists and other professionals along the behavioral health career continuum.

LIMITATIONS

The original project timeline proposed a survey end-date that coincided with abrupt campus closures in response to the spring 2020 COVID-19 pandemic. Survey collection was extended, but response rates remained lower than anticipated. Several factors may have contributed to these low rates, including a student and faculty energy shift to adjust to online coursework. While approximately 32% of enrolled social work students completed the survey, counseling and psychology response rates were too low to provide generalizable results or meaningful comparison across disciplines (Table 1).

Language used in some questions may have contributed to additional limitations in analyzing responses. Survey respondents were asked what types of training experiences would make them feel better prepared to address the opioid/substance use issues West Virginia currently faces (Figure 8). Patient simulations ranked low across disciplines. Social workers and counselors may be less familiar with virtual patient simulations as a training experience than their peers in medical health professions. Further, social workers and counselors typically use the term "client" rather than "patient." It is possible that low ranking of this training experience was due to low levels of recognition of the training technique or to language

differences. Patient simulations was listed twice within the survey; however, only unique responses per respondent were included.

Survey wording may have also contributed to difficulty in the analysis of an interesting set of responses to questions regarding the importance of pay as a factor in practice location decision. While respondents ranked salary highly as a *career-related* factor influencing their practice location, they ranked salary lowest as a *lifestyle* factor influencing their practice location. Without further information, it is not possible to determine if the order or wording of questions impacted responses to create this dichotomy, or whether the differences indicate divergent values placed on salary potential to support lifestyle versus salary level relevant to career preparation and performance.

ACKNOWLEDGEMENTS

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CITATIONS

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APPENDIX A: Example Student Survey with Cover Letter

Facilitators and Barriers to Practicing Counseling in WV and Treating Opioid and Substance Use Disorders

Cover Letter

Dear Participant,

This letter is to request for you to take part in a research project about facilitators and barriers to working in behavioral health in West Virginia and treatment of substance use disorders. This project is being conducted by A. Brianna Sheppard, PhD, at the West Virginia University Institute for Community, based on recommendations of the statewide workgroup on retention at the 2019 Behavioral Health Workforce Learning Collaborative. The Learning Collaborative was supported by the West Virginia School of Osteopathic Medicine Center for Rural and Community Health and is part of the State Opioid Response Professional Development collaboration with the Center, the WV Department of Health and Human Resources Bureau for Behavioral Health, Marshall University, and West Virginia University School of Public Health.

If you decide to participate, you will be asked to complete a brief, anonymous online survey. Your participation in this project will take 15- to 20-minutes.

You must be 18 years of age or older to participate.

Your involvement in this project will be kept as confidential as legally possible. You will not be asked questions that could lead back to your identify as a participant. Your participation is completely voluntary. You may skip any question that you do not wish to answer and you may discontinue at any time. West Virginia University's Institutional Review Board acknowledgement of this project is on file.

If you have any questions about this research project, please feel free to contact me at 304-293-1444 or by e-mail at absheppard@hsc.wvu.edu.

I hope that you will participate in this research project as it could help guide decisions related to behavioral health policy, curriculum, and compensation practices across West Virginia. Thank you for your time and consideration.

Sincerely,

A. Brianna Sheppard, PhD
Assistant Director, WVU Institute for Community and Rural Health
Adjunct Assistant Professor, Social and Behavioral Sciences
WVU School of Public Health

1. What high school did you attend (Name, City, State)

2. Where did you complete your undergraduate degree (College/University, City, State)

3. What was your undergraduate major?

4. During your K-12 education, did you participate in programs that encouraged and/or emphasized counseling as a career? (Yes/No)

5. If yes, do you feel these programs influenced your decision to become a counselor? (Yes/No)

6. If you've already decided where/in what state you want to practice after completing your graduate degree, at what point did you make that decision? (Select one: High School, Undergraduate, Master's Still undecided, I do not plan to pursue a career in counseling upon graduation).

7. If you indicated that you do not plan to pursue a career in counseling after attaining a graduate degree, why did you make this decision (Otherwise, please enter N/A)

8. If you intend to pursue a career in counseling after completing your graduate degree, which type of counseling are you considering? (Select one: Addictions, Mental Health, Vocational or Physical Rehabilitation, School)

9. If you plan to pursue a career in counseling, do you intend to remain in West Virginia (Select one: Yes, No, Still Undecided, I do no plan to pursue a career in counseling)

10. If you will leave the state after graduation, what factors influenced this decision?

11. Can you describe an experience that influenced your career path?

12. Can you describe role models who influenced you and your career path?

13. Were you ever advised not to enter the counseling profession? If so, would you briefly describe the reasons why?

14. How interested are you in using your counseling skills to address the opioid/substance use epidemic in West Virginia? (Select one: Extremely interested, Very interested, Somewhat interested, Not so interested, Not at all interested)

15. What type(s) of training experiences would make you feel better prepared to address the opioid/substance use issues West Virginia currently faces (Select all that apply)

Substance use disorder related psychotherapy skills
Education about the biology of substance use disorders
Education about substance use disorder treatment practices
Education about the consequences associated with substance use disorders
Education about family processes and substance use disorders
Education about working with community resources to address substance use disorders
Education about current policy approaches to addressing SUD and priority advocacy areas
Patient Simulations

Other (please specify)

16. How important is the availability of financial incentives on your decision to practice in West Virginia? (Select one: Extremely important, Very important, Somewhat important, Not so important, Not at all important)

17. Are you planning to take advantage of financial incentives offered to counselors who practice in West Virginia? (Select one: Yes, No, Already taking advantage of incentives, Unaware of available incentives)

18. Please rank each of the following lifestyle factors that influence your practice location choice.
- Family ties
- Housing
- Educational system for children/dependents
- Recreational activities
- Community atmosphere
- Activity and lifestyle
- Political climate

19. Please rank the following career-related factors that influence your practice location choice.
- Salary
- Geographic location
- Type of Institution
- Significant other's career
- Preparedness for types of clients seen at practice

20. Please briefly describe additional factor(s) not listed above that influence your choice of practice location.

21. What do you believe to be the most appealing about being a counselor in West Virginia (regardless of whether you intend to stay in the state)?

22. What do you believe is most concerning about being a counselor in West Virginia (regardless of whether you intend to stay in the state)?

23. What do you suggest be changed to address barriers to practicing as a counselor in West Virginia?

24. What changes/improvements to the counseling profession in West Virginia do you believe would lead you and your peers to view this career as more appealing?

25. Imagine you had one minute to talk with the Governor about improving recruitment and retention of counselors in West Virginia. What would you say?

Survey Complete

Thank you for participating in this research project. Should you have any questions regarding this project or would like more information about financial incentives available to

support behavioral health practice, please contact Brianna Sheppard, PhD, at absheppard@hsc.wvu.edu.

APPENDIX B: Behavioral Health Learning Collaborative Participants

Workgroup 1: Attract-Recruit	Workgroup 2: Educate-Train	Workgroup 3: Grow-Retain
Carman, Brandon, BS, WVDHHR	Aabel-Brown, Keigan, MSW, Marshall University	Aldred-Crouch, Mary, MSW, MPH, LICSW, MAC, AADC, Recovery Point of West Virginia
Glenn, Margaret, Ed.D, CRC, WVU	Davidson, Leighann Justice, BS, MS, Ed.D, WV State University	Bruce, Brittany, Marshall University
Holt, Barbara, MS, WVSOM	Dobish, Heidi, PhD, Shepherd University	Coffey, Elizabeth, MA, WVDHHR
Koester, Deb, PhD, DNP, MSN, RN, Marshall University	Fleshman, Jackie, MPA, Marshall Health	Deutsch, David, MA, WV State Office of Rural Health
Leary, Janie, PhD, MPH, BSW, CHES, Fairmont State University	Gamble, Jeni, Ph.D, MSSW, WVU	Drennan, Mark A., MSW, WV Behavioral Healthcare Providers Association
Little, Steven, BA, WVDHHR	Heinsberg, Haylee, M.Ed., WVSOM	Green, Melissa J., BA, WVDHHR
Moore, Stephanie, RN, WVDHHR	Kast, Chris, PhD, Fairmont State University	Hansen, Robert, MS, WVDHHR
Reed, Jordyn, MPA, WV Higher Education Policy Commission	Layden, Jodie M., MS, WVDHHR	Lovett, Gretchen, PhD, WVSOM
Whitacre, Keri, Ed.D, WVU-Potomac State College	Osland, Julie, PhD, MA, Bethany College	Mace, Drema, PhD, MSP, WVSOM
Bissett, Susan, PhD, West Virginia Drug Intervention Institute	Payne-Scarbro, Sara, Marshall University	Mills, Ida, MSW, Ed.D, LICSW, Concord University
	Raudenbush, Bryan, PhD, Wheeling Jesuit University	Moran, Garett, PhD, WVU
	Steele, Kerri, PhD, MSW, WV State University	Sheppard, A. Brianna, PhD, MA, WVU
	WatsonHuffer, Kelly, DNP, AGPCNP-BC, CNE, Shepherd University	Underwood, Margaret, MA, WVDHHR
	Wheeler, Eveldora, Ed.D, MSW, MBA, West Liberty University	Gum, Nola, MSW, LICSW, BSW, Concord University
	Canini, Carolyn, MSW, LCSW, West Virginia Higher Education Policy Commission	Linger, Rebecca, PhD, University of Charleston
	Murphy, Ashley, LICSW, MAC, AADC, CAMC General Hospital	Boggs, Misty, WVSOM
	Newsome, Jason, PhD, University of Charleston	

APPENDIX C: Program Recruitment List

Institution	Degree Program	Program Directors and Contacts
Concord University	Master's Social Work	Scott Inghram, EdD, MSW
Marshall University	Master's Counseling	Lori Ellison, PhD
		Jonathan Lent, PhD
	Master's Psychology	April Fugett-Fuller, PhD
	Master's Social Work	Peggy Proudfoot-Harman, PhD, MSW
	Doctoral (EdS) School Psychology	Sandra Stroebel, PhD
	Doctoral (PsyD) Clinical Psychology	Keith Beard, PsyD
West Liberty University	Master's Clinical Psychology	Tammy McClain, PsyD; Tifani Fletcher, PhD
West Virginia University	Master's Counseling	Ed Jacobs, PhD, LPC
	Master's Rehabilitation Counseling	Ed Jacobs, PhD, LPC
	Master's Psychology	Kevin Larkin, PhD
	Master's Educational Psychology	Regan Curtis, PhD
	Master's Social Work	Mary LeCloux, PhD, LICSW Jackie Englehardt, MSW, ACSW Deanna Morrow, PhD, LICSW Jennifer Gamble, PhD
	Doctoral Counseling Psychology	James W. Bartee, PhD
	Doctoral (PhD) Psychology	Jeff Daniels, PhD

APPENDIX D: Example Recruitment E-mail Script

Dear Behavioral Health Profession Student,

We request that you take part in a research project about facilitators and barriers to working in behavioral health in West Virginia and treatment of substance use disorders. This project is being conducted by A. Brianna Sheppard, PhD, at the West Virginia University Institute for Community and Rural Health, based on recommendations of the statewide workgroup on retention at the 2019 WV Behavioral Health Workforce Learning Collaborative.

If you decide to participate, you will be asked to complete a brief, anonymous online survey using the link below. Your participation in this project will take 15- to 20-minutes. You must be 18 years of age or older to participate.

SurveyMonkey Link

Your participation is completely voluntary. You may skip any question that you do not wish to answer, and you may discontinue at any time. West Virginia's Institutional Review Board acknowledgement of this project is on file.

If you have any questions about this research project, please feel free to contact me at 304-293-1444 or by e-mail at absheppard@hsc.wvu.edu.

I hope you will participate in this research project as it could help guide decisions related to behavioral health policy, curriculum and compensation practices across West Virginia. Thank you for your time and consideration.