

Mental Health Workforce Principles and Policy Recommendations
Children and Youth Committee of the Wisconsin Council on Mental Health
8.6.2020

Background:

Across the nation there is a high degree of concern about the state of the children's behavioral health workforce and pessimism about its future. Workforce problems have an impact on almost every aspect of prevention and treatment across all sectors of the behavioral health field. The issues encompass difficulties in recruiting and retaining staff, the absence of career ladders for employees, marginal wages and benefits, limited access to relevant and effective training, the erosion of supervision, a vacuum with respect to future leaders, and financing systems that place enormous burdens on the workforce to meet high levels of demand with inadequate resources (SAMHSA 2007).

In addition, there is a growing body of reports that demonstrate shortages and disparities in the behavioral health workforce (i.e., lack of personnel diversity, geographic disparities, low status and pay, lack of high quality and practice environments) that directly impact access to care.

When children and youth with mental health diagnoses are not able to access appropriate services, their mental health conditions can become more disabling, difficult to manage, and more expensive to treat. The mental health workforce shortage contributes to:

- worsening symptoms
- family distress, abuse and neglect
- an increased risk of suicide, homelessness, and substance use
- an increase use of foster care and juvenile detention
- an increase in emergency room visits and in-hospital stays
- the inability of mental health providers to keep up with supply and demand for services;
- use of seclusion and restraint
- more money spent by tax payers for the lack of implementing primary prevention techniques (MN State University Policy Brief 2017)

Wisconsin is challenged to increase the size of the mental health and substance abuse workforce; recruit a more diverse, younger workforce; and retain trained and qualified staff and facilities to provide for the behavioral health needs of all Wisconsin children and citizens. While championing the mental health needs of children and families, opportunities for improvement impact our whole system of behavioral health providers. A broad and integrative approach is recommended to align systems. (SAMHSA)

Adapting a framework from SAMHSA and the Annapolis Coalition for Behavioral Health Workforce Development, the Children and Youth Committee has focused a set of recommendations to enhance the mental health (and co-occurring) workforce serving children families in Wisconsin. These recommendations are intended to guide policy decisions and advocacy for workforce development. They are aligned with best practice approaches of other state and federal initiatives, and promising initiatives within the state of Wisconsin. (SAMHSA 2007)

The audience for this guide is intentionally broad, including but not limited to children serving agencies, such as the Dept. of Public Instruction, Office of Children's Mental Health, Div. of Care and Treatment Services, Dept of Safety and Public Services, Div. of Medicaid Services, members of the Mental Health Council and advocate organizations.

This document is structured to include approaches that (A) **Broaden the concept**, (B) **Strengthen**, and (C) **Structurally Support** our Workforce. Each domain or guiding principle includes (1) the context in Wisconsin, (2) Recommended Practices drawn from informed examples across the country, and (3) Promising Practices and Related Positions that have been initiated in Wisconsin. Our hope is to increase a catalog of initiatives that fit into a coherent whole, so that separate initiatives may leverage the collective and collaborative strength that distinguishes our services in Wisconsin.

Broadening the Concept of Workforce

Principles:

1. Person/Family-Centered Care: individuals and families are the decision-making, driving force in achieving their own healing or resilience.

The State of Wisconsin has promoted family voice and choice by expanding the role of individuals and their families, to choose, participate, and ultimately self-direct their own care. Persons with lived experience also provide care and supports to others, and educate the workforce.

Leadership, also informed by lived experience, has worked to improve the mental health system for children, adults, and families. New initiatives and oversight bodies often include lived experience expertise, in addition to multiple other represented stakeholders. The workforce of Wisconsin could be further broadened to create sustainable opportunities for individuals with lived experience to be trained, paid, and given shared power by mental health providers and in direct service roles.

Recommended Practices:

1. Provide information and education to individuals who are in care, and their families, to enable them to fully participate in or direct their own care and provide mutual support.
2. Develop shared decision-making skills among individuals receiving care and their families and service providers.
3. Significantly expand peer and family-support services and routinely offer (and fund them?) them in systems of care.
4. Increase the employment of individuals and family members, with lived experience, as paid staff in provider organizations.
5. Formally engage persons with lived experience and family members in substantive roles as educators for other members of the workforce in every provider training and education program.

Promising Practices and Related Positions of the WCMH:

- Support capacity of parent and peer run organizations to train, bill insurance, (Medicaid and private) and pay for Parent Peer Specialists and Peer Specialists.
- Peer and family run organizations, such as WI Milkweed Alliance, can model and mentor other organizations, such as county DHS, to sponsor peer supports.
- Support Wisconsin Department of Children and Families in creating parent voice and workforce development opportunities to the child welfare system.

- Support Wisconsin Department of Public Instruction in creating, implementing and maintaining evidence based, trauma and resiliency informed anti-stigma programs that support student voice.
- Ensure lived experience leadership development programs are evidence based, sustainable, and expanded in Wisconsin.

2. Local Cross-System Collaboration: expanding the role and capacity of communities to effectively identify their needs and promote behavioral health and wellness.

Establishing a “village team” approach to serving families will provide natural connections within neighborhoods. This approach can be timelier, culturally competent, and provide an increased access to supports within each family’s home, local home school district, places of work and worship, and shopping. When members of communities engage in the problems and issues of their communities, communities are strengthened, and the community becomes more resilient. Furthermore, when the use of multi-agency teams increase by removing red-tape barriers that prevent collaboration, services become more streamlined , paperwork reduction efforts increase, agency accountability increases, training to local experts and use local resources becomes more effective, and overall the burden of navigating the system for families is reduced.

Recommended Practices:

1. Support communities in the development of core competencies of assessment, capacity building, planning, implementation, and evaluation grounded in a public health model.
2. Increase the competency of the behavioral health workforce to build community capacity and collaborate with communities in strengthening the behavioral health system of care.
3. Strengthen existing connections between behavioral health organizations and their local communities.

Promising Practices and Related Positions of the WCMH:

- Strengthening protective factors for Parents & Families
- Promoting access via “no wrong door”
- Wraparound models (Coordinated Services Teams/Comprehensive Community Services) address Mental Health /Substance Use Disorders issues collaboratively.
- WI Child Psychiatry Consultation Program (CPCP)
- School Mental Health Framework / Dept Public Instruction
- Increase Special Education categorical Aid Funding
- School Safety (100 mil to DOJ)
- BCBA’s in every district
- Infant Toddler Mental Health/early intervention
- Parent /peer specialist
- Increased/competitive Reimbursement rates
- Family Navigators (Promise Grant)
- Coordinating Committees (CST/CCS) promote financial sustainability through community foundations and backbone organizations.
- Expanding school based BH counseling via county DHS, Federally Qualified Health Centers and private clinics.

Strengthening the Workforce

Principles:

3. Systematic Recruitment and Retention Strategies: to reduce mental health disparities at the federal, state, and local levels.

Wisconsin children and families of color experience dramatic health disparities in comparison to other population groups in the state. One means of addressing this urgent concern is to recruit, retain, and further develop the capacity of mental health providers of color. More broadly, Wisconsin has a shortage of skilled mental health professionals. Rural Wisconsin communities experience that shortage even more so. Considering mental health services and supports within a school setting, Wisconsin is markedly understaffed compared to the ideal staff to student ratio for positions such as School Counselor, School Psychologists, School Nurses, and School Social Workers. Overall, these staffing deficiencies will require systematic recruitment and retention of mental health providers through federal, state, and local levels to ensure an appropriate and adequate workforce is present for Wisconsin families.

Recommended Practices:

1. Disseminate information and technical assistance in effective recruitment and retention strategies.
2. Select, implement, and evaluate recruitment and retention strategies tailored to the unique needs of each behavioral health organization.
3. Expand federal financial incentives, such as training stipends, tuition assistance, and loan forgiveness, to increase recruitment and retention.
4. Provide wages and benefits commensurate with education, experience, and levels of responsibility.
5. Implement a comprehensive public relations campaign to promote behavioral health as a career choice.
6. Develop career ladders.
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.
8. Increase the cultural and linguistic responsiveness of the behavioral health workforce.

Promising Practices and Related Positions of the WCMH:

- Expand efforts that directly address the retention and recruitment strategies of the mental health workforce that identify as people of color.
- Prioritize staff development opportunities, such as the Trauma Project, Children’s Mental Health Trauma-Informed Care Workgroup, Up to Me (formerly HOP), training in best practice on Resiliency Workgroup, Zero Suicide Initiative and other initiatives, such as training in secondary trauma, which serve to strengthen the capacity of the mental health workforce in Wisconsin.
- Mental Health Consultation in Childcare – WI Alliance for Infant Mental Health

4. Best Practice in Training and Education: increasing the relevance, effectiveness, and accessibility of training and education.

A key effort is the dissemination of Standards of Care, Best Practices and Evidence Based Practices throughout systems of care for children. The increased use of Evidence Based Practices could improve the effectiveness of current investments of Federal, State, County, and tribal dollars and streamline access to mental health services throughout the state. Improved access and use of these EBPs has the potential to improve the trajectory of each child's future and increase positive outcomes for children in Wisconsin. Earlier intervention, the right amount of support, provided at the right time can have a great impact for children and their families.

Recommended Practices:

1. Identify core competencies and focused competencies for behavioral health practice.
2. Develop and implement competency-based curricula.
3. Adopt evidence-based training methods that have are research based and have demonstrated effectiveness.
4. Use technology to increase access to and the effectiveness of training and education.
5. Launch a national initiative to ensure that every member of the behavioral health workforce develops basic competencies in the assessment and treatment of substance use disorders and cooccurring mental and addictive disorders including the role of trauma and resiliency.
6. Educate prospective students about best practices in training and education to inform their selection of a training program or training provider.
7. Identify and implement strategies to support and sustain the use of newly acquired skills in practice settings.

Promising Practices and Related Positions of the WCMH:

- Decrease use of Seclusion & Restraint
- Trauma Sensitive Schools/Project AWARE/Trauma project/Trauma Focused-Cognitive Behavioral Therapy
- Infant toddler mental health/ home visiting/ first sign of Serious Mental Illness/Child Psychiatry Consultation Program
- Access based on principle of *No Wrong Door*.
- Reducing Juvenile Justice referrals when families have better access
- WCMH supported increased funding for school social workers 1/18/17
- WCMH supported AB29 regarding establishing clinical hours necessary for clinical social workers 2/19/17
- Dyslexia training / early identification for teachers in Act 86
- Infant and Early Childhood Mental Health Consultation Workgroup (Collective Impact)
- Removing 200K cap on mental health training allocation
- Foundational training in evidence-based practices and practice-based evidence
- Utilizing evidence-based resources such as (a) Results First Clearinghouse Database of Pew Charitable Trust, (b) National Registry of Evidence based Practices and (c) National Implementation Research Network

5. Resilient leadership: developed among all segments of the workforce.

Principled and competent leadership in mental health systems and programs is of great benefit not only to families served, but also to the provider teams, organizations and communities. Leadership that prioritizes resilience in families, workforce, communities and broader systems of care has a generative return on investment. A leadership academy has been proposed, in concept, for emerging leaders within the children's mental health system of care. Partnerships between lead agencies such as Department of Health Services and Wisconsin Counties Human Services Association, Milwaukee Wraparound, WI Family Ties could catalyze a model for orientation, apprentice, and ongoing coaching/supervision of emerging leaders in collaborative systems of care. Especially, where the wisdom of lived experience can be incorporated into administrative practice.

Recommended Practices:

1. Identify leadership competencies tailored to the unique challenges of behavioral health care.
2. Identify effective leadership curricula and programs and develop new training resources to address existing gaps.
3. Increase support for formal continuous leadership development with current and emerging leaders in all segments of the workforce.
4. Formally evaluate leadership development programs based on defined criteria and revise the programs based on outcomes.
5. Support organizations defining a family-driven & youth-guided leadership vision for behavioral health programming in WI.

Promising Practices and Related Positions of the WCMH:

- Training of community health workers on resiliency, assets, trauma, and lived experience
- Training of those implementing workplace wellness programs including Employee Assistance Programs on resiliency, assets, secondary trauma, lived experience
- WCMH supported modifying §46.53 regarding Mental health treatment provider training to allow for increased use of Mental Health Block Grant funds for provider training. 7/19/17
- Department head mentoring offered by and between counties, tribes and agencies with visionary programs, supportive boards, and sustainable management practices.
- Sustaining paid family-medical leave, childcare, and other benefits that promote work-life balance and model values-based leadership

Structures to Support the Workforce

Principles:

6. Total Health Integration: advanced through an infrastructure that supports and coordinates workforce development efforts.

Wisconsin is composed of a wide array of county systems, programs and jurisdictions along with private providers that fit within an overall mosaic of services and healthcare systems. This multiplicity is both a source of confusion and opportunity for innovation. Collective impact efforts that draw on multidisciplinary initiatives have shown promising potential. These include the work Collective Impact workgroups supported by the Office of Children’s Mental Health and System of Care workgroups supported by DCTS, the Mental Health Framework supported by DPI. Comparable initiatives within the counties and local communities include the Shared Services BH integration underway in the La Crosse region and the 6 counties of the Central WI Health Partnership. Projects that utilize backbone organizations and provide frameworks for integrating stakeholder interests have significant potential to positively address workforce development in Wisconsin. In the context of integration frameworks, regional CCS initiatives, which also supports health integration, are able to maximize training and technical assistance to develop their workforce. Additionally, consultation models of Medication Assisted Treatment are addressing opiate and methamphetamine addiction enabling health integration and professional development simultaneously.

Recommended Practices:

1. Create a Technical Assistance structure that coordinates and provides information, guidance, and support on workforce development to the behavioral health field and advises the state government.
2. Create a Behavioral Health Workforce Partnership, led by a State of WI Workforce Team.
3. Finance workforce demonstrations through a National Workforce Development Fund and foundation-sponsored initiatives.
4. Change the economic market for services to create conditions that improve the quality of care and strengthen the workforce.
5. Increase the use of data to track, evaluate, and manage key workforce issues.
6. Strengthen the human resources and training functions, staffing, and levels of expertise in behavioral health organizations.
7. Promote the increased availability and use of information technology to support the workforce during training and service delivery.
8. Identify hub and spoke models in workforce best practices, drawing on the “Hub and Spoke” concept from the field of addiction treatment.

Promising Practices and Related Positions of the WCMH:

- WCMH supported reauthorization and full funding of the Children’s Health Insurance Program (CHIP). 1/17/18
- Children Come First- Children’s System of Care Work Workgroup
- Regionalization of Comprehensive Community Services along with prior Shared Services Pilots using wraparound teaming as a core practice.
- HOPE Grant initiatives (serving families w/substance use disorders)

- Innovative practices around transportation, telehealth, and flexible work schedules to ensure provider access
- Accountability for Medicaid HMOs to integrate behavioral health services
- Addressing social determinants of health via Community Health Improvement Plans
- Support the study of the mental health workforce in Wisconsin to gather an accurate depiction of staffing needs in the state drawing on data from strategic interfaces such as professional associations, Dept of Safety and Professional Services, Area Health Education Centers, Medicaid and Managed Care Organization claims.
- Technical Assistance offered by and between counties, tribes and agencies with successful programs and sustainable management practices that work
- Medical Home models that promote whole person integrated care such as Person-Centered Medical Homes with behavioral health among Federally Qualified Health Centers providing integrated medicine

7. Continuous quality improvement; using validated data and input from individuals with lived experience.

Wisconsin will benefit with reliable and valid data on the status of the behavioral health workforce development. Data that incorporates persons with lived experience can be used to inform and develop workforce initiatives. There are many topic areas that could benefit from this information that would assist workforce planners to systematically examine the effectiveness of practices related to recruitment, retention, education, training, and the sustained adoption of newly learned skills.

In developing the needed surveys tools to obtain this data, young people and families using services must be included to help determine and analyze the metrics. This is especially true for those related to person-centered care, shared decision-making, illness self-management, and peer and family support. State, national and foundation funding could be secured to support these priorities.

In addition, it is imperative to develop and implement a plan to routinely summarize, and disseminate the findings of this research by establishing and strengthening linkages to academic, training, accreditation, licensing, certification, and provider organizations, as well as to State agencies, in order to foster the timely flow of information that can shape workforce practices.

Examples of data needs: • Illness self-management and other forms of self-care • Peer and family support • Consumer and family education • Shared decision-making • Community capacity-building • Cultural disparities, cultural diversity of the workforce, and cultural and linguistic competence • Recruitment and retention • Rural workforce development models • Training models and effectiveness • Interprofessional education and models of care • Competencies: reliability and validity; assessment; impact on process and outcome •

Competencies for care across the life span • Influence of system, organization, and program characteristics on workforce behavior.

Recommended Practices:

1. Increase the quantity and quality of workforce-related research through creation of a statewide interagency research collaborative.
2. Increase the quantity and quality of formal evaluations of workforce development practices by providing technical assistance to the field.

Promising Practices and Related Positions of the WCMH:

- Support of the mental health gaps analysis.
- Data gathered using Mental Health Statistics Improvement Program and Recovery Oriented Systems Inventory
- Coordinating Committees assuring Quality Assurance/Quality Improvement
- Caregiver Surveys (incl. Fam-VOC)
- Family Voice on Coordinating Committees
- Medicaid Scorecard

References

(NOTE: These are just a few examples of reports that can inform the work of this committee. There are many others with different uses. Documents listed are useful as overviews.)

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<https://www.dhs.wisconsin.gov/publications/p00613-16.pdf> and

State of WI Mental Health Needs Assessment (2013): <https://mhc.wisconsin.gov/mhbg.htm> (A key finding: All but 4 counties have some level of psychiatric shortage; 16 counties have no psychiatrists providing onsite outpatient care. pp.47-51)

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Wisconsin's Behavioral Health Workforce; Where Do We Stand? In Wisconsin Council on Medical Education & Workforce Newsletter: <https://www.wcmew.org/publications>

National Governor's Association Healthcare Workforce Policy Academy (2014) Healthcare Workforce Policy Academy <http://www.wcmew.org/wp-content/uploads/2017/11/WI-In-State-Meeting-Summaries.pdf> (See workplan below)

NGA Health Care Workforce Policy Academy 2014 Planning Document (final) (004)
http://www.whitepineconsulting.org/uploads/2/1/4/8/21489738/nga_health_care_workforce_policy_academy_2014_planning_document_final_004.docx

WI State Council on Alcohol and Other Drug Abuse
<https://scaoda.wisconsin.gov/workforcedevelopment.htm>

Mental Health America's State of Mental Health report also finds that WI ranks 36th in workforce availability: <http://www.mentalhealthamerica.net/issues/mental-health-america-access-care-data>

American Association of Child & Adolescent Psychiatry, (March 2016):

[http://www.whitepineconsulting.org/uploads/2/1/4/8/21489738/aacap legislative conference key issues_spring_2016.pdf](http://www.whitepineconsulting.org/uploads/2/1/4/8/21489738/aacap_legislative_conference_key_issues_spring_2016.pdf)

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