

**THINKING and ACTING
TACTICALLY about
WORKFORCE
DEVELOPMENT~~
A Dialogue**

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Three Decades of Change in Behavioral Health Care

- Shift to community based care
- Managed care
- Patient safety
- Evidence-based practice
- Co-occurring illnesses & medical co-morbidity
- Performance/outcomes measurement
- Consumerism, recovery, & resilience
- Cultural competence



Response of the Field re: Workforce Development

- Typically - delayed & minimal
- Significant erosion in investment in training/workforce development
- Notable exceptions stand as exceptions
- Universal problem irrespective of setting, discipline, or specialty



Some promising resources

- *SAMHSA's An Action Plan on Behavioral Health Workforce Development*
- *CSAT's Strengthening Professional Identity - Challenges of the Addictions Treatment Workforce*
- *2009 ATTC Workforce Survey and plan for 2011*
- *Annapolis Coalition and the Western Interstate Commission for Higher Education's Alaskan Core Competencies for Direct Care Workers in Health and Human Services*
- *Emerging collaborations with Department of Labor and local Workforce Investment Boards*
- *Health Resources and Services Administration workforce development grants (see: HRSA web site)*
- *SAMHSA priority of workforce development (Dr. W. Clark, lead) and development of competencies*
- *SAMHSA/HRSA National TA Center on Workforce in Healthcare Integration/TA Center on BH Workforce*



More promising resources



- Tools: The ATTC Change Book (2002); Addiction Counseling Competencies (TAP 21);
- Guide to Substance Use in Primary Care (TIP24);
- Implementing Science Methodology, (2010)
- Building new collaborations, e.g. Department of Labor, HRSA, et al

Strengthening the Profession (2007)



- Describes challenges today and fact we have an insufficient existing workforce to meet demands per se – not even considering 32% anticipated increase in demand for “Parity” and “Healthcare Reform”
- Describes the current high cost of NOT treating substance use (\$184 billion, Mark et al, 2005)
- Describes demographics of aging, short-stay workforce, low salaries, higher demands for technical competence and needs for special populations: e.g. elderly, adolescents, military, generalist practice, COD, criminal justice, medication misuse, interventionists-health educators, et al.
- Suggests implementation priorities for all including national core competencies standards and ATTC enhancement.

Understanding America's Substance Use Disorders Treatment Workforce: A Summary Report (2009)

- Updates demographics
 - average age 50s; diversity and gender needs; high turnover-low retention
- Anticipates needs 2010-2015 (prior to Reform)
 - insufficient treatment capacity
- Highlights common strategies and methodologies to prepare, retain and maintain the workforce
 - retention: salary, tenure, education, workload
 - need for coordination and research of impact



Front Line Health Workforce - RWJF

- 12+ million employed in broad health care
- 6+ million front line
(non doctorate, nurse)
 - < BA degree
 - < \$40,000/yr
 - > female = 80%
 - > minority = 30%
 - > patient contact care
- 600,000 behavioral health (counseling)
- <http://www.rwjf.org/humancapital/product.jsp?id=21118> “Workers Who Care”



Jobs to Careers (RWJF): Vision

People who choose to work in frontline health and health care jobs have improved skills and advancement opportunities and are rewarded in some manner for this learning.

- Partnerships that include employers, educational institutions and community organizations such as unions, workforce investment boards, etc.
- Focus on system change activities for learning and development (not training)
- Promotion of work-based learning, employer rewards, career paths/compensation for employees



Measures of Success (Jobs to Careers)



- New approaches to learning are established within the educational system
- Partnerships between employers, community colleges and community organizations are created and sustained
- Quality of patient care and services delivered are improved
- Employers will recognize an improvement in retention rates for frontline workforce positions, while employees are rewarded for this education and development

GOAL 3: Implement systematic recruitment and retention strategies at the federal, state, and local levels.

Objectives, Actions, & Levers of Change	Stakeholders
Objective 1: Disseminate information and technical assistance in effective recruitment and retention strategies.	
Action 1: Collect, analyze, and summarize descriptive information and outcome data on recruitment and retention strategies on a routine basis.	
a. Funding to support this initiative is obtained and/or allocated.	Federal Government; Foundations
b. Initial review of strategies and their effectiveness is completed, using a standardized format and updated biannually.	National Workforce TA Structure
Action 2: Provide information and technical assistance in recruitment and retention to behavioral health organizations.	
a. Broadly disseminate the systematic descriptions and reviews to behavioral health organizations and make them publicly available via the Internet.	National Workforce TA Structure
b. Provide additional technical assistance on recruitment and retention through individualized consultation and learning collaboratives.	National Workforce TA Structure
LEVERS OF CHANGE TO ACHIEVE OBJECTIVE 1	
a. Funding to support the completion of the systematic reviews and provision of technical assistance.	Federal Government; Foundations
Objective 2: Select, implement, and evaluate recruitment and retention strategies tailored to the unique needs of each behavioral health organization.	
Action 1: Identify the recruitment and retention needs of each behavioral health organization.	
a. Every behavioral health organization will implement a data-driven continuous quality improvement process using a data set that incorporates variables on recruitment and retention.	Service Providers



GOAL 3: Implement systematic recruitment and retention strategies at the federal, state, and local levels.

b. Routinely survey the demographics and other characteristics of the population served and recruit a workforce of similar composition.	Service Providers
c. Use a quality improvement process, identify recruitment and retention needs, and select interventions to address those needs.	Service Providers
Action 2: Implement and evaluate interventions designed to address the unique recruitment and retention needs of each organization.	
a. Implement and evaluate the effectiveness of selected strategies and modify the interventions using a continuous quality improvement process.	Service Providers
LEVERS OF CHANGE TO ACHIEVE OBJECTIVE 2	
a. Organization leaders prioritize this objective and allocate necessary resources.	Service Providers
b. Strengthen requirements in provider organization accreditation standards for organizations to apply continuous quality improvement to recruitment and retention issues.	Oversight Organizations
Objective 3: Expand financial incentives, such as training stipends, tuition assistance, and loan forgiveness, to increase recruitment and retention.	
Action 1: Convene an expert panel to propose the funding sources, priority areas, and target recipients of increased federal and state financial incentives.	
a. Identify and review (1) federal and state incentives that historically have supported or potentially could support recruitment and retention in behavioral health, and (2) initiatives that provide curriculum, mentoring, and paid internships for high-school, postsecondary, and undergraduate students.	Federal Government, State Governments, Expert Panel on Incentives, National Workforce TA Structure
b. Recommend sources of increased federal financial incentives, and identify geographic priority areas, population priority groups, and target recipients (e.g., mechanisms such as the federally funded minority fellowship program).	Expert Panel on Incentives
Action 2: Increase federal and state financial incentives and evaluate their effectiveness.	
a. Establish priorities, allocate funding, and award support for increased federal and state incentives.	Federal Government, State Governments
b. Rigorously evaluate the degree to which these incentives are successful in recruiting professionals into and retaining them in the behavioral health field.	Education & Training Organizations; Professional & Trade Associations; National Workforce TA Structure
LEVERS OF CHANGE TO ACHIEVE OBJECTIVE 3	
a. Conduct advocacy with federal agencies, Congress, state behavioral health agencies, and state legislatures.	Advocates; Professional & Trade Associations; Service Providers
Objective 4: Provide wages and benefits commensurate with education, experience, and levels of responsibility.	
Action 1: Develop partnerships with federal and state departments of labor focused on employment, wage, and benefit issues.	



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f. Develop products for adoption and adaptation at the state and local levels. Disseminate them broadly and offer technical assistance to behavioral health organizations for implementing local public relations campaigns (Note: local implementation will place considerable emphasis on employee-to-peer recruitment strategies that have been effective in the developmental disabilities arena).	National Marketing Firm; National Workforce TA Structure
Action 3: Create a Web portal that is a comprehensive resource for people recruiting for or seeking positions and careers in behavioral health.	
a. Establish and manage a Web site on behavioral health careers modeled after the Johnson and Johnson, Inc.-sponsored site, <i>Discover Nursing</i> (www.discovernursing.com).	National Workforce TA Structure
b. Establish or link to a Web site that facilitates job placement in behavioral health through employer postings of opportunities and job seeker postings of resumes.	National Workforce TA Structure
LEVERS OF CHANGE TO ACHIEVE OBJECTIVE 5	
a. Federal funding to support development of campaign and offer public relations materials (e.g., brochure templates, public service announcements, etc.) to behavioral health organizations at no charge.	Federal Government; Foundations
b. Strengthen requirements in provider accreditation standards and processes for organizations to effectively recruit and retain a workforce.	Oversight Organizations
Objective 6: Develop career ladders.	
Action 1: Conduct a review of career pathways through educational, certification, and licensing systems.	
a. Map the career ladder of progressive steps in education, certification, and licensure in each state. Identify gaps in the educational, certification, or licensing systems that impede career movement from entry-level, paraprofessional positions to terminal degrees and licensure as an independent professional.	State Behavioral Health Partnerships; State, County, & Local Governments; Education & Training Programs; Professional & Trade Associations; Oversight Organizations
b. Identify the special challenges of and barriers to incorporating persons in recovery and persons of diverse cultural backgrounds into traditional career ladders.	Advocates; Education & Training Programs; Professional & Trade Associations
Action 2: Develop additional curricula, training programs, and certification or licensure procedures to address gaps in the career ladders.	
a. Create curricula and training programs to address gaps in the educational system that prevent advancement.	State Behavioral Health Partnerships; Academic & Training Organizations; Professional & Trade Associations
b. Create additional certifications or licensure processes to ensure that each major educational advancement is accompanied by an associated reward or recognition of that advancement.	State Government; Oversight Organizations; Education & Training Programs
c. Develop curricula and other mechanisms designed specifically to support people in recovery and people of diverse cultural backgrounds in achieving success.	Advocates; Education & Training Programs; Professional & Trade Associations

GOAL 3: Implement systematic recruitment and retention strategies at the federal, state, and local levels.

LEVERS OF CHANGE TO ACHIEVE OBJECTIVE 6	
a. Funding to conduct review, curriculum, and credentialing development.	Federal Government; Foundations
b. Changes in state law and regulation.	State Government
Objective 7: Expand the use of "grow-your-own" recruitment and retention strategies focused on residents of rural areas, culturally diverse populations, and consumers and families.	
Action 1: Develop and distribute technical assistance in existing initiatives to recruit these priority populations into entry-level positions and foster their continued professional development through a career ladder.	
a. Identify and assemble descriptive information, and review evidence of outcomes on existing "grow your own" initiatives.	National Workforce TA Structure
b. Disseminate this information via printed and Web-based media and through direct technical assistance.	National Workforce TA Structure
Action 2: Increase the use of this recruitment and retention strategy with these priority populations.	
a. Increase the number of entry-level training programs targeted to these populations and focused on skills such as case management, outreach and engagement, and interpretive services. Provide or enhance ongoing training, education, apprenticeship, and mentoring opportunities.	Federal Government; Foundations; State Behavioral Health Partnerships; State, County, & Local Governments; Education & Training Programs; Service Providers
b. Provide financial incentives to support individuals in priority populations as they enter the field and progress through the career ladder.	Federal Government; Foundations; State, County, & Local Governments; Service Providers
LEVERS OF CHANGE TO ACHIEVE OBJECTIVE 7	
a. Funding for curriculum and program development and support of the people in training.	Federal Government; State, County, & Local Governments; Foundations
b. Advocacy with federal and state governments and educational institutions.	Advocates; Professional & Trade Associations; Service Providers
Objective 8: Increase the cultural and linguistic competence of the behavioral health workforce.	
Action 1: Initiate broad dissemination of standards and tools for culturally competent practice.	
a. Develop and implement a comprehensive dissemination strategy to promote widespread adoption of standards for cultural competence and related tools.	Federal Government; Foundations
b. Implement the CLAS recommendation to develop an Internet-based national clearinghouse and dissemination center containing information on model strategies and programs, assessment tools and techniques, and interpreter and language services.	Federal Government; Foundations
c. Incorporate cultural competencies into the core competency models of all professions and other sectors of the workforce.	Education & Training Programs; Professional & Trade Associations; Oversight Organizations
Action 2: Increase the cultural competence of interpreters used in delivering services through the development of standards, training models, and reimbursement strategies.	



GOAL 3: Implement systematic recruitment and retention strategies at the federal, state, and local levels.

a. Implement the CLAS recommendations to develop national standards in the areas of training, skills assessment, certification, and codes of ethics for interpreters.	Federal Government; Foundations; Professional & Trade Associations; Education & Training Programs
b. Provide sufficient compensation for services to facilitate the provision of culturally competent interpreters and language assistance services in routine clinical care.	Payers; Federal Government; State, County, & Local Governments
Action 3: Create workplace environments that are conducive to a diverse workforce.	
a. Ensure a "critical mass" of diversity in hiring practices (avoid hiring only a single individual as a representative of an ethnic or linguistic group).	Service Providers; Professional & Trade Associations; State, County, & Local Governments
b. Provide and support ongoing training and supervision of all staff in culturally competent practice.	Service Providers Professional & Trade Associations State, County, & Local Governments
c. Revise personnel policies to reflect a value for diversity and incentives or rewards for special skills (e.g., multiple languages, knowledge of alternative healing practices used by persons seeking services, etc.).	Service Providers; Professional & Trade Associations State, County, & Local Governments
Action 4: Expand the pipeline of culturally and linguistically competent professionals who are entering the behavioral health field.	
a. Increase funding and support for professional development of faculty from diverse cultural backgrounds to create a critical mass of faculty capable of serving as mentors and role models for students interested in providing culturally and linguistically sensitive behavioral health services.	Federal Government; State, County, & Local Governments; Foundations; Professional & Trade Associations; Education & Training Programs
b. Allocate funds to support multicultural undergraduate, graduate and postgraduate training and educational opportunities (e.g., diversity courses, practicum placements, externships, and internships, etc.) that will create a critical mass of students who will enter the behavioral health field and provide culturally and linguistically sensitive services.	Federal Government; State, County, & Local Governments; Foundations; Professional & Trade Associations; Education & Training Programs
c. Rigorously evaluate the degree to which these initiatives are successful in recruiting and retaining professionals into the behavioral health field.	Federal Government; State, County, & Local Governments; Foundations; Professional & Trade Associations; Education & Training Programs
d. Adopt strategies drawn from the CLAS recommendations to foster the recruitment and credentialing of foreign-trained professionals.	Federal Government; Professional & Trade Associations; Oversight Organizations
LEVERS OF CHANGE TO ACHIEVE OBJECTIVE 8	
a. Modify Block Grant requirements to require demonstrated progress on achieving cultural diversity and competence within each state's workforce.	Federal Government
b. Identify financing incentives for the provision of culturally and linguistically competent treatment services and interpretive services.	Payers; Federal Government; State, County, & Local Governments
c. Strengthen requirements in provider accreditation standards and processes for organizations to demonstrate the cultural competence and diversity of their workforces.	Oversight Organizations



Workforce Development in Action

- National Direct Service Worker Resource Center
- The Alaskan Core Competencies
- Workforce “Collaboratives”
- Behavioral Health Pacesetter Award (The Hitachi Foundation)





Q & A and Discussion

Visit or contact us

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