

Strengthening Iowa's Mental Health and Disability Services Workforce: Building and Sustaining Competencies

THE CHALLENGE. There is a crisis nationally and in Iowa regarding the workforce that delivers mental health and disability services. It is characterized by serious workforce shortages, difficulty recruiting employees into careers and into positions in these fields, high turnover rates, lack of access to relevant and effective training, and the slow pace with which the evidence on effective care informs the practice of the workforce.

Demand for healthcare that is both clinically-effective and cost-effective has led to the proliferation of practice guidelines (such as those promulgated by the American Psychiatric Association) and to increasing demand for evidence-based approaches to behavioral health care (such as the Substance Abuse and Mental Health Services "Toolkits"). However, the fact that there is still wide variation in clinical practice patterns and failure to deliver care in accordance with established guidelines has generated concerns about the competence of the workforce.

A SOLUTION FOR IOWA. Any effort to address concerns about the quality or quantity of workers in the mental health and disabilities service system must have as its goal *sustainable, practical* approaches. The answers are not to be found solely among existing service providers, in our institutions of higher education, or in state government. What will serve Iowa's citizens best is a structure that brings together the strengths of all of these communities with a heightened focus on real-world solutions to the on-going crisis of having a competent, committed workforce in place to support people with mental illnesses and intellectual and developmental disabilities.

THE NEW VISION. The vision of the proposed Mental Health and Disability Services Center for Clinical Competence and Training Institute is to build a skilled mental health and disability services workforce, including consumers and their families, that will work in local communities, community mental health centers, key state agencies, and service organizations to implement efficient, appropriately applied, and evidence-based services that significantly expand the role of individuals in recovery and their families when appropriate, to participate in, ultimately direct, or accept responsibility for their own care; provide care and supports to others; and educate the workforce.

THE BUILDING BLOCKS. The implementation of the new vision for Iowa will build upon simple, practical approaches:

- The creation of a **Workforce Collaborative** to bring together the many skills, voices and talents needed to implement sustainable change.
- A series of tangible work products that address immediate and urgent needs in Iowa's current service system:
- Strengthening the competencies of line supervisors—the lynch pin in supporting change and improving quality is the quality of supervision.
- Strengthening the competencies of staff that work with children, adolescents and their families.
- Addressing the needs of our emergency mental health crisis services statewide.
- Building capacity to serve people with co-occurring conditions, such as mental illnesses and addictive disorders, or mental illnesses and developmental disorders.
- Improving the competencies of front line staff, which spend the most time with people receiving services, yet often receive the least training.

- Supporting consumers of services and their families to become more effective partners and care givers, and to engage them in training the rest of the workforce.
- Providing incentives to recruit and retain highly skilled professionals.

Iowa is in the process of transforming its publicly funded mental health system to a consumer and family-driven system that embraces prevention, resiliency, and recovery as guiding principles. Implementing that goal requires shedding old stereotypes of mental illness and replacing them with new attitudes and services that support people with mental illnesses. In the midst of this transition, the mental health system faces a crisis in providing appropriate mental health services to forensic clients. Without systematic and quality training as well as attention to effective strategies needed for implementation of new practices, the realization of Iowa's transformation goals could be compromised.

Center for Clinical Competence/Training Institute

1. Creating a Center of Clinical Competence

This initiative will require dedicated in-state staff and resources to ensure that all relevant partners are included, and that the efforts to develop Iowa's capacities are a constant focus of attention. For the initial year of this effort, we are proposing to hire a Project Director and an administrative assistant to manage all of the elements of the development process; the Project Director should be someone of demonstrated planning and organizing skills, with a good understanding of behavioral and other disabilities services, with additional expertise in the working with both academic and practice communities. In addition, funds are proposed for logistics support to convene meetings, publish reports, and to engage the services of needed consultants.

Total projected cost: \$200,000.00

2. Creating a Workforce Collaborative

Essential to the success of a statewide effort of this type is an infrastructure to identify and prioritize workforce problems, coordinate or implement interventions, and monitor outcomes. Perhaps most important, an infrastructure is necessary to link and leverage *existing* resources that are available within the state to strengthen its workforce. The functions of such an infrastructure would include, but not be limited to the following:

Leveraging existing resources by:

- Identifying and disseminating information about existing workforce development resources (clearinghouse function).
- Coordinating workforce development efforts among various public and private agencies to achieve efficiencies and reduce duplication of effort.

Linking Iowa's mental health and higher education systems in a coordinated effort to develop a pipeline of culturally diverse and appropriately trained mental health providers. This includes:

- Educating educators about current trends in service delivery as a strategy for fostering relevant curricula in the educational system
- Working with the mental health, higher education, licensing systems, and payers to improve career ladders in mental health within Iowa.

Assessing routinely the mental health workforce development needs within Iowa, including:

- The magnitude, characteristics, and causes, of recruitment and retention problems, including the impact of compensation and benefits

- The accessibility, relevance, and effectiveness of training and education resources/program.

Planning in the form of a biannual strategic plan on mental health workforce development and report on the status of this workforce will be conducted by the Collaborative.

Implementing interventions to strengthen the workforce.

Promoting employment of consumers, youth, and family members in the mental health workforce.

Disseminating best practices in workforce development to employers of the mental health workforce.

Advising Iowa's executive, legislative, and judicial branches on workforce issues and policy.

Applying for other potential sources of funds to support workforce development.

The structure of the Collaborative would include a General Membership, Executive Committee, Standing Councils, and ad hoc workgroups.

Persons in recovery, youth, and the parents of children and youth with emotional and mental problems would play a major role in all structures.

Technology, in the form of web-enabled conference calls, will be used for selected meetings to maximize efficiency, minimize time and travel-related meeting costs, and foster access for consumers and family members.

The collaborative can serve as the Advisory Council to the Institute, ensuring that the voices of key stakeholders are heard, and that all elements of the system are engaged in the selection, design, delivery and evaluation of the work of the Institute. The Collaborative sets the policy direction for the work of the Institute in strengthening Iowa's workforce.

The activities of the Collaborative would be the responsibility of the Project Director identified above in the Basic Infrastructure section; the Institute would staff the work of the Collaborative and provide its administrative home. Resources dedicated to this effort would include logistic support for meetings, development and dissemination of reports, and the services of content and process consultants to advise the process.

Total projected costs: \$100,000.00

Special Initiatives

The Center for Clinical Competence/Training Institute should sponsor a series of inter-related initiatives as soon as basic infrastructure is in place. Based on the assessment of the MHDS, the following five initiatives should be funded during the first year of the Institute's development. The first initiative (focusing on supervision) is cross cutting and provides the foundation on which the successful dissemination of evidence-based practices can be built and sustained. The remaining five areas focus on areas of urgent need in Iowa's system of care, and addressing them in a manner consistent with the vision of the Institute (using evidence-based methods, incorporating the best science available, etc.) will provide credibility for further elaboration of the work of the Center/Institute.

3. Supervision

A critical element in successful system transformation is intervention at the level of service supervisors. Training clinicians and other direct-care workers in evidence-based practices requires an informed support system; the lynchpin in such a support system is the front-line supervisor. In its national work, The Annapolis Coalition has determined that there has been significant erosion in the role of supervision in service delivery; this has been the case in Iowa as well. The pressure for billable hours has shifted the role of clinical supervision away from the content of service delivery and toward more administrative and financial duties. A concentrated effort to provide training in effective supervision is a necessary core step

in changing practice. Existing resources are inadequate to address the content of such training, much less to attend to the necessary policy and reimbursement strategies that will need to be developed to shift the system in the direction of evidence-based models.

The resources allocated here would provide for curriculum development and pilot implementation of supervisory training in the MHDS system of providers, as well as the development of relevant policy and protocol changes needed to ensure continuity in the dissemination of new models.

Projected total costs: \$100,000.00

4. Improved Services for Children, Adolescents and Their Families

This is already an identified high priority for Iowa MHDS, and this funding would ensure that there are resources available to the system to support dissemination of evidence-based strategies. Funds would provide for the engagement of experts in identified best practices and for implementation of training sessions and development of fidelity monitoring technologies to ensure that practices are implemented in a way that is consistent with the scientific findings that drive the practice.

Projected total costs: \$100,000.00

5. Improved Emergency Mental Health Crisis Services

Iowa's hospitals are struggling to meet the demands of persons with mental and developmental disorders in crisis, many of whom could be served both more effectively and in a more cost-effective manner by robust crisis and emergency mental health services, including such strategies as "Mental Health First Aid", peer supports, crisis prevention intervention, use of telephone "hotlines", and the like. Funding would provide for the engagement of key Iowa stakeholders, content experts in model design, and provision of basic training in new approaches to emergency mental health crisis services.

Projected total costs: \$100,000.00

6. Co-occurring Disorders

Iowa MHDS has identified co-occurring disorders (especially mental and substance-use disorders) as a high priority population that is currently un- or under-served. In addition, there are many individuals with co-occurring intellectual/development disorders and mental health/substance use disorders who are not receiving state of the art care. Funding would provide for statewide training on science-based interventions, and for the engagement of content experts for curriculum design and training delivery.

Projected total costs: \$100,000.00

7. Direct Care Workforce

Although there are efforts underway in Iowa to address the needs of the direct care workforce in the development disabilities area, more effort is needed there. According to the University of Iowa Center for Disabilities and Development, there is no centralized resource for specialized disability trainings in Iowa or funding assistance to assure trainings are accessible to all direct care workers. These efforts need to be expanded to begin to reach the direct care workforce in other areas of the MHDS service system, as well. Funding would provide for development of cross-disciplinary competencies, curriculum development, and training implementation for direct care workers in all MHDS service agencies.

Projected costs: \$100,000.00

8. Consumer and Family Training

Self-directed care is a cornerstone of contemporary practice, which has been recognized in the development disabilities field for some time, and is a hallmark of recovery- and resilience-oriented systems of care for people with mental and substance use conditions. While often given lip service,

consumers and families will not be able to engage in effective management and leadership of their recovery plans without training, education and supports. Funding will provide for the use of existing training models (e.g., NAMI's "Family-to-Family" and "Provider Education" tools, the Certified Peer Specialist training models, etc.) or the development of curricula specific to the needs and desires of Iowa's consumer communities.

Projected costs: \$100,000.00

9. Professional recruitment strategies

Iowa has experienced chronic shortages at the highest end of the workforce: psychiatrists, psychologists, master's level licensed social workers and advanced practice nurses. Under this special initiative, Iowa will establish a pool of dollars to offer financial incentives (stipends, loan forgiveness, supplements) to individuals in the high-need categories who are willing to help meet the skills deficits, especially in our rural and frontier communities. We will select those strategies that have been demonstrated to provide results, and match them to candidates who seem most likely to contribute to our system over time. Consumers seeking services in programs for those with chronic and persistent mental illness will benefit from the recruitment, placement and retention of up to eight psychiatrists, doctoral level psychologists or nurse practitioners with mental health specialization. Once placed in programs serving the chronically and persistently mentally ill, these practitioners will provide professional mental health services to Iowans that do not receive the services now.

Projected costs: \$200,000.00

Building on Existing Strengths

Iowa is fortunate to have in place existing structures that can support and enhance the development of the Institute. Chief among these are the Iowa Mental Health Consortium and the University of Iowa Center for Disabilities and Development. These two entities will play a significant role in the development and functioning of the new Institute, and their current work will be amplified and enhanced by the new structure. In addition to their work, there are several proposed federal efforts (specifically related to telemedicine and to enhanced recruitment and retention strategies for hard-to-find specialists) that would significantly broaden the impact of the proposed Institute.

Summary of Projected Expenditures:

- 1. Creating a Center for Clinical Competence \$150,000**
- 2. Behavioral Health Workforce Collaborative \$100,000**
- 3. Supervision of the Behavioral Health Workforce \$100,000**
- 4. Improved Services for Children, Adolescents and Families \$100,000**
- 5. Improved Emergency Mental Health Crisis Services \$100,000**
- 6. Co-Occurring Disorders \$100,000**
- 7. Direct Care Behavioral Health Workforce \$100,000**
- 8. Consumer and Family Training \$100,000**
- 9. Professional Recruitment Strategies \$200,000**