Workforce Challenges & Solutions in Mental Health

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Behavioral Health Workforce

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Network Coordinating Office
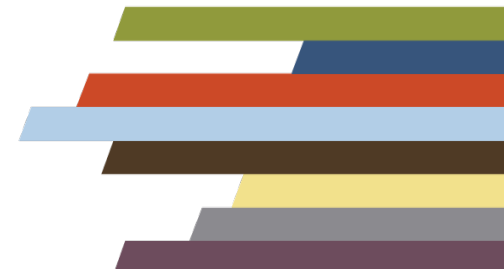**Mental Health Technology Transfer Center Network**

Reminders

- Please mute yourself if you are joining by telephone. To mute/unmute yourself, press *6

- All *computer audio* lines for participants are automatically muted at the start of the session. To unmute yourself, click on the microphone icon to the right of your name on the participant list.

- If you have any questions during the presentation, please enter them in the chat box.
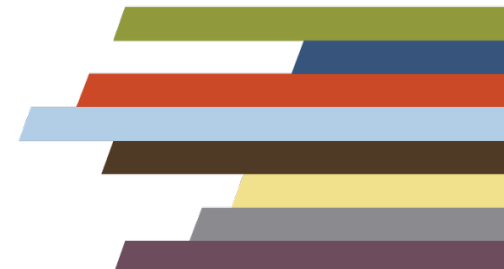
- The MHTTC Network accelerates the adoption and implementation of mental health related evidence-based practices across the nation
    - Develops and disseminates resources
    - Provides free local and regional training and technical assistance
    - Heightens the awareness, knowledge, and skills of the mental health workforce
- 10 Regional Centers, a National American Indian & Alaska Native Center, a National Hispanic & Latino Center, and a Network Coordinating Office
- Funding for this 5-year project began on August 15, 2018.
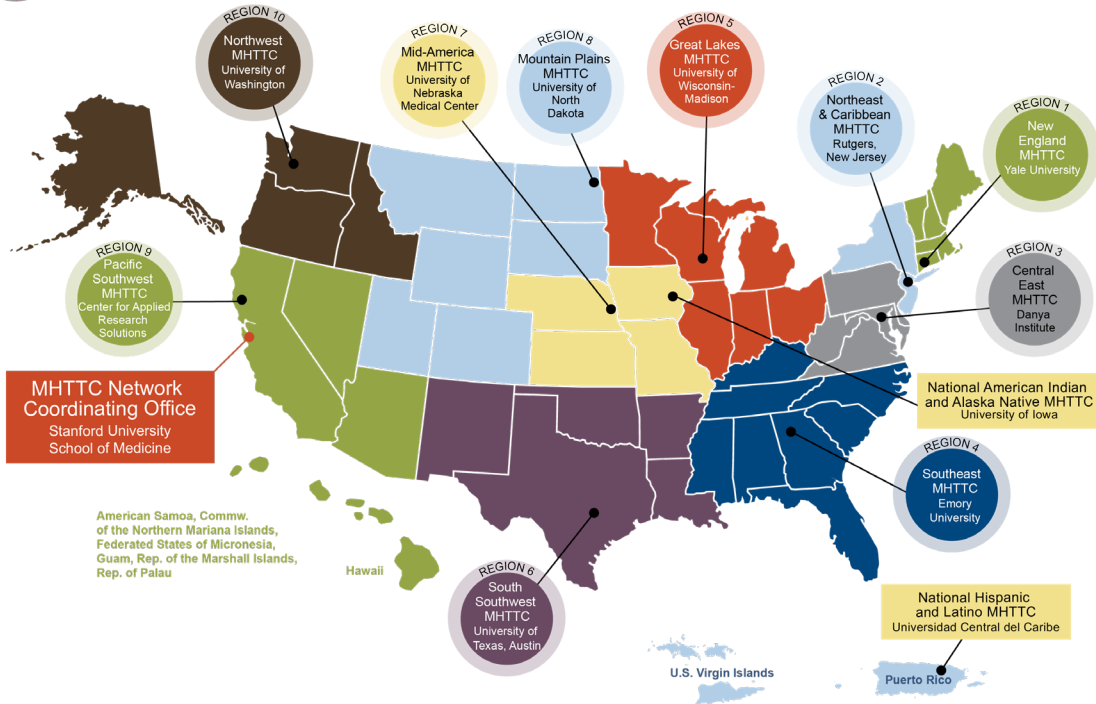- www.mhttcnetwork.org

Connect with the MHTTC in your Region

Visit the MHTTC website and select your center:

www.mhttcnetwork.org

Click on "Your MHTTC"

The New York Times Magazine

This
War's
Medic

Half of what
doctors know
is wrong.

An Accidental Finding

- Study of SUD treatment effectiveness
- Over 16 months:
  - 53% turnover in directors
  - Similar turnover rate among counselors

(McLellan, Carise & Kleber, 2003)

U.S. job openings hit a record 7.1 million, exceed number of unemployed Americans

f 🐦 in 🅵 ✉ 💬 61

Aa 🖨

Americans quitting their jobs at fastest pace in 17 years

By
**JEFFRY
BARTASH**
REPORTER

🐦 ✉

NOW HIRING CRUDE OIL DRIVERS

C WELL SERVICES

Bloomberg News/Landov

Help-wanted signs in North Dakota.

Marketwatch.com

Say Goodbye
Highest percentage of U.S. employed quit their jobs in July since 2001

U.S. quits rate

Source: U.S. Department of Labor

U.S. "Quits Rate" Snapshot in August 2018
Fastest pace in 17 years

Bloomberg.com

THE ANNAPOLIS COALITION
ON THE BEHAVIORAL HEALTH WORKFORCE

- Neutral convener of stakeholders
- Technical Assistance Center
- Developed national *Action Plan*
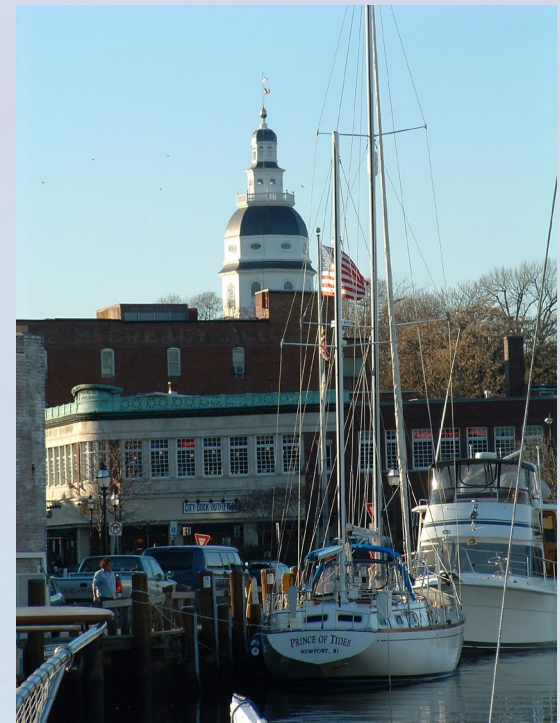
annapoliscoalition.org

The Annapolis Framework

Nine objectives organized into three major categories:

1. Broaden the concept of "workforce"
2. Strengthen the workforce
3. Build structures to support the workforce

Next: A review of nine goals and related best practices

Workforce EBPs & Best Practices

Quality of the Data

- Variable in amount, quality & validity
- Mostly survey, qualitative & anecdotal
- Often outdated

Conclusion

- Formal evidence-base is limited
- Large and valuable literature on "best practices", which is what most of the world uses

Goal 1: Workforce Roles for Patients & Families

Objectives:

- Education about self-care
- Shared-decision making
- Expand peer & family support
- Greater employment as paid staff
- Roles in training the workforce

Peer Support – The Most Profound Change

Major developments & resources

- Competencies
- Curricula, training & certification
- Reimbursement

Pressing Issues

- Role definition
- Acceptance & culture change
- Supervision
- Career development & advancement
- Retention

Yale Program for Recovery and Community Health

Goal 2: Workforce Roles for Community Groups

Objectives:

- Develop competencies of communities
- Teach behavioral health providers to work with community groups

Common in prevention, substance use & rural health

Competency-based training on building coalitions, assessing & addressing community needs

Goal 3: Roles for Health & Social Service Professionals

Objective: Skill development with:

- Primary Care Providers
    - Integrated care
    - Screening & brief intervention
    - Co-location
    - Consultation and referral
- Emergency department personnel
- School personnel

Resources

SAMHSA-HRSA Center for Integrated Health Solutions
eSolutions newsletter

About Us | Integrated Care Models | Workforce | Financing | Clinical Practice | Operations & Administration | Health & Wellness

Glossary   Facebook   Twitter   Listserve   Ask a Question

Home / Workforce   Print

Team Members
Recruitment & Retention
Education & Training
Supervision
Partnerships
Leadership

WORKFORCE

Team Members
Leadership
Recruitment & Retention
Partnerships
Integrated Health Workforce Development
Supervision
Education and Training

Core Competencies for Integrated Behavioral Health and Primary Care

- FULL REPORT
- USING THE CORE COMPETENCIES
- CORE COMPETENCIES:

SBIRT: A Step-By-Step Guide

A Step-By-Step Guide for Screening and Intervening for Unhealthy Alcohol and Other Drug Use

BSAS   MA SBIRT
Asking questions.
Improving health.

Youth Mental Health First Aid USA
FOR ADULTS ASSISTING YOUNG PEOPLE

MARYLAND   NATIONAL COUNCIL FOR BEHAVIORAL HEALTH

Goal 4: Recruitment & Retention

Objectives:

- In the behavioral health field
- In specific professions
- In specific specialties within the field (populations)
- To geographic locations
- In faculty roles
- In BH jobs: direct care, supervisors, managers, directors
- For diversity

Range of Turnover Rates

- Varies greatly by type of position
- Research reports highs of 73% per year
- Anecdotal reports range as high as 150% per year (e.g., full turnover every 9 months)

The Nature of Turnover

- Reasons for turnover (Woltman et al., 2008)
    - 57% Resignation
    - 12% Termination
    - 29% Intra-agency transfer

- Job reassignment within an agency can be as disruptive to service delivery and EBP fidelity as leaving an agency

2011 BH Salary Survey
(National Council, 2011)

Median salary direct care worker in a 24 hour residential treatment program = **$23,000**

Average salary graduate degreed counselor:

- **$41,000** – Addiction outpt & residential)
- **$48,000** – General or psych hospital
- **$58,000** – FQHC

- Behavioral health social workers make $5,000 less than other social workers in health care
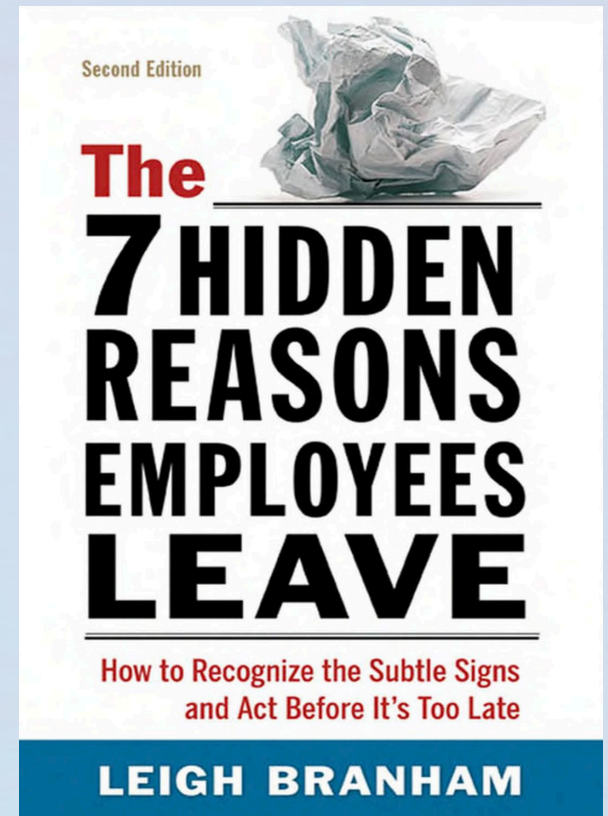- They earn less than fast food manager

'Show me the Money' ???

'Most employers believe that workers leave jobs for more money. But few workers do.'

Leigh Branham

Author

The story differs for low wage employees

Second Edition

The
7 HIDDEN
REASONS
EMPLOYEES
LEAVE

How to Recognize the Subtle Signs
and Act Before It's Too Late

LEIGH BRANHAM

The 7 Hidden Reasons Employees Leave

1. Job or workplace not as expected
2. Mismatch between job & person
3. Too little coaching & feedback
4. Too few growth opportunities
5. Feeling devalued & unrecognized
6. Stress from overwork & work-life balance
7. Loss of trust & confidence in senior leaders

Other Reasons for Turnover

- Caseload size
- Impact of vacant positions
- Lack of role clarity
- Lack of varied work opportunities
- Work environment - absence of effective teams
- Supervisors & managers
    - Number of individuals supervised
    - Direct care workload

SAMHSA Recruitment & Retention Toolkit

1. Build a plan
2. Recruitment
3. Selection
4. Orientation/onboarding
5. Training
6. Supervision
7. Support
8. Recognition
9. Career development

http://toolkit.ahpnet.com

An Innovation

OCCUMETRICS®
Listen and Learn from Your Workforce

- 1. Assess – standardized survey
- 2. Engage – focus groups
- 3. Change – consultation

MHA
Mental Health America
of Franklin County

Ohio | MHAS
MENTAL HEALTH & ADDICTION SERVICES
Promoting wellness and recovery

Annapolis Coalition Learning Collaborative

- RFA issued
- Change Management Teams created
- Learning Collaborative meeting
- Plan development & implementation
- Ongoing technical assistance
- Collaborative conference calls

Central East (HHS Region 3)

MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Great Lakes (HHS Region 5)

ATTC

Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Goal 5: Training: Relevance, Effectiveness, & Accessibility

Objectives:

- Competency development
- Curriculum development
- Evidence-based training methods
- Technology-assisted instruction
- Competency assessment
- Co-occurring competencies in every worker
- Substantive training of direct care workers

Paradox: We persist in using ineffective approaches to teaching

Is it Training or just "Exposure"?

"Rhetoric informed care"
Person Centered, Consumer Directed, Family Driven, Recovery & Resiliency Oriented, Strength-Based, Trauma Informed, Gender Specific, Time Limited, Co-Occurring, Culturally Competent Evidence-Based, Transformative, Preventative, Wrap-Around Care

Effective Teaching Strategies

"No magic bullets"

- Interactive sessions
- Academic detailing / outreach visits
- Reminders
- Audit and feedback
- Opinion leaders
- Patient mediated interventions
- Social marketing

Other Relevant Methods

- Implementation science
- Learning collaboratives
- ECHO model
- Coaching
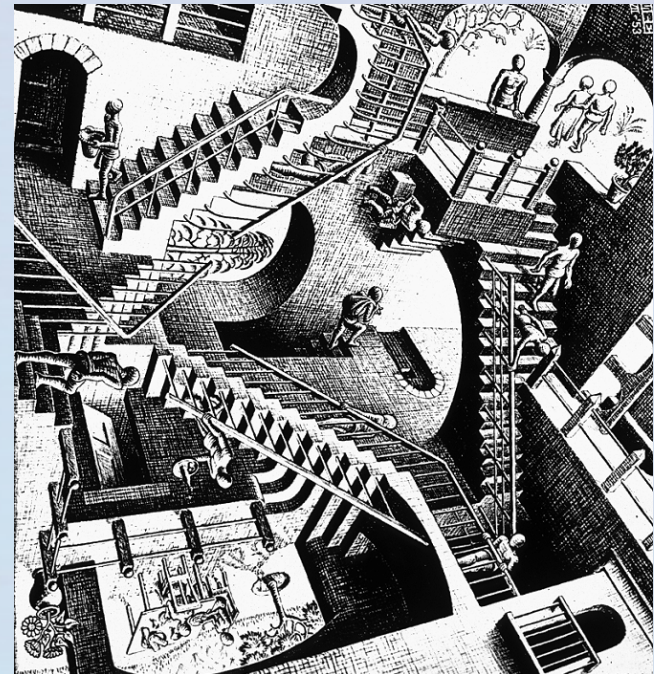
Distance Education

USC Suzanne Dworak-Peck
School of Social Work

Traditional Online MSW

Study full time or part time with our 60-credit online MSW program. Choose one of three departments: Adult Mental Health and Wellness; Children, Youth and Families; or Social Change and Innovation.

Learn more about the curriculum.

Advanced Standing Online MSW

If you already earned a bachelor's in social work, you may be eligible for our 37-credit advanced standing program. Earn your MSW online in as few as 12 months, and pursue licensure sooner.

Learn more about advanced standing.

The MSW curriculum explores content relevant to today's employers, expanding on the program's historic strengths while emphasizing early intervention, prevention and wellness, leadership and effective collaboration, core competencies (evidence-based practices, evidence-informed interventions), and implications of new findings in neuroscience.

Associate of Applied Science in Behavioral Health Support Program

OZARKS TECHNICAL COMMUNITY COLLEGE

BEHAVIORAL HEALTH SUPPORT PROGRAM

- New program – approved by Missouri Department of Higher Education
- Need for entry-level worker with Associate degree - initiated by various interested persons from: Missouri Department of Mental Health & Missouri Coalition of Community Behavioral Healthcare

Interface Between Academia & Employers

- Disconnect:
    - Employer dissatisfaction with professional preparation of grads
    - Educators dissatisfied with lack of best practices in employer settings
- Employers decreasing # of students:
    - Concern about restrictions & burden
    - Competing demands on student time
    - Staff less available to supervise
- Employers fail to see value of student placements as a recruiting strategy

Evidence-Based & Promising Practice Models of In-Home Treatment *(Wheeler Clinic)*

- Developed 14 session graduate level course and *Instructors' Toolkit*

- Trained faculty to teach the course through *Faculty Fellowship* and ongoing consultation

- Arranged guest presenters (providers and families who received services) to enhance student learning and interest

- Students who take the course receive *Current Trends Certificate of Completion*

Achievements To Date

- 32 Faculty fellows trained
- 14 Graduate programs in 9 universities across 3 states have offered the course
  - Required course in 3 graduate programs
  - Regular elective in 8 graduate programs
- Over 600 Students have completed the course
- Families empowered through experience as educators & students highly value their presentations

Ingredients for Success

- Comprehensive & practical resources
- Faculty development
- Alignment with graduate program needs/requirements (accreditation)
- Small financial incentives for start-up
- A meaningful curriculum for students
- Providers and families as educators
- Social marketing
- Alignment with job opportunities

Direct Care Workers

Centers for **Medicare** & **Medicaid** Services

National Direct Service Workforce Resource Center

Road Map of Core Competencies for the Direct Service Workforce

Alaska Core Competencies
for Direct Care Workers in Health and Human Services

Goal 6: Leadership & Supervisor Development

Objectives:

- Improve organizations' supervision policies, standards & support
- Identify competencies
- Curricula & programs
- Continuous leadership development beginning with supervision
- Succession planning

Aurora
Mental Health
Center Live Life to the Fullest

Yale Program on Supervision
supervision.yale.edu

Yale Program on Supervision
www.supervision.yale.edu

Implementation science approach

1. Organizational change
   - Supervision Policy & Standards
2. Staff development at all levels
   - 4 classic functions: admin, quality, professional development & support
   - Consultations & conversations
   - Ongoing learning community

Tailored approach with various systems & organizations in multiple states

CBH
KNOWLEDGE
CENTER

MassHealth

ATTC Clinical Supervision Courses

Clinical Supervision Foundations: Revised Edition

This 14-hour, self-paced course is designed to introduce the terms, topics, and resources essential to clinical supervision. This course is required to participate in the ATTC Network's face-to-face training, Clinical Supervision Foundations Part II. (Note: NASW provides 12.0 Social Work hours for this course.)

Developed by Edna Talboy, Ph.D. in conjunction with the ATTC Network Clinical Supervision Workgroup, the Mid-America ATTC Regional Center, and the ATTC National Office.

Self-Paced

Continuing Education Credit Available

NAADAC (14.0 Hours)

NBCC (14.0 Hours)

NASW (12.0 Hours)

REGISTER NOW AND BEGIN COURSE

http://healtheknowledge.org/course/index.php?categoryid=56

Goal 7: Infrastructure

Objectives:

- Strengthen human resource & staff development functions

- A workforce plan

- Data-driven quality improvement on workforce issues (CWI)

- Information technology to support training, workforce activity, & activity tracking

- EMR to decrease the paperwork burden: variable, redundant or purposeless reporting

BEHAVIORAL HEALTH EDUCATION CENTER OF NEBRASKA

Engage & Recruit Students

Ambassador Program helps students explore careers in behavioral health.

Goal 8: Evaluation & Research

Objectives:

- Improved workforce data and trending

  At the agency and state level

- Documentation & dissemination of effective workforce practices

  The search for innovation

- Evaluation & research on workforce development practices

Goal 9: Financing

Objectives: Adequate service funding and worker compensation

- Service agencies are underfunded
- Workforce size is constrained
- Wages and benefits are suppressed
- Worker caseloads, burden, burnout, and turnover increase
- The economic benefit of pursuing these careers declines
- Recruitment becomes more challenging

States as the Focus

FINAL UPDATE FOR THE 2019 LEGISLATIVE SESSION

FULLY FUNDED Keep the Door Open Budget commitments

Better access to **MEDICATION-ASSISTED TREATMENT**

INCREASED FUNDING for community behavioral health services with the $15 minimum wage

MORE SCHOOL BEHAVIORAL HEALTH SUPPORTS to improve student outcomes

State of Maryland: 22% increase in behavioral health funding over 6 years to cover minimum wage increase.

Override of the governors' veto.

Understanding the National Health Service Corps

A Guide for Community Behavioral Health Providers and Primary Care Partners

Concluding Thoughts

Advocate and Act
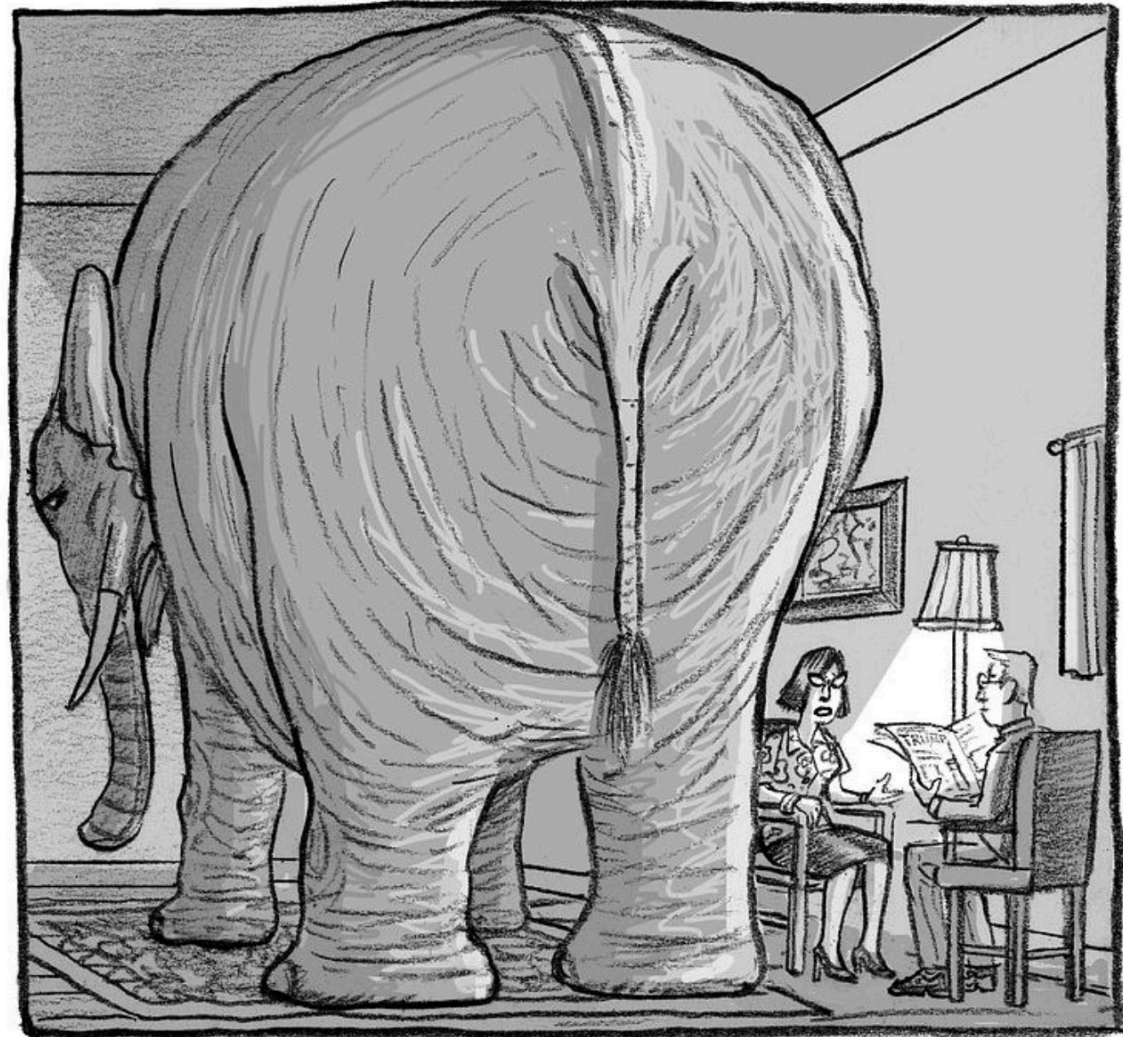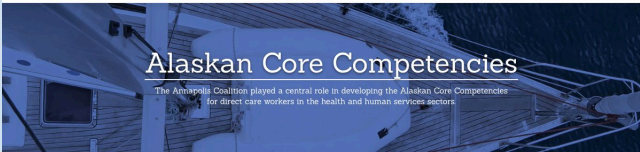
"Actually, it's all we ever talk about."

KUPER

For Additional Information

- Contact the speaker at michael.hoge@yale.edu
- www.annapoliscoalition.org for resources or to sign up for eNews