

Behavioral Health Workforce Development: Advocacy & Action

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Causes of the Treatment Gap

- Stigma and discrimination
- Lack of health care coverage
- Insufficient services
- Inadequate linkages among services
- Inadequate behavioral health workforce: size and preparation



The New York Times Magazine

MARCH 16, 2003 / SECTION 6

**This
War's
Medic**

A photograph of a person's bare back, showing the shoulder blades and spine. A dark, elongated leech is attached to the person's left shoulder blade. The background is dark, making the person's skin stand out.

**Half of what
doctors know
is wrong.**

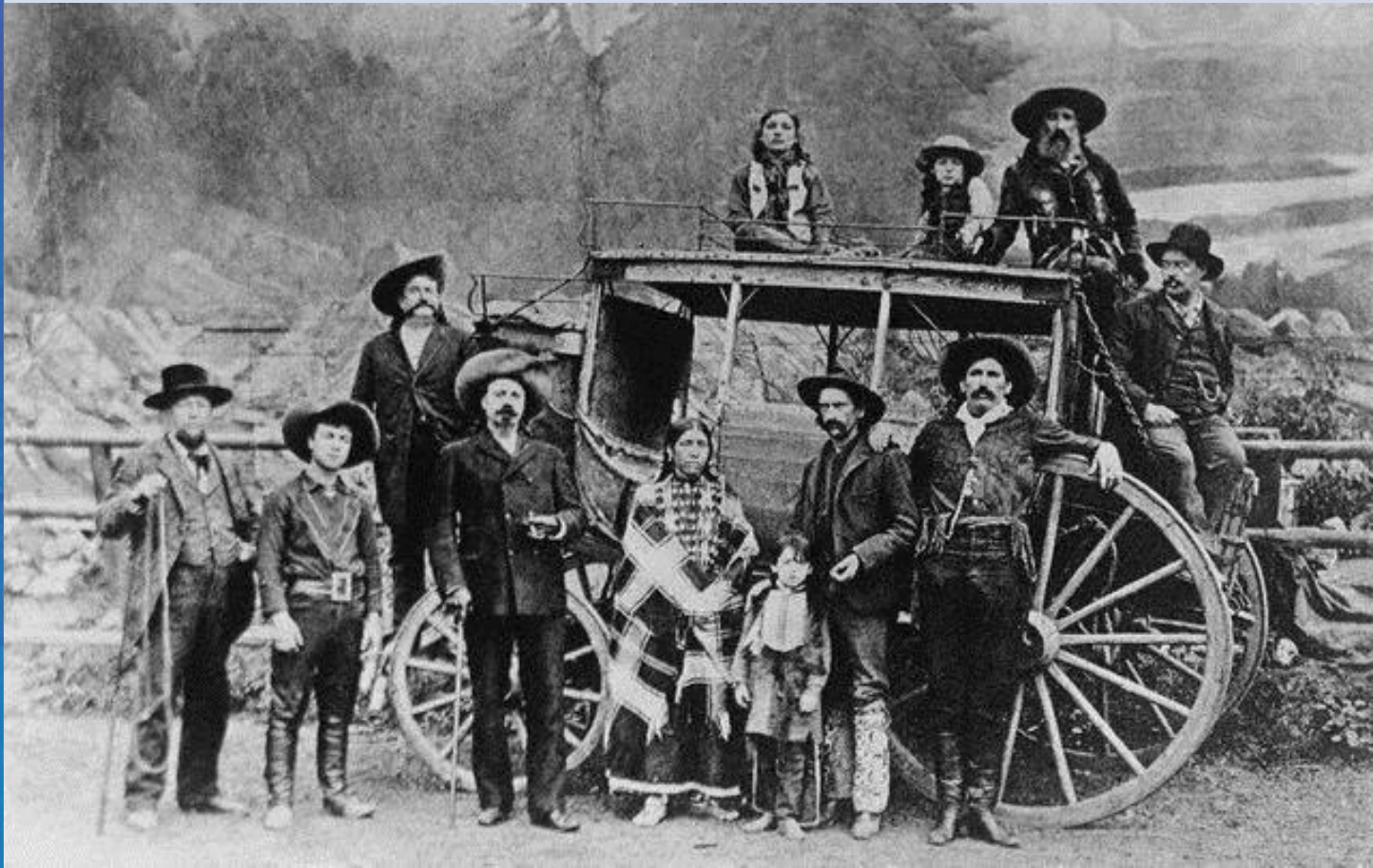
U.S. National Action Plan on Workforce Development

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

www.annapoliscoalition.org



Paradox 1: We train students for a world that no longer exists



Paradox 2: Those who spend the least time with clients receive the most training



Paradox 3: Training programs often use ineffective approaches to teaching



Paradox 4: We train behavioral health staff, though clients usually seek help from others



Paradox 5: Clients & their families receive little educational support



Paradox 6: The diversity of the workforce doesn't match the diversity of the client population



Paradox 7: Students are rewarded for “doing time” in our educational systems



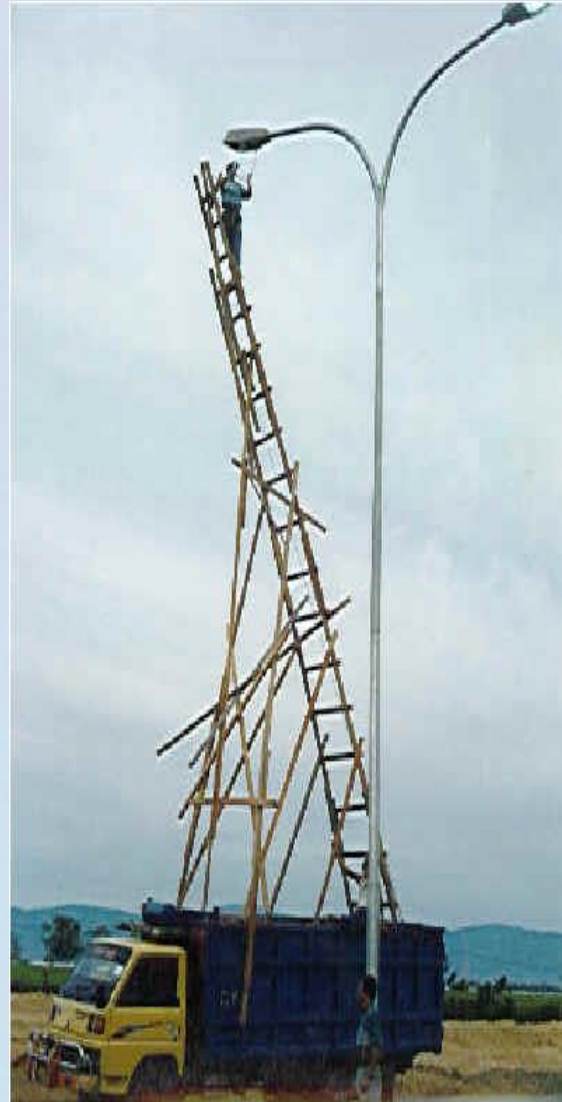
Paradox 8: We do not systematically recruit or retain staff



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: Use of peers to decrease 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



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



CORE COMPETENCIES FOR INTEGRATED
BEHAVIORAL HEALTH AND PRIMARY CARE



SAMHSA-HRSA
Center for Integrated Health Solutions

NATIONAL COUNCIL
ON INTEGRATED HEALTH CARE
ADVANCING INTEGRATED HEALTH AND WELL-BEING
Healthy Mind. Healthy Connections.

SAMHSA
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

www.integration.samhsa.gov

JANUARY 2014

The Competency of Individuals and Teams





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

Alaskans as pioneers





Recruiting a Diverse Workforce



Recruitment & Retention Strategies

- National Health Service Corp
- Minority Fellowship Programs
- Publicizing careers & pathways
- Developing career ladders
- “Grow your own”
- Recruiting through existing employees
- Supervision & mentoring





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





Goal 6: Leadership & Supervisor Development

Objectives:

- 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

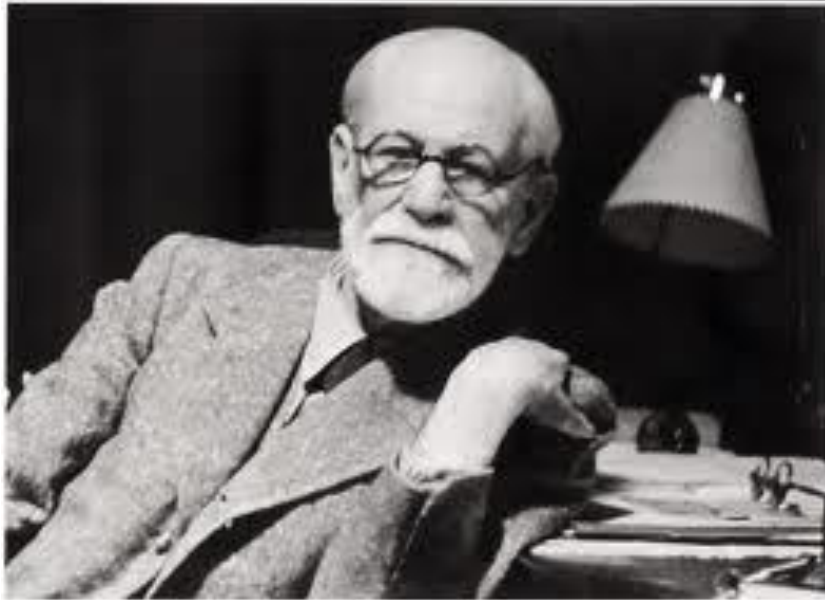
“If you could only do one thing....”



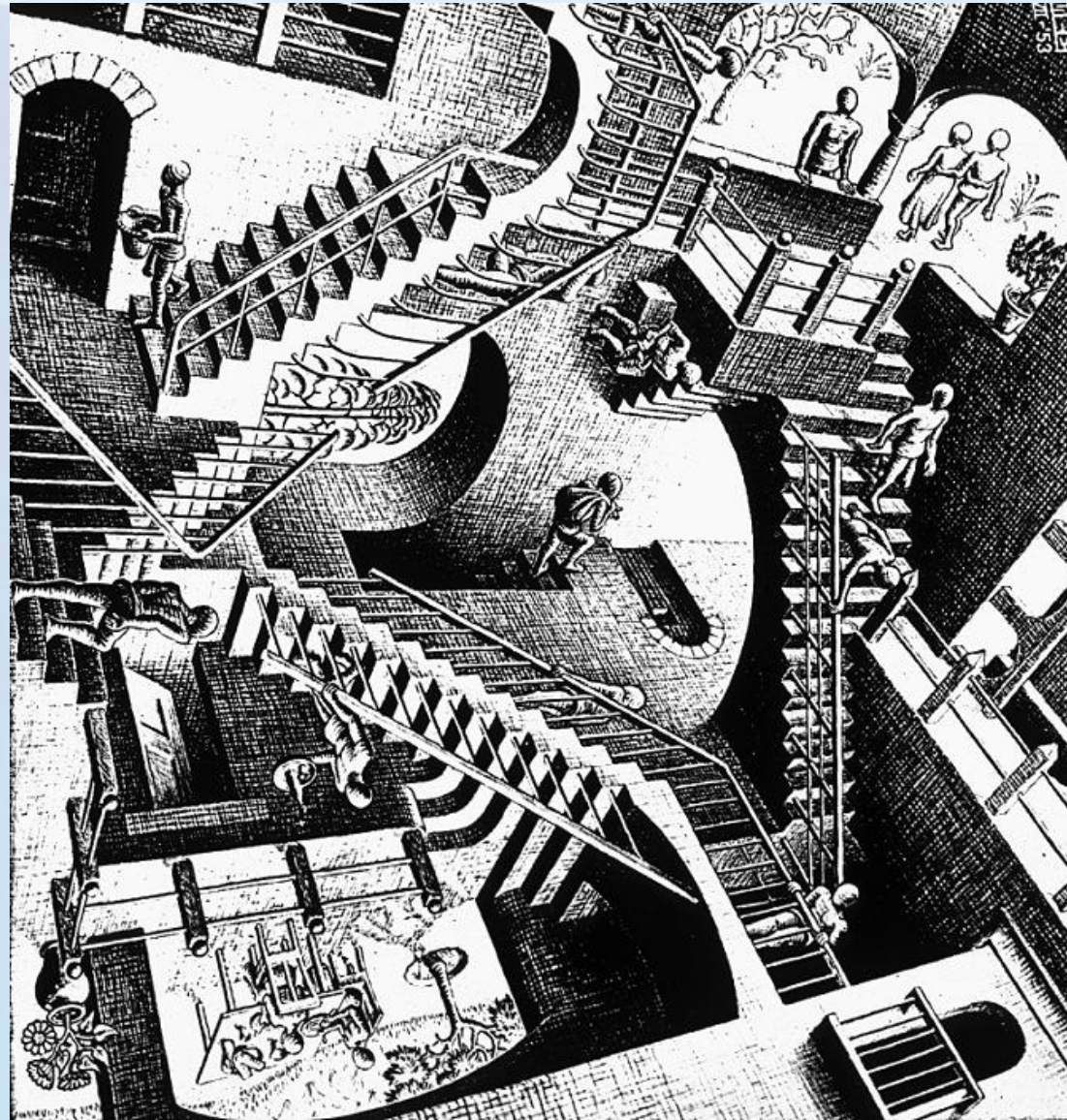
Supervision OR Surveillance?



The Many Roles & Functions of Supervisors



Another Paradox: Healthcare systems often undermine the competent performance of individuals



Goal 7: 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



Goal 8: Infrastructure

Objectives:

- Strengthen human resource & training functions
- A workforce plan
- Data-driven quality improvement on workforce issues
- Information technology to support training, workforce activity, & activity tracking
- EMR to decrease the paperwork burden: variable, redundant or purposeless reporting





Goal 9: Evaluation & Research

Objectives:

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

The search for innovation





Advocate and Act



20 Principles for Building a Strong Workforce

Higher Education Curriculum Reform - CT



- Strong commitment to EBPs for children and families over past 10-15 years:
 - Over 22-25 agencies receiving funding
 - 350-450 positions for masters level clinicians across nine specific in-home family models
- Inadequate workforce:
 - Insufficient applicants for the positions
 - Graduate programs not teaching about EBPs or these models

The Intervention

- Model curriculum: *Current Trends in Family Intervention: Evidence-Based and Promising Practice Models of In-Home Treatment* (3 credit course)
- Comprehensive tool kit
- Faculty fellowship (24 hours)
- Family & provider guest educators
- Financial support for adoption
- Assistance with:
 - Addressing reluctance among faculty
 - Student recruitment



Impact to Date

- 14 graduate programs have participated
 - Standing elective in 8
 - Required course in 4
- 25 faculty trained
- 450 students with certificates
- Positive student and provider feedback



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



Yale Program on Supervision supervision.yale.edu

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Supervision Policy & Standards

- Functions of supervision (administration, education, support)
- Supervision agreement
- Identify supervisory levels
- Minimum frequency, duration, & format of supervision at those levels
- Documentation of supervision
- Supervision qualifications, preparation & continuing education
- Evaluation of supervisor performance



Staff Development

- At all levels of the organization
- Highly interactive “Consultations & Conversations”
- Problem Oriented
- Agreement setting
- Practical strategies across the three core functions
- Managing from the middle
- Supervision problem solving
- Self-care





Building a Culture of Supervision

www.annapoliscoalition.org

eNews sign-up

Committed to Promoting the Development of the Behavioral Health Workforce

Alaskan Core Competencies

The Annapolis Coalition played a central role in developing the Alaskan Core Competencies for direct care workers in the health and human services sectors.

The Annapolis Coalition on the Behavioral Health Workforce is a non-profit organization dedicated to improving the mental health and addictions workforce.



About Us

The Annapolis Coalition on the Behavioral Health Workforce is a non-profit organization dedicated to improving the mental health and addictions workforce.

[Find out more >](#)



Our Work

Since 2001, the Coalition has served as strategic planner, advisor and technical assistance provider on the behavioral health workforce.

[Find out more >](#)



Resources

Currently in development, our Resources page is the portal to a repository of links, articles and other sources related to the behavioral health workforce.

[Find out more >](#)



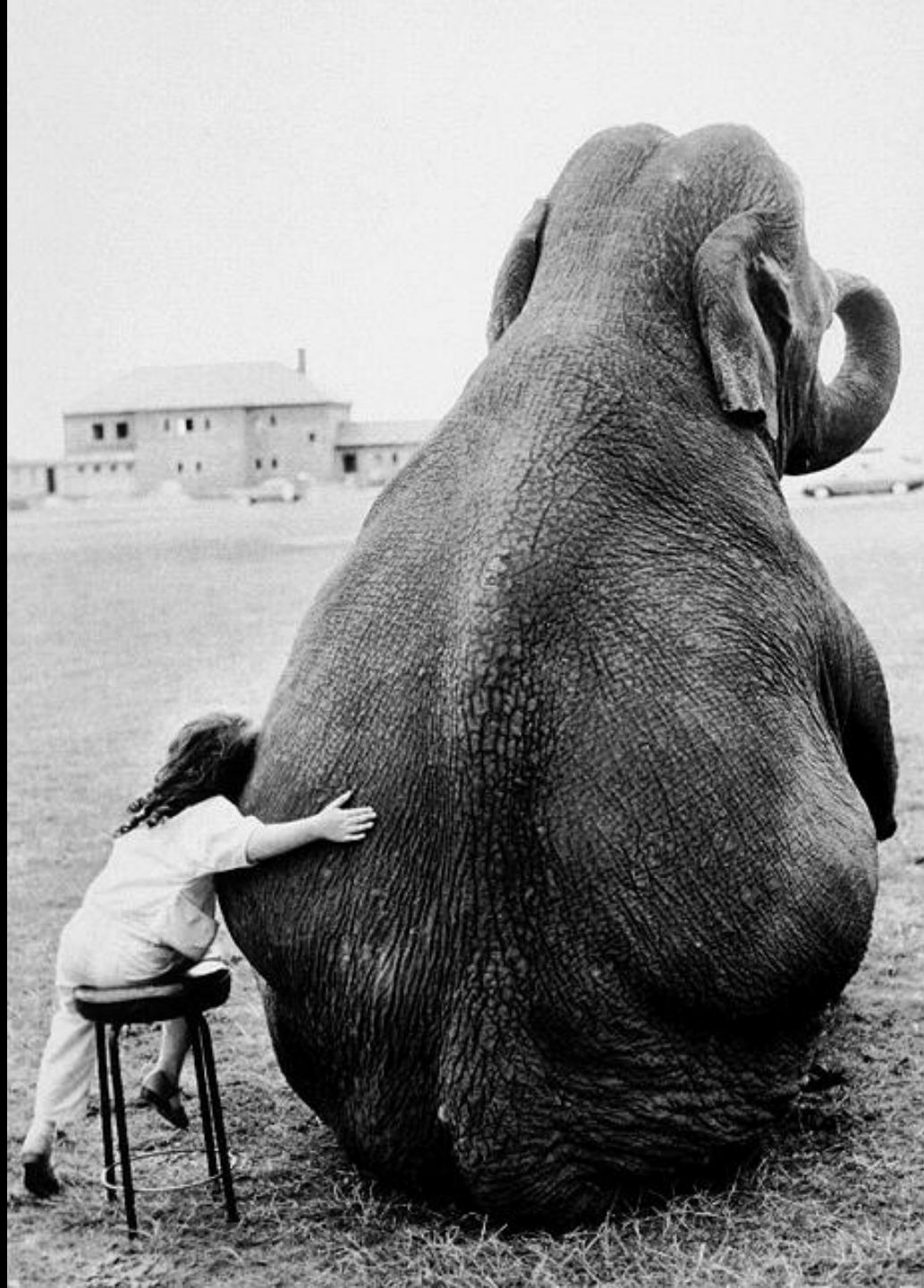
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See what's new in behavioral health workforce development. Sign up for our monthly e-newsletter.

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THANK YOU

