

Exploring Rural Behavioral Health Workforce Strategies: Planning Guide

Purpose

Drawing on the [accompanying brief](#), this guide is intended to help rural leaders: **(1)** reflect on which behavioral health (BH) workforce strategies may be most relevant for their communities; **(2)** connect to resources that support implementation of these strategies; and **(3)** develop next steps for exploring these approaches further. This guide can be completed by an individual or a single organization, or collaboratively by partners across organizations and sectors.

Step 1: Assess your community's behavioral health workforce priorities

Use the questions below to identify the BH workforce challenges and opportunities that are most important in your community. If you need additional information to answer these questions, see [Appendix A](#) for a sample list of state and local data sources that may provide additional insight into patient needs, patterns of care, available services, and workforce capacity.

What are the biggest gaps and opportunities?

- Where are people with BH needs currently encountering the greatest barriers to care? Are there particular barriers or bottlenecks associated with specific services, providers, or levels of care?
- Where are people with BH needs already showing up? Consider primary care practices, hospitals and emergency departments, schools, correctional facilities, pharmacies, community organizations, and other settings that regularly interact with people with BH needs. To what extent are those places providing BH services already?

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- Which existing workers could potentially play a greater role in addressing BH needs? Where is there interest and capacity to expand existing roles, and what resources (e.g. additional training, specialist support, etc.) would be needed to do so?
 - Where could additional types of workers help fill gaps? Consider people with lived experience, trusted community members, students, and others who could potentially enter or advance within BH-supportive roles.
 - Which BH positions are particularly difficult to recruit or retain? What seems to be driving those challenges?

What does your community have to build on?

- What workforce assets already exist? Consider existing providers and workers, educational institutions, training programs, community organizations, and potential pools of future workers.
- What partnerships are already strong or have the potential to be strengthened? Consider entities such as health systems, educational institutions, county BH agencies, schools, correctional systems, emergency medical services, community organizations, and regional BH providers.
- What relationships currently exist or could be developed with specialists, academic medical centers, managed care plans, etc. to extend access to BH expertise beyond the community?
- What technology infrastructure does the community have? Is this sufficient to ensure adequate access to technology-enabled strategies such as telehealth and eConsults for a meaningful number of patients?
- Beyond state and federal initiatives, are there local funding sources (e.g. [County Medical Services Program](#) [CMSP], philanthropies, community benefit dollars, employer partners, etc.) that could help support scholarships, training programs, or other workforce investments?

Step 2: Identify promising strategies

Based on the responses to the questions above, consider what BH workforce challenges your community wants to address and which approach(es) ([detailed in the full issue brief](#)) could help address them. For each relevant strategy, use the table below to think through their potential impact and feasibility, as well as key considerations for implementing them within your community. Keep in mind that a strategy's impact and feasibility may vary depending on the workforce challenge it is intended to address (use “Key Considerations” column to describe such variations as needed).

Table 1: Assessing Impact and Feasibility

Strategy	Workforce challenge(s) the strategy addresses	Potential impact (high, medium, low)	Feasibility (high, medium, low)	Key considerations
Enhancing the broader workforce’s BH capabilities				
Leveraging community-connected roles				
Expanding BH access via telehealth				
Extending the reach of existing BH professionals				
Expanding BH services into new settings				

Strategy	Workforce challenge(s) the strategy addresses	Potential impact (high, medium, low)	Feasibility (high, medium, low)	Key considerations
Developing the future workforce: Creating educational pathways into BH careers				
Developing the future workforce: Promoting career advancement for existing workers				
Developing the future workforce: Expanding community-based training opportunities, apprenticeships and job placements				
Focusing on recruitment and retention				

Step 3: Explore implementation supports and resources

The table below provides select implementation supports and resources for each of the strategies discussed in the brief. Based on your assessment above, explore resources for the strategies that appear most promising to better understand what implementation could entail in your community.

Table 2: Select Implementation Supports and Resources

Strategy	Supports and resources
Enhancing the broader workforce's BH capabilities	<u>Primary care</u> • Collaborative Care Implementation Guide • Advanced Behavioral Health Prevention California technical assistance and training supports • UC Irvine's Train New Trainers Primary Care Fellowship program <u>Project ECHO</u> • Project ECHO hub information • CalMAP School-Based Behavioral Health Project ECHO <u>eConsults</u> • E-Consult Workgroup resource library and playbook • CalMAP school-based eConsults <u>Community pharmacists</u> • Pharmacy/BH integration implementation study • Substance Abuse and Mental Health Services Administration (SAMHSA) resources for integrating medications for opioid use disorder (MOUD) into pharmacies <u>Lay counselors</u> • Lay counselor training

Strategy	Supports and resources
Leveraging community-connected roles¹	<u>Peer support specialists</u> • Department of Health Care Services (DHCS) resources • Certification website • SAMHSA resource page • Medi-Cal billing information and other FAQs <u>Community health workers/promotores/representatives (CHW/P/Rs)</u> • Building and Sustaining CHW Programs in California Resource Center • DHCS resources • Department of Health Care Access and Information (HCAI) CHW/P/R Initiative overview • Rural Community Health Workers Toolkit • Medi-Cal billing information <u>Certified wellness coaches (CWCs)</u> • HCAI CWC Overview • CWC Implementation Findings • Medi-Cal billing information
Expanding BH access via telehealth	• Rural Telehealth Toolkit • California Department of Health Care Services (DHCS) Telehealth FAQ
Extending the reach of existing BH professionals	<u>Clinical supervision</u> • California Mental Health Services Authority (CalMHSA) Remote Clinical Supervision program • HCAI Medi-Cal Behavioral Health Recruitment and Retention Program

¹ For training programs related to these roles, see “Developing the future workforce” row.

Strategy	Supports and resources
Extending the reach of existing BH professionals, continued	• HCAI Behavioral Health Services Act (BSHA) 2026-2030 Workforce Education and Training (WET) Plan <u>Psychiatric mental health NPs</u> • California Board of Registered Nursing NP independent practice resources <u>Mental health/substance use disorder (SUD) cross-training</u> • SAMHSA co-occurring disorders resources • SAMHSA training materials and resources
Expanding BH services into settings that routinely see people with these needs	<u>Federally Qualified Health Centers (FQHCs)/Rural Health Centers (RHCs)</u> • Rural Services Integration Toolkit • Agency for Healthcare Research and Quality (AHRQ) Integrating Behavioral Health and Primary Care Playbook <u>Hospitals/Emergency departments</u> • CA Bridge <u>Correctional settings</u> • SAMHSA GAINS Center for Behavioral Health and Justice Transformation Resource Center • Considerations for Implementing MOUD in Jail-Based Settings Fact Sheet • DHCS CalAIM Justice-Involved Reentry Initiative Policy and Operational Guide <u>Schools</u> • California Youth and Behavioral Health Initiative resources • CalMAP School-Based Behavioral Health Project ECHO

Strategy	Supports and resources
Developing the future workforce	<u>Education programs</u> • HCAI Designated Educational Programs (for CWCs) • Medi-Cal Behavioral Health Residency/Fellowship Training Program • Becoming a Peer Support Specialist Training Provider <u>Career advancement resources</u> • Developing Sustainable CHW Career Paths <u>Training resources</u> • CHW/P/R Professional Development and Specialized Training Resources • CHW/P/R Training Program Best Practices Framework • Medi-Cal Behavioral Health Community-Based Provider Training Program (for peers, CHW/P/Rs) • Lay counselor training <u>Job placement resources</u> • Employing CWCs overview • Apprenticeship Model for California's BH Workforce
Focusing on recruitment and retention	<u>Loan repayment resources</u> • Medi-Cal Behavioral Health Student Loan Repayment Program • National Health Service Corps Loan Repayment Program • HCAI loan repayment programs: check eligibility ○ California State Loan Repayment Program ○ Licensed Mental Health Services Provider Education Program ○ Allied Healthcare Loan Repayment Program ○ CMSP Loan Repayment Program

Strategy	Supports and resources
Focusing on recruitment and retention, continued	<u>Scholarship resources</u> • Medi-Cal Behavioral Health Scholarship Program • CWC Scholarship Program <u>Recruitment and retention bonuses</u> • Medi-Cal Behavioral Health Recruitment and Retention Program <u>Recruiting international medical graduates to fill psychiatry positions</u> • J-1 Visa Waiver Program • Licensed Physicians from Mexico Program

Step 4: Identify next steps

Based on the insights generated from the previous steps, identify a small number of approaches to explore further. Use the table below to identify potential partners, outstanding questions, and concrete next steps.

Table 3: Next Steps

Priority approach	Potential partners	Key questions to explore further	Next steps

Appendix A: Example Supporting Data Sources

Source	Description	Use Category
California Health Interview Survey (CHIS)	Source for state and local-level population data and reports on a broad range of BH data including around access, utilization, and social/demographic factors.	• Patient needs • Patterns of care
HCAI Behavioral Health Data products	State and county-level reports, data sets and visualizations focused on BH utilization, diagnoses, demographics and workforce.	• Available services • Patient needs • Patterns of care • Workforce insights
DHCS Behavioral Health Reporting Data Hub	County-level Medi-Cal BH data, including around service use, populations served, and access.	• Patient needs • Patterns of care
DHCS Behavioral Health Directories	Relevant directories include county-level maps/lists of Narcotic Treatment Programs , Licensed Mental Health Rehabilitation Centers and Psychiatric Health Facilities	• Available services
Center of Excellence for Labor Market Research Data Tools	Tools and reports that provide regional-level information on labor market and educational programs/pathways in California.	• Workforce insights
Community Health Needs Assessments	Completed by 501(c)(3) hospitals every three years. Provide overview of community needs, resources and priorities. Can usually be found on hospital websites.	• Available services • Patient needs

For additional guidance on identifying and using regional workforce data, see Healthforce Center at UCSF's [Using Public Data for Regional Health Workforce Planning: A Toolkit](#).