

State and Regional Behavioral Health Workforce Leadership Discussion Guide

State and Regional Behavioral Health Leadership Discussion

Background, Purpose, and Nature of this Project:

- In FY2015, SAMHSA added **Workforce Development** to its strategic initiatives discussed in [*Leading Change 2.0: Advancing the Behavioral Health of the Nation*](#). The main goals of this initiative are to: (1) develop and disseminate behavioral health workforce trainings, education tools and core competencies; (2) support peer providers development and deployment; (3) understand the behavioral health workforce needs through consistent data collection; and, (4) support and influence funding for the behavioral health workforce. A more complete overview of the Workforce Development Strategic Initiative is in the [Appendix](#).
- In order to understand the current state of the behavioral health workforce in each state and region, the SAMHSA Regional Administrators (RAs) will conduct interviews with the SSA/SMHAs leaders (and other key staff who are identified by you as being influential in workforce development in your state) in each of the states in their regions.
- These interviews are *semi-structured conversations* and are not intended to be a survey driven by a rigid questionnaire. The following pages list the questions that are intended to *guide* the conversations, to be sure that a small, standard set of issue areas are addressed across each of the states in the HHS regions.
- These interviews are intended to provide a *high level* sense of how the issues of workforce development are being addressed across the country.
- Results will be combined across all states to provide regional and national reports to the executive leadership of SAMHSA and will be used to inform the direction of SAMHSA's workforce strategic initiative.
- The SAMHSA RAs will also be using the information gathered in this call to develop Regional Workforce Development Workgroups. The Workgroups may include other HHS partners, state partners and stakeholders, community level stakeholders, educational institutions and credentialing partners, as appropriate. These workgroups will use the information taken from this discussion to move state's priorities forward.
- A note taker, via conference call, will record the conversation to aid us in reporting our findings. No statements or quotes will be attributable to any person or indeed any particular state in the final report.
- Based on similar interview models we expect our discussion to last no more than an hour.

In Summary:

Today is a semi-structured conversation about your state's ideas and strategies around developing the behavioral health workforce. SAMHSA recently added Workforce Development as a priority in their 2015 strategic plan. SAMHSA's interest in workforce emanates from our public health mission, our growing interest in population health, and the emergence of coordinated and integrated care. This initiative will support active strategies to increase the supply of trained and culturally aware preventionists, health care practitioners, paraprofessionals, and peers to address the behavioral health needs of the nation. It will also improve the behavioral health knowledge and skills of those health care workers not considered behavioral health specialists.

Today's conversation focuses on your state's strategies, challenges, barriers and definitions of behavioral health workforce development. In gaining this understanding from each state we will inform the direction of the workforce strategic initiatives as well as understand how SAMHSA and/or other federal agencies can assist you in creating, implementing or reaching your workforce goals.

We'll begin with basic introductions all around, and then get into our conversation, guided by the questions on the following pages...

Discussion Questions

1. What is your definition of a **behavioral health workforce**? What types of professions are included in this definition? (e.g., preventionists, peers, etc.)
2. Does your state have a **behavioral health workforce plan**? If yes, please explain.
 - a. If yes, explain the priorities and strategies
 - b. If no, do you plan on creating one?
3. Is there an entity responsible for any/all workforce issues at the state level (not just health or behavioral health)?
4. What behavioral health workforce **data** do you have, and what do you need?
5. Describe your regional **workforce needs**. What are the current levels, the gaps, and what changes do you see in future demand?
 - a. Pre-service
 - b. Recruitment
 - c. Retention
 - d. Continuing Education
 - e. Supervision
 - f. Leadership
 - g. Other: Finance, Research, Legal, Technology
6. What are the **challenges** in achieving an adequately trained and credentialed/licensed behavioral health **workforce** in your state? This may include policy issues, training availability, scope of practice issues, etc.
7. What role do you see **peers** playing in the behavioral health workforce currently and in the future?
8. Identify any **promising/successful practices** as well as any other **challenges** to developing the state's behavioral health workforce that has not been discussed.
9. Identify the **key influencers or stakeholders** regarding workforce needs and development (e.g. County leadership, consumer groups, community groups, FQHC or CHCs, Training or educational institutions, etc.)
10. Do you have specific ideas on how SAMHSA and/or other Federal agencies can assist you?

APPENDIX A: SAMHSA's Strategic Initiative #6: Workforce Development

Overview

An adequate supply of a well-trained workforce is the foundation for an effective service delivery system. With the implementation of recent parity and health reform legislation, behavioral health workforce development issues, which have been of concern for decades, have taken on a greater sense of urgency. To position SAMHSA to address the effect that behavioral health workforce issues have on the infrastructure of the health care delivery system, SAMHSA identified the need for a Strategic Initiative that provides a focus for its programs and activities to advance the behavioral health of the nation.

This Strategic Initiative will support active strategies to strengthen and expand the behavioral health workforce and improve the behavioral health knowledge and skills of those health care workers not considered behavioral health specialists. Through technical assistance, training, partnerships, and traditional and social media outreach, SAMHSA will promote an integrated, aligned, and competent workforce. This workforce will enhance the availability of prevention and treatment for substance abuse and mental illness, strengthen the capabilities of behavioral health professionals, and promote health system infrastructure that can deliver competent, organized behavioral health services. This initiative will monitor and assess the needs of youth, young adult and adult peers, communities, and health professionals in meeting behavioral health needs within America's transforming health promotion and health care delivery systems.

SAMHSA also recognizes the growing understanding and value of peer providers to assist with engagement, support, and peer services. Increasing the peer and paraprofessional workforce, and increasing the evidence base for the best uses of peer and paraprofessional behavioral health services and supports, will require additional commitment and will help to expand the reach of limited professional treatment and support professionals.

Disparities

The behavioral health needs of minority communities have been historically and disproportionately underserved. Few trained providers are sensitive to cultural issues and equipped with the necessary language skills that facilitate and promote effective service delivery. The proportion of behavioral health providers from diverse groups generally does not represent the proportion of those various diverse groups in the United States. SAMHSA commits to addressing these behavioral health workforce disparities by expanding recruitment and training opportunities, as well as identifying effective retention strategies for prevention, treatment, and recovery support providers and providers who are or who serve members of racial, gender, and ethnic minority populations or other minority groups such as military members, veterans, and their families; lesbian, gay, bisexual, and transgender (LGBT) individuals; and American Indian/Alaska Native tribal members.

Goals and Objectives

Goal 6.1: Develop and disseminate workforce training and education tools and core competencies to address behavioral health issues.

Objective 6.1.1: Collaborate to establish and disseminate evidence-based behavioral health core competencies for behavioral health, primary care, and peer providers.

Objective 6.1.2: Enhance the current SAMHSA workforce technical assistance infrastructure through increased collaboration and coordination across appropriate Technical Assistance Centers within HHS that address behavioral health.

Objective 6.1.3: Based on the established standard core competencies, develop a compendium of evidence-based and informed practices for cross training of behavioral health, primary care, specialty care, and peer providers.

Objective 6.1.4: In collaboration with HRSA, support investments in training the future behavioral health workforce to practice in integrated care settings and improve care for underserved populations.

Goal 6.2: Develop and support deployment of peer providers in all public health and health care delivery settings.

Objective 6.2.1: Define peer providers and their roles with public health and behavioral health delivery systems.

Objective 6.2.2: Working with HRSA and other stakeholders, increase the number of health paraprofessionals and peer paraprofessionals—in particular, the proportion of individuals with mental and/or substance use disorders who are employed as peer providers.

Objective 6.2.3: Support and disseminate evidence-based practices related to employment, supervision, and education for peer providers.

Goal 6.3: Develop consistent data collection methods to identify and track behavioral health workforce needs.

Objective 6.3.1: Partner with federal and state agencies, and other external stakeholders to promote the choice of behavioral health early in an individual's career path by providing access to training and financial assistance (such as profession marketing strategy, Minority Fellowship Program, and pre-service recruitment).

Objective 6.3.2: In collaboration with HRSA, state agencies, national organizations, and guilds, continue Minimum Data Set and/or other data development work to inform the knowledge and standardization of behavioral health workforce surveys and analyses for tracking behavioral health workforce needs and capacity.

Objective 6.3.3: In collaboration with stakeholders, develop behavioral health workforce skills in areas where gaps are identified, such as business competencies, telehealth and mobile strategies, recovery supports, disparities and culturally specific approaches, screenings and brief interventions, collaborative care models, integrated care models, or evidence-based and emerging practices.

Goal 6.4: Influence and support funding for the behavioral health workforce.

Objective 6.4.1: Support the identification and analysis of pay incentives and barriers for behavioral health providers across settings.

Objective 6.4.2: Identify and disseminate best practice funding strategies for the behavioral health workforce.

Objective 6.4.3: Work with stakeholders and federal partners to influence and support appropriate compensation for behavioral health care providers and providers for services within health care and health systems.