Montana's behavioral health system depends on a stable, well-trained workforce to meet the growing needs of youth and families. Workforce shortages are not simply recruitment challenges; they are fundamentally tied to reimbursement structures, licensing requirements, supervision capacity, workforce development, and investments. Addressing these systemic barriers will improve access to care, reduce staff turnover, and strengthen outcomes for children, youth, and families across Montana.

1. What are the most serious workforce shortages your organization is currently facing?

The most significant workforce shortages involve licensed and qualified behavioral health professionals who provide direct services to youth and families. These include therapists, targeted case managers, and direct care staff who work each day with youth. The demand for children's mental health services continues to grow, while the workforce pipeline has not kept pace.

Shortages are even more pronounced due to limited and affordable housing availability, and competition from DPHHS, Hospitals (Providence) and private practice opportunities.

2. Which occupations are hardest to recruit for, and which are hardest to retain?

Hardest to Recruit:

- Direct Care Staff for therapeutic group homes
- Child and Adolescent Therapists
- Targeted Case Managers with behavioral health experience

Hardest to Retain:

- Direct Care Staff
- Overnight and weekend residential staff
- Targeted Case Managers
- Therapists early in their careers

Retention challenges are often linked to, burnout, demanding caseloads, documentation requirements, and compensation that does not reflect the complexity of the work. Also, similar to a snowball rolling downhill employee turnover leads to increased turnover that is hard to stop.

3. What recruiting strategies are you using today, and what results are you seeing?

- Relationships with Montana universities
- Student internships and practicum placements
- Employee referral incentives
- Retention bonuses when funding permits
- Participation in career fairs
- When available and appropriate, strategies that support advancement from entry-level positions into professional roles

While these strategies have helped generate applicants, competition is intense. Many candidates are recruited by DPHHS, other non-profits, hospitals, or private practices that can offer higher salaries.

4. Where are the biggest barriers: pay, training capacity, supervision, licensing timelines, geography, reimbursement, or something else?

All of these factors contribute, but the most significant barriers are:

Pay

It is always a matter of pay.

Reimbursement Rates

Behavioral health reimbursement often does not adequately cover the true cost of providing services, limiting our ability to offer competitive wages. For example, as the state asks us to increase our liability insurance the reimbursement rates are not congruent with this requirement. A second example is that DPHHS licensing asks us for increased duties for the youth; however, the costs for these requirements are never considered.

Workforce Compensation

Community-based behavioral health organizations frequently cannot compete with DPHHS, hospitals, and private practices.

Licensing and Credentialing Delays

Lengthy licensing, credentialing, and payer enrollment processes can delay new staff from providing billable services for months. As noted above, increased licensing and credentialing are not congruent with the increased costs to do so.

Cost of Living

It is expensive to live in Western Montana. Many of our staff work second jobs.

Burnout

Professionals working with youth experiencing significant behavioral health challenges often face high emotional demands that contribute to turnover.

5. For long-term care and similar settings, are the workforce issues different from those faced by hospitals or clinics?

Yes. Therapeutic group home settings face several unique challenges.

These programs require 24-hour staffing, including evenings, nights, weekends, and holidays. Direct care staff work with youth experiencing significant behavioral, emotional, and mental health challenges, often in crisis situations.

Unlike many outpatient clinics, group homes must maintain minimum staffing ratios regardless of reimbursement fluctuations or census levels. Staff are expected to manage safety, provide therapeutic interventions, support daily living activities, transport youth, coordinate with families, and document services. The intensity and complexity of the work exceeds what compensation levels reflect. As a result, group homes experience higher turnover rates and greater difficulty maintaining adequate staffing levels than many traditional outpatient settings.

6. Are there occupations where you would hire and train more people if the financial or regulatory structure made it more workable?

Yes. We would expand hiring and training for:

- Direct care staff in group homes
- Targeted Case Managers
- Family Support Specialists
- Therapists

Additional funding for workforce development, supervision, training, and competitive compensation would allow organizations like ours to build stronger workforce pipelines and reduce turnover.

7. If the task force were to focus on only a few employer-facing barriers, what should rise to the top?

1. Improve Behavioral Health Reimbursement Rates

Reimbursement must better reflect the actual cost of delivering quality behavioral health and group care services. Sustainable reimbursement is foundational to workforce stability.

2. Expand Workforce Development and Training Pipelines

Invest in internships, apprenticeships, loan repayment programs, tuition assistance, and career pathways for behavioral health professionals and direct care staff.

3. Increase Clinical Supervision Capacity

Provide incentives and reimbursement mechanisms that support licensed professionals in supervising emerging clinicians.

4. Streamline Licensing and Credentialing Processes

Reduce delays that prevent qualified professionals from entering the workforce and providing services. Also, we pay the upfront costs and lose the costs with turnover.

5. Support Rural Workforce Recruitment and Retention

Expand housing assistance, loan repayment, and relocation expenses.

6. Strengthen Direct Care Workforce Supports

Community-based programs need targeted investments to improve wages, career advancement opportunities, training, and retention for direct care staff who provide essential services to vulnerable youth and families.