Washington State Behavioral Health Workforce Recommendations

Workforce Development Workgroup

Joe Avalos, MA, CDP, MHP and Anna Ratzliff, MD, PhD
April 18, 2014

Workgroup Mandate

Second Substitute Senate bill 5732 directed the steering committee to address:

"Identification of effective methods for promoting workforce capacity, efficiency, stability, diversity, and safety."

Workgroup Membership

Community Partners

Donna Allis • **Public Health- Seattle & King County**

Joe Avalos • **Thurston/Mason Alcohol & Drug Coordinator**

Jonathan Beard • **WIMIHRT/UW**

Lucy Berliner • **UW**

Trez Buckland • **NAMI-WA**

Kelly Dang • **King Co. Dept. of Community and Human Services**

Bonnie Edwards • **SEIU- Compass Health**

Brigitte Folz • **Harborview**

Lindsey Grad • **SEIU**

Ray Hsiao • **WA State Medical Association**

Mary Looker • **WA Association of Community and Migrant Health Centers**

Dennis Mahar • **LMTAAA (W4A)**

Heather Moore • **Capital Recovery Center**

Jeff Nogler • **SEIU- Behavioral Health Resources E&T**

Anna Ratzliff • **UW**

Wendy Tanner • **WA Community Mental Health Council**

Joe Valentine • **North Sound RSN**

Chelene Whiteaker • **WA State Hospital Association**

Washington State Agencies

Behavioral Health and Service Integration Administration (DSHS)

Judy Holman • Amy Martin • Kara Panek • Cheryl Wilcox

Washington State Health Care Authority (HCA)

Rebecca Burch • Stefanie Zier

Workgroup Process

- Active involvement of workgroup members with at least 10 to 15 members participating in every meeting and electronic work between meetings.

- Workgroup met eight times for two hour meetings:

  - November 20, 2013

  - December 18, 2013

  - January 13, 2014

  - February 10, 2014

  - February 24, 2014

  - March 10, 2014

  - March 24, 2014

  - April 1, 2014

- A number of potential recommendations were identified and three rose to the top.

Key considerations

- Consider the expanded and evolving workforce serving people with behavioral healthcare needs.

- Be mindful of the varied needs of and solutions for behavioral health providers and clients across the state, including those in rural communities.

- Recommendations should be:

  - Practical

  - Actionable

  - Consistent with existing and successful examples

  - Not overlapping with the work of the evidence-based practice (EBP) workgroup

  - Forward thinking and inclusive

Workgroup Focus

- First task- to scope down the focus to something manageable.

- Looked through a number of different lenses:

  - Identified existing workforce initiatives and potential gaps

  - Reviewed outcome areas described in 1519/5732

  - Considered the legislative directive towards: capacity, efficiency, stability, diversity, and safety

- Identified two areas to address based on current workforce demands:

  - Ways to address geographical access, mindful of the increased demands due to Medicaid expansion

  - Provision of the workforce needs related to health care integration

Recommendations

Address underlying financial barriers which impact the stability of a skilled work force and ensure that recruitment and retention strategies address financial considerations.

Recommendations

Actionable Items:

- Increase reimbursement rates to reflect market conditions to include sufficient funding for providers to hire and retain a competent workforce.

- Provide salaries that are competitive with private practice for each type of provider.

- Offer broader access to student loan repayment for those serving in shortage areas to encourage recruitment of providers.

- Provide for payment of new technology and evolving practices, such as tele-health, consultation, and multidisciplinary team based activities.

Recommendations

To systematically support professional development of a statewide expanded behavioral health workforce to implement consistent treatment models and EBPs aligned with the goals and outcomes designated by DSHS, HCA, and the legislature.

Recommendations

Actionable Items:

- Recognize the shift towards recovery and resilience principles and incorporate this perspective into all behavioral health (BH) workforce development efforts.

- Promote training that requires follow up clinical supervision and practice transformation support to help BH providers integrate evidence-based, research-based, and promising practices.

- Invest time/payment for professional development to promote integrated, team-based practice.

- Work "upstream" with the professional schools to provide certificate training in the evidence-based practices and tele-health.

Recommendations

Actionable Items:

- Expand the use of tele-behavioral healthcare by developing greater access to training, as well as the payment, administrative, and technological infrastructure to support it.

- Target training efforts at the broad and changing workforce serving individuals with behavioral health conditions, including: home care workers, primary care providers, health home care coordinators, community health workers, as well as mental health, problem gambling, and substance use disorder treatment providers.

Recommendations

Provide training and support practice change to promote integrated behavioral healthcare and team based approaches.

Recommendations

***Actionable Items*:**

- Provide training in EBPs and other priority methodologies, including care coordination and client transitions.

- Provide training for reaching and supporting geographically and culturally disparate groups.

- Encourage health and behavioral health providers to work to the greatest extent of their license and/or certification in order to extend the workforce.

- Provide funding to support the incorporation of evidence-based practices and integrated care content in the core curriculum for health and behavioral health professionals at state community college and universities.

Recommendations

- Establish a state institute to engage learners, innovate training methods and approve high quality training in integrated care and practice transformation through collaborative training venues.

- Target training to support broad intermixing and shared experiences for those in direct care including but not limited to:

  - ARNPs
  - Chemical Dependency professionals
  - Community Health Workers
  - Doctors
  - Emergency First Responders
  - Law Enforcement
  - Long Term Care workers

  - Medical Assistants
  - Nurses
  - Peer Providers
  - Physical Therapists
  - Psychiatrists
  - Psychologists
  - Social Workers

Supporting Materials

- SAMHSA Report to Congress on the Nation's Substance Abuse and Mental Health Workforce Issues-January 24, 2013: http://store.samhsa.gov/shin/content/PEP13-RTC-BHWORK/PEP13-RTC-BHWORK.pdf

- Everyday Competence and Fidelity for EBP Organizations: Practical Guide, Produced by: Lucy Berliner, LCSW, Shannon Dorsey, PhD, Georganna Sedlar, PhD, Nathaniel Jungbluth, PhD, and Laura Merchant, LCSW

- Practical Guide for EBP Implementation in Public Mental Health, Produced by: Lucy Berliner, LCSW, Shannon Dorsey, PhD, Laura Merchant, LCSW, Nathaniel Jungbluth, PhD, and Georganna Sedlar, PhD

- Milestones of Recovery Scale (MORS), Dave Pilon, PhD, and Mark Ragins, MD

- Core Competencies for Integrated Behavioral Health and Primary http://www.integration.samhsa.gov/workforce/Integration_Competencies_Final.pdf

- Primary and Behavioral Health Integration: Guiding Principles for Workforce Development, CIHS

- Telephone-Based Mental Health Interventions for Child Disruptive Behavioror Anxiety Disorders: Randomized Trials and Overall Analysis, by: Patrick J. McGrath, PhD, Patricia Lingley-Pottie, PhD, Catherine Thurston, MA, Cathy MacLean, MD, Charles Cunningham, PhD, Daniel A. Waschbusch, PhD, Carolyn Watters, PhD, Sherry Stewart, PhD, Alexa Bagnell, MD, Darcy Santor, Ph.D., William Chaplin, Ph.D.

- http://www.integration.samhsa.gov/workforce/Guiding_Principles_for_Workforce_Development.pdf