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DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

Workforce Recruitment and Retention

AFBSS Webinar Series: May 6, 2026

The Assertive Field-Based Substance Use Disorder/Opioid Use Disorder Services Training and Technical Assistance is funded by California Department of Health Care Services (DHCS). This session is presented by Health Management Associates. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, DHCS.

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Presenters

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Agenda

- Overview of Workforce and System Needs
- Key Workforce Competencies
- Workforce Retention & Supervision Strategies
- Field Safety Best Practices
- Q&A

Learning Objectives

At the end of the session, participants will be able to:

- Describe at least one defining feature that distinguishes a field-based, integrated behavioral health workforce from traditional clinic-based models.
- Identify at least two essential “soft skills” required for effective practice in high-complexity, street-based environments.
- List one evidence-informed strategy for retaining field-based staff and explain why it is effective.

Overview of Workforce and System Needs

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Case Example: Community Services (CS) Clinic

- CS provides outpatient medication for opioid use disorder (MOUD), counseling and peer support services, telehealth, and referrals. CS has a 24-hour Opioid Treatment on Demand (OTOD) center.
- CS collaborates with under-resourced communities and provides essential education about effective opioid use disorder (OUD) treatment.
- CS targets ages 18 to 70 and has identified that female transitional aged youth (ages 16 – 25 years) are most likely to test positive for fentanyl.
- CS serves individuals across all biopsychosocial backgrounds and all racial and ethnic groups. Many CS patients are unhoused or precariously housed.

Case Example: Community Services Clinic (CS)

- CS continues to face workforce challenges stemming from the pandemic and shifting socio-political change; pressures that are expected to continue.
- CS leadership is now charged with expanding services to reach individuals who require mobile field-based services and improve linkages with Open Access Clinic. The expansion will require staff to have new competencies and additional training to safely and effectively deliver services outside the “four walls” of the clinic.
- Consider how CS may develop a training and workforce stabilization plan.
- After reviewing staff, supervisor, manager, and leadership interviews and surveys, it is determined that the training should be focused on job competencies, workforce selection, training, and retention.

Traditional BH vs. AFBSS: Foundational Model Differences

	Traditional Behavioral Health Services	Assertive Field-Based Initiation for Substance Use Disorder Treatment Services
Service Model	• Office-based work, controlled environments	• Community-based, field-based, and mobile care
Engagement Philosophy	• Voluntary Compliance • Engagement through scheduled appointments, with missed visits handled administratively	• Engagement is intentional and persistent
View of Substance Use	• Abstinence	• Harm Reduction
Workforce Composition	• Primarily licensed clinicians • Clear role boundaries • Individual caseload ownership	• Multidisciplinary teams with complementary roles • Shared responsibility for engagement, continuity, and outcomes

SOURCE(S): California Department of Health Care Services, 2026.

Ideas in Action

» Given these differences, what stands out as most unique about the workforce needed to do this work well?

Who are the right people to hire?

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Field-Based Workforce Qualities Aligned with Behavioral Health Services Act (BHSA) Goals

Cultural, linguistic, and geographic representation to reflect and effectively engage the communities served

Inclusion of individuals with lived experience as core team members, not adjunct roles

Skilled engagement and harm-reduction orientation, including persistence, adaptability, and comfort with complexity

Adaptability, resilience, and relational strengths such as trust-building, harm reduction, and trauma-informed practice

Field-based competence and safety awareness, including comfort outside traditional clinic environments

Team-based and multidisciplinary orientation, including the ability to collaborate across roles

Statewide Behavioral Health Staffing Goals

- The behavioral health transformation is comprehensive and has developed opportunities to address the workforce deficits.
- The pandemic, inflation, gun violence, changing immigration policies, racism, environmental disasters, and war have led to an unprecedented need for mental and behavioral services.
- Statewide provider workforce gaps exist, and the gap widens if we consider professionals that are trained in substance use disorders (SUDs) and field-based services.
- DHCS wants a workforce that is diverse and multidisciplinary, includes lived experiences, has increased language capacity, and works to the top of their training and license.

SOURCE(S): California Department of Health Care Services, 2026; Weiner, 2022.

Key Competencies

These competencies are not assumed at hire; they must be intentionally developed through structured, ongoing training and reinforced through supervision and team-based practice.

Field-Based, High-Complexity Capacity

- Situational awareness and field safety judgment
- Tolerance for ambiguity and non-linear progress
- Emotional regulation and crisis presence
- Boundary management in relational work
- Adaptability and problem-solving in dynamic environments

Trauma-Informed, Low-Barrier Care Skills

- Trauma-informed, non-punitive practice
- Harm reduction and recovery-oriented care
- Engagement and re-engagement skills
- Cultural humility and responsiveness
- Integrated care coordination across systems

Team-Based Practice

- Collaborative, multidisciplinary teamwork
- Reflective practice and use of supervision
- Practical, real-time data-informed decision making

Workforce Retention and Supervision Strategies

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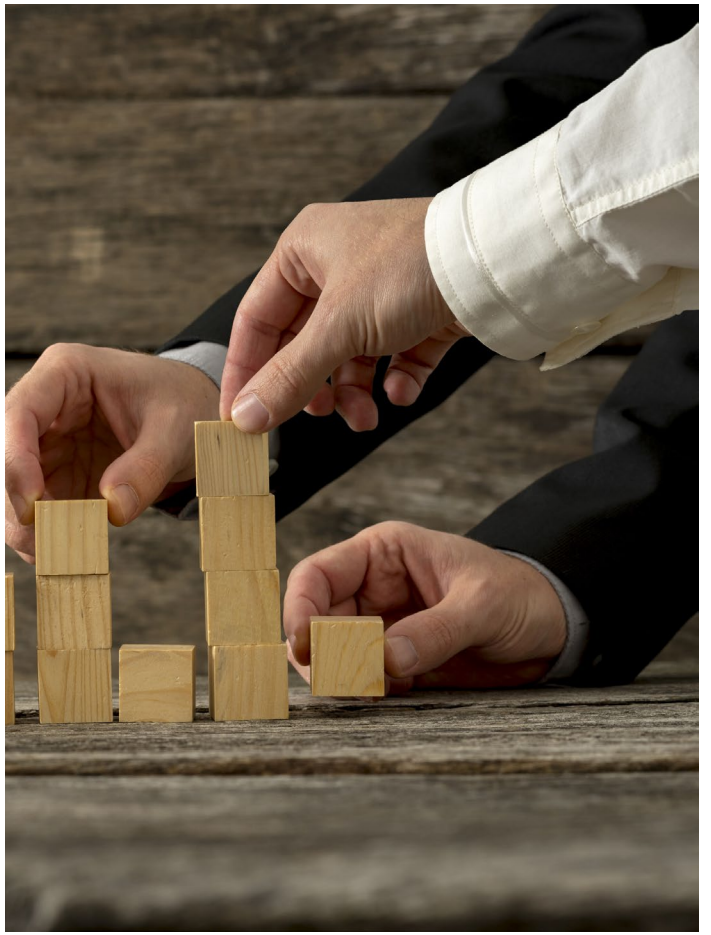
Why Retention Is Challenging in This Work

- **Realities of Integrated, Field-Based Care**
  - High emotional and relational intensity
  - Exposure to trauma, crisis, and loss
  - Non-linear progress and complex barriers
  - Work that extends beyond traditional clinical settings
  - Unreasonable expectations of the work and the work challenges
- Burnout is not a personal failure; it is a system issue and an important risk to be addressed.
- Leadership and staff must prioritize using trauma informed care delivery and biopsychosocial care of the workforce to mitigate burnout.

Infrastructure to Support Retention

- Provide specific training for supervisors in field coaching, complexity management, and providing staff emotional support.
  - E.g., Supervisors should go out in the field, receive training on coaching in the moment and role play how to provide emotional support for staff.
- Build multidisciplinary teams and recruit for engagement skills and lived experience, not only licensure.
- Establish field safety protocols and team-based visits with mobile documentation tools.
- Align HR and caseload expectations with outreach work and use simple data dashboards in team huddles.
- Train staff in street-based engagement and trauma-informed care (shadowing, reflective supervision groups).



SOURCE(S): Hopper, E. K., et al., 2010; Miller, W. R., & Rollnick, S., 2012; Rushton, C. H., 2024.

The Central Role of Supervision

- **Supervision is the primary buffer against burnout.**
- Reflective Supervision (Core Model)
  - Allows for reflection on the emotional impact of the work, relationships with clients, and ethical complexity
  - Addresses post-crisis processing, secondary trauma, moral distress, and burnout
  - Normalizes uncertainty and non-linear progress
  - Strengthens emotional regulation and boundary management

What is Reflective Supervision?

Reflective supervision is the regular collaborative reflection between a service provider (clinical or other) and supervisor that builds on the supervisee's use of their thoughts, feelings, and values within a service encounter. Reflective supervision complements the goals and practices of trauma informed supervision.

SOURCE(S): Multiplying Connections, n.d.

Operationalizing Reflective Supervision

Structure and Cadence

- Monthly, 60 minutes, protected time
- Individual supervision plus periodic group reflective sessions

Staff-driven, with Supervisor Facilitation

- Supervisee brings a case, supervisor guides reflection
- Emphasis on meaning-making before action planning

Simple Structure or Form

- Use a consistent flow or brief template

Follow-through on Action

- End with one to two agreed actions
- Document briefly in supervision notes or tracker

Connection to Best Practice

- Align with trauma-informed supervision principles
- Integrate case consultation, boundary reflection, and secondary trauma awareness
- Supervisors trained in reflective questioning,
- Ensure boundaries and work-life balance

Help Staff Stay and Grow

- **What sustains the workforce?**
  - Competitive wages and equitable compensation
  - Clear career pathways and opportunities for advancement
  - Manageable caseloads aligned with intensity of work
  - Time and support to recover after critical incidents
  - Team-based support and leaders who understand field realities
- When staff feel **safe, effective, seen, and supported**, they stay, grow, and do this work well over time.

Workforce Education and Training (WET)

- There are two different sources of funding for Workforce and Education Training (WET) programs in California:
  - Behavioral Health Services Act (BHSA): direct treatment, recovery supports, housing for SMI/SUD
  - Health Care Access & Information (HCAI): support workforce development initiatives that will address identified workforce gaps that impede care and services, e.g. increase peer supports, career pathways and CLAS care delivery
- Behavioral Health Services Supports (BHSS) funds, if chosen, and are optional. **MUST** be used to:

Supplement workforce activities funded through BH-CONNECT and other state-administered programs.

Create WET programs within the county that complement state-administered workforce programs.

Linked Here: Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Initiative

SOURCE(S): California Department of Health Care Services, 2025; California Department of Health Care Access, 2026

Workforce Education and Training (WET)

WET allowable activities counties may use to address AFBSS workforce gaps:

- Workforce recruitment, development, training, and retention
- Peer support training and career ladder pathway development
- Professional licensing and/or certification testing and fees
- Loan repayment
- Retention incentives and stipends
- Internship and apprenticeship programs
- Continuing education
- Training that address culturally linguistically appropriate services (CLAS) needs
- Efforts to increase the racial, ethnic, and geographic diversity of the behavioral health workforce
- Staff time spent supervising interns and/or residents who are providing direct county behavioral health services through an internship or residency program

SOURCE(S): California Department of Health Care Services, 2025.

Ideas in Action

» What do your supervisors need to better support their teams?

Workforce Field Safety

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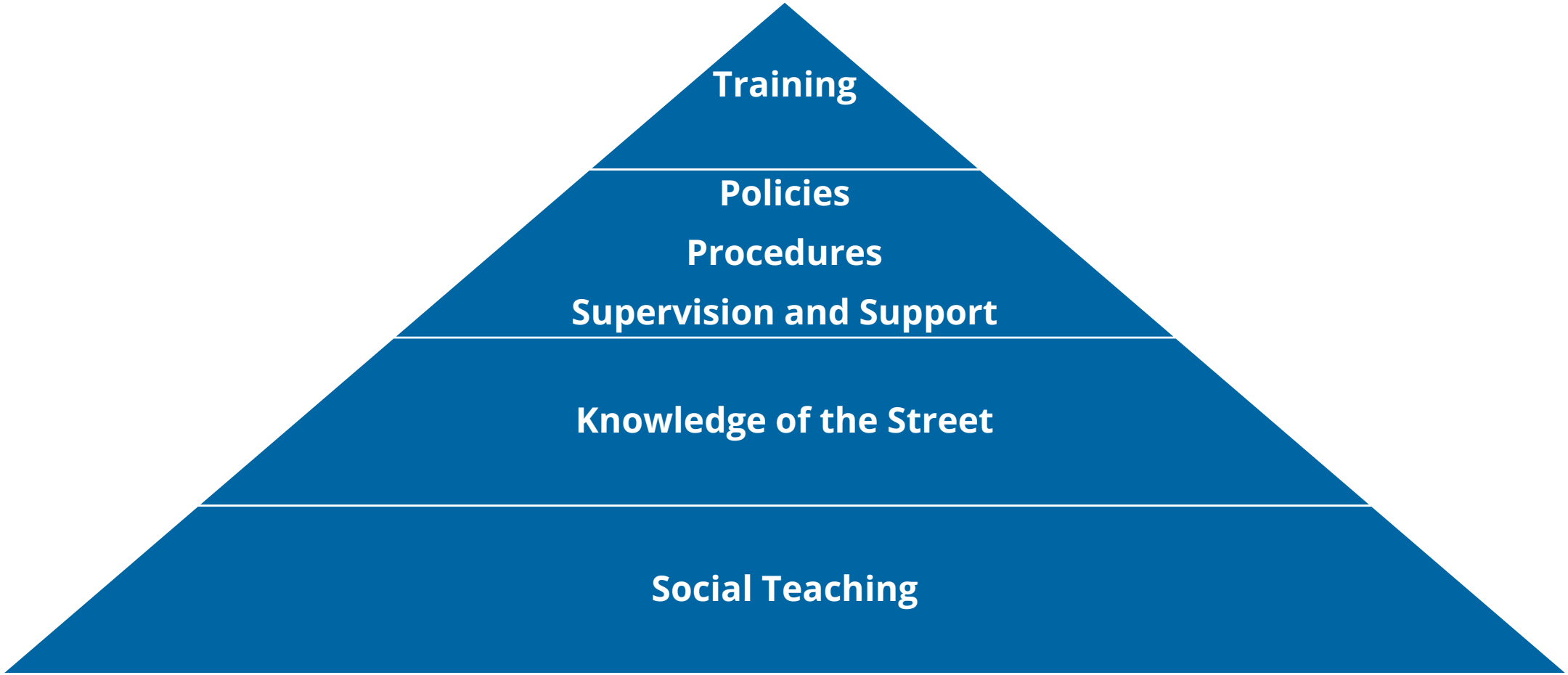
Field-Based Safety Framework



SOURCE(S): Keck School of Medicine of USC, n.d.

Promoting Safety in Mobile Street Outreach: Key Safety Best Practices

» **Team Approach and Communication**
- Never work with less than two team members and be able to contact each and have safety code words.

» **Preparation and Situational Awareness**
- Inform a designated offsite staff person of the planned route and estimated return time.

» **Engagement and Behavior**
- Announce your arrival loudly, maintain personal space and eye.

» **Safety Protocols and Training**
- All mobile unit staff must complete a safety training prior to going in the field and renew every two years.

» **Attire and Equipment**
- Wear comfortable, casual clothing with organization identification, don't take valuables or excessive equipment.

» **Post- Interaction Support**
- Team debriefs are essential, and Incident Reporting should document safety concerns.

Promoting Safety in Mobile Street Outreach: Training and Procedures

Crisis Training

- Overdose prevention.
- De-escalation techniques.

Boundary Setting

- Ensure workers can safely disengage from uncomfortable situations.
- Never give out a personal phone or contact number, never offer personal items or cash.

Vehicle Safety

- Before exiting the vehicle, circle the area once and park in a well-lit spot that allows for an easy exit.
- Lock vehicles and secure any sensitive client information or medications.

Supervisors Can Promote Safety in Mobile Street Outreach

» Preparedness and Communication

- Maintain an up-to-date emergency contact list for all personnel operating mobile units or conducting outreach.
- Ensure every worker has access to a functional cell phone.
- Install required safety applications on phones and provide training on their use.

» Safety Planning

- Collaboratively develop dynamic safety plans with staff.
- Update safety plans as conditions, risks, or operational factors change.

» Response to Threats or Violent Incidents

- Attend to the needs of workers, coworkers, and affected clients or patients.
- Offer ample opportunities for debriefing and provide trauma counseling.
- Communicate incidents to relevant staff.

» Incident Reporting and Follow-Up

- Document all incidents thoroughly in a written report.
- Immediately notify appropriate leadership or staff of serious incidents.
- Assess whether legal action may be necessary and initiate as appropriate.

Ideas in Action

» Consider a safety system you will adopt in implementing AFBSS.

In Summary

- Field-based work requires multidisciplinary teams that work in collaboration with providers and CBOs that work inside the four walls.
- Field based teams take the care to the client.
- There are specific competencies and attributes that help them to be resilience in the field.
- Training, policies, procedures, knowledge of the street, and social teaching are essential for safety.
- Supervisors play a key role centering safety for field workers.

Questions?

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