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Recruitment and Retention of School Mental Health Providers

Part 1: An Overview

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Recruitment and Retention of School Mental Health Providers—Part 1: An Overview

Adam S. Wilk, Ph.D.
Rollins School of Public Health, Emory University
December 2, 2020
DISCLAIMER

The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).
Learning Objectives

1. Understand the essential roles of workforce in achieving high-quality school mental health services systems

2. Describe potential approaches to improve recruitment and retention of the school mental health workforce

3. Discuss the evidence about best practices in recruiting and retaining school mental health providers

4. Identify key resources on developing the school mental health workforce
Mark D. Weist, Ph.D., M.S., M.A.
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Recruitment and Retention of School Mental Health Providers
Part 1: An Overview

Mark D. Weist and Samantha Martinez
University of South Carolina
December 2, 2020
Sincere thanks are extended to

The South Carolina:
- Department of Mental Health (SCDMH)
- Department of Education (Office of Special Education Services)
- BlueCross BlueShield Foundation

Courtnie Collins, Darien Collins and the UofSC School Behavioral Health Team

National Centers for School Mental Health, and Positive Behavioral Interventions and Supports
Outline

• “Expanded” School Mental Health (SMH)
• Partnerships Between the Education System and Mental Health Workforce
• National Centers for SMH and Positive Behavioral Interventions and Supports (PBIS)
• SMH in South Carolina (and some Resources)
• Recruitment into SMH and the John H. Magill Certificate Training Program
“Expanded” School Mental Health

• Full continuum of effective mental health promotion and intervention for students in general and special education

• Reflecting a “shared agenda” involving school-family-community system partnerships

• Collaborating community professionals (not outsiders) augment the work of school-employed staff
Maternal and Child Health Bureau/Health Resources and Services Administration

• *Mental Health in Schools Initiative, 1995*

• Two National Centers
  • University of Maryland School of Medicine
  • University of California, Los Angeles

• Five States
  • Kentucky, Maine, Minnesota, New Mexico, South Carolina

• Initial leadership by project officers Juanita Cunningham Evans, and Dr. Michael Fishman
NCSMH now in its 25\textsuperscript{th} year, see \url{www.schoolmentalhealth.org}
Partnerships Between the Education System and Mental Health Workforce

• Mental health systems embrace comprehensive school mental health and proportionally allocate more staff to work in schools

• Clinicians join schools’ multi-tiered systems of support (MTSS), best articulated in well-done Positive Behavioral Interventions and Supports (PBIS), involving promotion/prevention at Tier 1, early intervention at Tier 2, and more intensive intervention at Tier 3

• Formal memorandum of agreement (MOAs) support clinicians as equal partners in the school including full access to information and active involvement on school MTSS teams
National Center on PBIS, now in its 22nd year, see www.pbis.org
ADVANCING EDUCATION EFFECTIVENESS:
INTERCONNECTING SCHOOL MENTAL HEALTH AND SCHOOL-WIDE POSITIVE BEHAVIOR SUPPORT

EDITORS: SUSAN BARRETT, LUCILLE FJOER, & MARK WEIST
Advancing Education Effectiveness: Interconnecting School Mental Health and School-Wide PBIS

Volume 2: An Implementation Guide

By: Lucille Eber
Susan Barrett
Kelly Perales
Jennifer Jeffrey-Pearsall
Katie Pohiman
Robert Putnam
Joni Splett
Mark D. Weist

Southeast Mental Health Technology Transfer Center
Alabama | Florida | Georgia | Kentucky | Mississippi | North Carolina | South Carolina | Tennessee
Key Features of the Interconnected Systems Framework for SMH and PBIS

Work is guided by District-Community Leadership Team, with broad stakeholder involvement

MOAs are carefully developed and ideally include funding to support clinician involvement on the MTSS team and at Tiers 1 and 2

There is a strong emphasis on data-based decision making, and selecting and refining the right evidence-based practices across tiers with a system for implementation support

Interventions are layered together across tiers and there is an emphasis on alignment (eliminating practices that are not working)
Without these emphases

There is a tendency toward co-located practices, limited to treatment only, often for a small number of students with insurance (commonly Medicaid)

Efforts are less effective

Clinicians are not integrated into the school and will feel isolated

Retention of clinicians will be harder, related to poorer quality of their work life
Mental Health – Education Integration Consortium
MHEDIC

Established in 2002

*Kindred spirits* trying to bridge cultures and move toward integration of staff from mental health and education systems

Contributed to comprehensive guidance from SAMHSA on improving the mental health workforce (see next)

Identifying key competencies for mental health staff to work effectively in schools and for educators to better understand and promote mental health
Chapter in SAMHSA book

Roles of School-Employed MH Staff (in some instances)

- Course scheduling
- Attendance monitoring
- Examination monitoring
- Career guidance
- Logistics assistance
  - See Steve Evans, Ohio University
School Mental Health (SMH) in South Carolina
School administrators indicated:

- Students would not be able to access care without clinician involvement (87%)
- Services are sensitive to the needs of the school (94%)
- Services contribute to a positive working environment (91%)
- Clear behavioral improvements are noticed among students (80%)
- Would recommend the program to other schools (97%)
Survey Continued, School Administrator Recommendations

- Reduce splitting of staff across schools
- Improve school-mental health center communication
- Decrease latency between referral and treatment start
- More parent education/involvement
- Increase crisis intervention services and provide a balance of them with treatment and more preventive services
Key Aspects of SMH in SC

• Maintained a public mental health system, with 16 mental health centers serving all 46 counties

• Roughly two-thirds of the state’s 1260+ schools include a clinician from the mental health system (telepsychiatry now in 135 schools)

• Over 500 SMH clinician positions

• Very strong partnership between the state education and mental health systems and strong support from the Governor and State Legislature for expansion (in 2019 roughly $6 million allocated)

• Goal to have at least a half-time clinician in all schools in the next few years (formerly was 2022)
But, SMH workforce recruitment and retention can be a challenge

- Many students in mental health graduate programs have limited awareness of career opportunities in schools
- Clinicians generally not trained to work in schools
- Mental health – school district partnerships could be improved in some cases
- Some regions in the state have a hard time recruiting people to work there generally (i.e., for many different professions)
- Experience and training requirements of the mental health centers for staff to work in schools may be daunting
The John H. Magill SMH Certificate Program

- Graduate students in their last year (social work, counseling, psychology)
- Complete 600 internship hours through one of the SCDMH 16 mental health centers
- Obtain extensive clinical experience to include shadowing, co-therapy with DMH clinicians, and ultimately direct service delivery
- Interns also gain experience in case management client engagement) and participating in interdisciplinary teams
- Complete 30 hours of professional development
University of South Carolina
School Behavioral Health Team, Department of Psychology
see www.schoolbehavioralhealth.org/basc

USC Team: Mark Weist, Taylor Davis, Erin Scherder, June Greenlaw, Tricia Motes, Kelley McCarthy, Frances Bradshaw, Darien Collins, and Bob Stevens
April 15-16, 2021
Myrtle Beach, SC (in-person and virtual)
Realm 2- Virtual Enhancements

BASC’ing in the Spotlight

Spotlighting Travis Hodges, School Bus Driver

Working Through It Wednesday

Caregiver Corner

Pitfalls of FBA with Dr. Anderson

Funny & Skills Based Videos

Video Playlist on Youtube: Southeastern School Behavioral Health Community
Other Internship Aspects

- Interns are paid (around $11/hour)
- Receive training in DMH policy and procedures, and demonstrate competencies in core service and other (e.g., using the electronic health record) requirements
- Complete comprehensive assessments
- Learn about MTSS by observing at least two MTSS or PBIS meetings
- Participate in at least six interdisciplinary/treatment team meetings
- Lead or co-lead at least three group therapy sessions
Benefits to Students

• Paid internship
• Clinical experience with diverse students/families
• Gain competencies in all aspects of effective SMH
• Meets graduate program requirements
• Enter the SCDMH system more rapidly as a credentialed clinician
• Have the ability to participate in one of the leading SMH programs in the nation
Benefits to SCDMH Centers

• New or strengthened relationships with graduate training programs
• Expanded preventive and clinical services
• Recruitment of talented staff into SMH
• Diversified experience for supervisors
• Helping to meet statewide goal to significantly expand the SMH workforce
4 Universities
UofSC, Winthrop, FMU, The Citadel

6 Mental Health Centers
Lexington, Catawba, Pee Dee, Waccamaw, Charleston Dorchester, Berkley

7 Students

$60,000
Committed for Salaries/Benefits
First cohort involved February through summer, 2019
Outcomes of Cohort 1

• n=5
• Five students were offered a position at SCDMH
• As of 2019, four of them were SMH clinicians
Lessons learned from Cohort 1

Expand professional development
Improve the application process
Expand recruitment through enhanced communication, social media use and other
Broaden outreach to relevant universities (including across state lines provided interns express commitment to working in SC)
Develop a manual to improve clarity and streamline processes
8 University Programs
UofSC; The Citadel; MUSC; Clemson University; Simmons University; Liberty University; Troy University; Webster University

8 Mental Health Centers
Lexington, Columbia, Pee Dee, Deaf Services, Greenville, Santee-Wateree, Aiken, Tri-County

10 Students

$90,000
Committed for Salaries/Benefits

Second cohort involved beginning in summer, 2019
Application to the SC BlueCross BlueShield Foundation (to start 1.21 if funded)

• Strengthen the John H. Magill Certificate Training Program
  • Reaching out to more universities (including in neighboring states), more graduate majors, on-line training programs, and begin outreach to students when they start graduate school

• Expand recruitment efforts downward:
  • To undergraduate students to share benefits of SMH career and pathways to it
  • To high school students to help develop interest in SMH and mental health related majors in college (e.g., psychology, social work, counseling)
Thank you!

Mark Weist – weist@sc.edu
Samantha Martinez – stm1@email.sc.edu
Recruitment and Retention of School Mental Health Providers: Strategies and Key Resources

Janet Cummings, Ph.D.
Rollins School of Public Health, Emory University
December 2, 2020
About me…

• Project Director, Southeast MHTTC School Mental Health Initiative

• Mental health services researcher
Overview

• Describe potential approaches to improve recruitment and retention of the school mental health workforce

• Discuss the evidence about best practices in recruiting and retaining school mental health providers

• Identify key resources on developing the school mental health workforce
Background

Schools represent an important point of access to mental health care services for school-age youth

Shortage of school mental health providers

- Challenges in recruitment and retention
- Declining quality of school mental health
Our Approach

- Reviewed literature and resources on recruitment and retention of (school) mental health providers

- Brief report — “Recruitment and Retention of School Mental Health Providers: Strategies and Key Resources”
  - Organizational approaches
  - Policy-level approaches
  - Key resources
Organizational Approaches

1.1 Data collection and monitoring

1) Quantitative: e.g., rates of retention/turnover, length of tenure

2) Qualitative: e.g., job satisfaction interview, job exit interview

➢ Key Resource: SAMHSA Toolkit
Organizational Approaches (Cont.)

1.2 Recruitment Strategies

1) Market your organization
2) Develop a job description
3) Recruit using creative methods (e.g., early-pipeline programs)
4) Recruit a diverse workforce
5) Screen for the right candidate (e.g., realistic job preview)
Organizational Approaches (Cont.)

1.3 Retention Strategies

1) Orientation and onboarding
2) Professional development
3) Career Advancement
4) Recognition and reward
Organizational Approaches (Cont.)

1.3 Retention Strategies (Cont.)

5) Reduce workplace stress (burn-out, compassion fatigue, secondary trauma stress, etc.)

➢ Resources: [SAMHSA Toolkit](https://www.samhsa.gov), [NCSMH Handbook on Funding and Sustainability](https://www.ncbi.nlm.nih.gov)

6) Foster a diverse, equitable, and inclusive work environment

7) Tele-mental health
Policy-level Approaches

2.1 Data collection and monitoring

2.2 Incentives for providers to work in rural/shortage areas

- Resource: The National Rural Recruitment and Retention Network (3RNet)

2.3 Field de-stigmatization

2.4 School mental health policies

1) Financial support for school mental health positions
2) Non-test score performance measures (e.g. SB 1458 in CA)
About Best Practices

Opportunities to help uncover best practices in recruiting and retaining school mental health providers:

3.1 For community mental health agencies and schools
3.2 For policy-makers
3.3 For the research community
4.1 The Recruitment and Retention Toolkit: http://toolkit.ahpnet.com/

- Compiled by Substance Abuse and Mental Health Service Administration
- Includes nine chapters about the identification, selection, recruitment, and retention of behavioral health providers
- Gathered and distilled “the best content and examples available” from across the web
Key Resources

4.2 National Center of School Mental Health (NCSMH)

- A 25-year-old center aimed at strengthening policies and programs in school mental health

- Publications:
  - Funding & Sustainability
  - Teaming
Key Resources

4.3 The New Mexico *Health Care Work Force Data Collection, Analysis and Policy Act of 2011*

- University of New Mexico responsible for data collection and analysis since 2012
- Collect information about (behavioral and other health) providers and their practices at the time of license renewal
- Annual report of key findings and policy recommendations

(Altschul et al. 2018)
Forthcoming brief report:

Recruitment and Retention of School Mental Health Providers: Strategies and Key Resources
Thank you!

Contact: seschoolmh@gmail.com

Twitter: @_JanetCummings
References:
Please complete our evaluations:

https://ttc-gpra.org/P?s=516732
Thank you for Participating!

Certificate of Attendance
Southeast MHTTC Awards

Recruitment and Retention of School Mental Health Providers Part 1: An Overview

1 Contact Hour - December 2, 2020

Southeast (HHS Region 4)

MHTTC Mental Health Technology Transfer Center Network

Registered by Substance Abuse and Mental Health Services Administration

Register for
Part 2 – Innovative Strategies
Dec. 16, 12-1pm ET

If you have additional questions or suggestions please email us at:
schoolmh@southeastmhttc.org

Follow us: Twitter @SE_MHTTC & Facebook
SAMHSA’s mission is to reduce the impact of substance abuse and mental illness on America’s communities.

www.samhsa.gov

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