Workforce Development in Behavioral Health

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September 13, 2017

HRSA Virtual Behavioral Health Workforce Development Conference
The Behavioral Health Treatment Gap

- Mental Health Conditions
  - 45 million or one in five adults / year
  - 39% obtain treatment

- Substance Use Conditions
  - 22 million or one in ten adults / year
  - 10.8% obtain treatment
Causes of the Treatment Gap

- Stigma and discrimination
- Lack of adequate health care coverage
- Insufficient services
- Inadequate linkages among services
- Inadequate behavioral health workforce: size and preparation
Half of what doctors know is wrong.
The Annapolis Coalition on the Behavioral Health Workforce

- Neutral convener of stakeholders
- Think tank for summarizing relevant literature and ideas
- TA center
- Vehicle for strategic planning and collective action
U.S. National Action Plan on Workforce Development

- Funded by the federal government
- Developed by Annapolis Coalition
- Two years & 5,000 participants
- Identified:
  - Set of Paradoxes
  - Strategic goals & objectives
  - Priority action items by stakeholder
- Broad relevance

www.annapoliscoaliton.org
Paradox 1: We train students for a world that no longer exists
Paradox 2: Those who spend the least time with patients receive the most training
Paradox 3: Training programs often use ineffective approaches to teaching.
Paradox 4: We train behavioral health staff, though patients usually seek help from others.
Paradox 5: Patients & their families receive little educational support
Paradox 6: The diversity of the workforce does not match the diversity of the patient population
Paradox 7: Students are rewarded for “doing time” in our educational systems
Paradox 8: We do not systematically recruit or retain staff
Paradox 9: Once hired, little supervision or mentoring is provided
Paradox 10: Career ladders and leadership development are haphazard
Strategic Goals From the U.S. Workforce Plan

The Annapolis Framework
Three Broad Categories
1. Broaden the concept of “workforce”
2. Strengthen the workforce
3. Build structures to support the workforce
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

Example: Role of peers in decreasing hospital admissions & readmissions
Goal 2: Workforce Roles for Community Groups

Objectives:
- Develop community competencies
- Teach behavioral health providers to work with community groups
- Strengthen connections between behavioral health organizations and their communities

Common in Prevention, Rural Health, & Substance Use
Goal 3: Roles for Health & Social Service Professionals

Objective: Skill development with

- Primary Care Providers
  - Screening & brief intervention
  - Co-location
  - Consultation and referral
- Emergency department personnel
- School personnel
Core Competencies ...

... for Integrated Behavioral Health and Primary Care
Goal 4: Recruitment & Retention

Selected Objectives:

- Implement & evaluate interventions:
  - Salary, benefits, & financial incentives
  - Non-financial incentives & rewards
  - Job characteristics
  - Work environment
- Develop career ladders
- Grow Your Own workforce strategies
Recruiting a Diverse Workforce
Goal 5: Training: Relevance, Effectiveness, & Accessibility

Objectives:

- Competency development
- Curriculum development
- Evidence-based training methods
- Substantive training of direct care workers
- Technology-assisted instruction
- Co-occurring competencies in every staff member
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
Direct Care Workforce – Alaskan Core Competencies

1. Cross-sector set of core competencies
2. Assessment tools
3. Comprehensive curriculum
4. Train-the-trainer learning communities
5. Coaching toolkit
6. Marketing materials
7. Implementation cost model
Goal 6: Leadership & Supervisor Development

Objectives:

- Improve organizations’ supervision policies, standards & support
- Identify leadership and supervisor competencies
- Competency-based curricula & programs
- Formal, continuous leadership development in all sectors beginning with supervision
- Succession planning
Why Focus on Supervisors?

- More stable workforce – less turnover
- Large sphere of influence (lever)
- Less of them (more cost-efficient)
- Bridge from administration to direct care staff
- Undermine new policies & practices if not thoroughly involved

“If you could only do one thing….”
Increased Need for Supervision

1. Increased case-loads
2. Shift from facility to community care
3. Greater autonomy
4. Individual complexity (co-occurring)
5. Greater risk (risk assessment & mgmt)
6. Service complexity (EBPs)
7. Systems complexity
Yale Program on Supervision

www.supervision.yale.edu
Implementation science approach

1. Organizational change
   - Supervision Policy & Standards

2. Staff development at all levels
   - 3 classic functions (admin, education, support)
   - Consultations & conversations
   - Ongoing learning community

Tailored approach with various systems & organizations in multiple states
Another Paradox: Healthcare systems often undermine the competent performance of individuals
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
Connecticut Workforce Collaborative

- SAMHSA funded “Transformation”
- Commissioner driven workforce focus
- Statewide workforce collaborative providing planning & oversight
- Interventions on: higher education curriculum reform; supervision; leadership development (parent & professional); peer run employment services
- Lessons about sustainability
Goal 8: Evaluation & Research

Objectives:
- Improved workforce data and trending
- Documentation & dissemination of effective workforce practices
- Evaluation & research on workforce development practices

The search for innovation…
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
Advocate and Act

20 Strategies for Building a Strong Workforce
For Additional Information

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