Status Report to

JOINT LEGISLATIVE OVERSIGHT COMMITTEE ON HEALTH AND HUMAN SERVICES

on

REPORT ON THE STATUS UPDATE ON THE IMPLEMENTATION OF THE 2008 MENTAL HEALTH COMMISSION WORKFORCE DEVELOPMENT PLAN

as required by Senate Bill 744, Section 12F.3.(a)(8)

North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

November 1, 2014

Report on the Status Update on the Implementation of the 2008 Mental Health Commission Workforce Development Plan

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Executive Summary

Senate Bill 744, Section 12F.3.(a)(8) required the Department of Health and Human Services (DHHS) to provide a status report to the Joint Legislative Oversight Committee on Health and Human Services on activities and initiatives implemented to address the twelve recommendations presented in the April 15, 2008 workforce development report. The implemented activities vary in complexity and scope and represent a wide range of workforce dynamics.

Background

In 2007, the North Carolina Commission for Mental Health, Developmental Disabilities and Substance Abuse Services (the Commission) and the state Division of Mental Health, Developmental Disabilities and Substance Abuse Services (the Division) collaborated to assess workforce issues in North Carolina. National trends and their impact on North Carolina as well as current and projected increases in demand for services in communities and changes made in state-operated services informed the process. This joint initiative yielded twelve recommendations for action. The recommendations in the report were accepted. However, they have largely gone unfunded. In an effort to further the important work of the workforce development plan, DHHS has successfully implemented various activities which support eight of the twelve unfunded recommendations.

Recommendations and Activities

This section lists the recommendations and the associated activities for each. The goal in each of the recommendations and activities is to ensure high quality and sufficient quantity of services for the people served in North Carolina. Although workforce issues are impacted by the ever increasing demand for services and the fact that the workforce is not projected to keep pace with the demand, the Division made efforts to address as many of the recommendations as possible. Competition will continue to be strong for all categories of staff who work in the state system. This intense competition combined with inadequate training and supervision of workers contributes to high turnover rates. Table 1 summarizes the twelve specific recommendations and within the table are included the activities implemented since the April 2008 report date.

Table 1. Recommendations for the Development of North Carolina's Mental Health, Developmental Disabilities and Substance Abuse Workforce

STRUCTURES TO SUPPORT THE WORKFORCE
Recommendation 1: Develop a detailed plan of action for implementation of these recommendations under the oversight and involvement of the Commission and the Division. **Activity 1:** Following the submission of The Workforce Development Initiative Report, the Advisory Committee to the Commission began to explore ways to further the recommendations of the report. The plan to implement the recommendations was analyzed and evaluated at several Advisory Committee meetings over SFY 2009-2010. After much discussion, the Advisory Committee chose not to pursue continued work on workforce development.
Recommendation 2: Create a consistent means to identify data and other information about the status of the North Carolina public mental health, developmental disabilities and substance abuse services workforce as a quality improvement function and report annually to policy makers. **Activity 1:** The Subrecipient monitoring process and its accompanying activities has been increased over the last several years. The implementation of the subrecipient monitoring process reaches across the Division and is evident in both the Mental Health and Substance Abuse federal block grant monitoring of the Local Management Entities (LME) and it has led to the standardization of Provider Monitoring tools and guidelines based on statute, rule and policy. **Activity 2:** "Coordination of Data Collection, Analysis and Publication" is one of four "core areas" for the State's participation in the National Governors Association (NGA) Policy Academy on the Health Care Workforce. The Division is the lead agency for this 18 month initiative.
Recommendation 3: Employ within the Division a Workforce Development Specialist who has expertise in the assessment of workforce issues and development of solutions and who will serve as the project manager for carrying out the plan of action for implementing the recommendations identified in this report and other workforce initiatives of the Division. **Activity 1:** Legislation was proposed during various budget cycles that recommended the Workforce Development Specialist position referenced in the Workforce Development Initiative Report be funded. However, the position was not funded at the time.
BROADENING THE CONCEPT OF WORKFORCE
Recommendation 4: Create new service options for consumer directed services for all individuals with disabilities and, as appropriate, for their families. **Activity 1:** The Division of Medical Assistance and the Division Clinical Policy Work Group engaged subject matter experts (internal to DHHS, LMEs, providers & consumers) in revisions made to service definitions in 8A, 8C, 8D, and 8E in order to address quality and access to effective care for adults and children with Mental Health (MH), Intellectual and Developmental Disabilities (IDD)/Developmental Disabilities (DD) and/or Severe Emotional Disorder (SED) treatment needs. Cost-finding and rate setting were components of this

clinical policy process which includes fair market estimates of staff costs to deliver the services defined in clinical policy. In the past 6 years, examples include: Assertive Community Treatment Team (ACTT), Facility Based Crisis (FBC), Intensive In-Home (IIH), Multisystemic Therapy (MST), Community Support Team (CST), Therapeutic Foster Care (TFC), among others. Example: in IIH required best practices be implemented and staff receive minimum training in System of Care (SOC), Child & Family Team Person-Centered Planning (PCP) process and Motivational Interviewing (MI).

Recommendation 5: Create a workforce marketing and public awareness campaign for all types of staff positions in the public mental health, developmental disabilities and substance abuse services system.

Activity 1: Each LME has made a targeted effort to announce and post job openings on their respective websites and on various jobs boards. As shortages in particular segments of the workforce have been identified, recruiting efforts have expanded beyond State lines.

STRENGTHENING THE WORKFORCE

Recommendation 6: Optimize wages and benefits for professional and direct support workers serving consumers of the public mental health, developmental disabilities and substance abuse service system.

Activity 1: In 2013, the Division submitted the legislative "Report on Increasing the Number and Removing Barriers for Psychiatrists, Psychologists, and Other Mental Health Professionals in the North Carolina Public Mental Health, Developmental Disabilities and Substance Abuse Services System" with five recommendations: reduce administrative barriers; provide opportunity for increased compensation; expand current and implement promising models of care; use incentive programs effectively; and increase access to behavioral health workforce data. To date, progress on these recommendations include the advancing the standardization of LME-MCO credentialing and enrollment and salary increases for psychiatrists and physician extenders working in the public sector. Please note the report was released in March 2014 and is available on the Divisions' website: *http://www.ncdhhs.gov/mhddsas/statspublications/Reports/reports-generalassembly/generalreports/upnumber-removebarriers-mhpros.pdf*

Activity 2: DSOHF has worked with DHHS HR to conduct market analyses of positions such as physicians, nurses and other medical classifications. Salary Adjustment Funds were used in SFY 14 to implement the recommendations for salary flexibility and increases for doctors, nurses and IT professionals. In 2013, DHHS received permission for salary administration flexibility from the General Assembly for the medical and other allied health professionals to offer more competitive salaries to help attract and retain employees. In 2008, DSOHF worked with Department of Corrections and Office of State Human Resources to upgrade the substance abuse job classifications.

Recommendation 7: Create selection tools to assist providers in reducing early turnover of workers.

Activity 1: Research conducted in North Carolina indicated that use of the College of Direct Support (CDS) in a pilot test of seven organizations reduced turnover on average by 6.9% and reduced turnover costs by an average of $56,640 per agency.

Recommendation 8: Improve access to psychiatric, other medical and non-medical care for individuals served by the public mental health, developmental disabilities and substance abuse service system.

Activity 1: (A.) UNC - School of Nursing Tuition Assistance contract funds the education of psychiatric mental health nurse practitioners, in exchange for their commitment after graduation to work in underserved areas of our public MH/DD/SAS system.

(B.) The Division facilitated a pilot program in SFY 2007 - 2008 to fund 10 LMEs for the provision of telepsychiatry services in NC.

(C.) The Division participated on the NC Telepsychiatry Network Steering Committee that produced the State-Wide Telepsychiatry Program for Emergency Departments.

Activity 2: "Workforce Development: Recruitment, Training, Re-Training and Retention" is one of four "core areas" for NC's participation in the NGA Policy Academy (see recommendation 2, activity 1 above).

Activity 3: Through the "Breathe Easy, NC" Behavioral Health Initiative, the Division collaborated with the Division of Public Health, the Governor's Institute on Substance Abuse, NAMI NC and other partners to promote the availability of tobacco cessation services for both consumers and staff desiring to quit their tobacco use. The Division will continue to promote the QuitlineNC (1-800-QUIT-NOW) and any special services that may be offered such as free Nicotine Replacement Therapy. QuitlineNC provides free cessation services to any North Carolina resident who needs help quitting tobacco use.

Recommendation 9: Create coordinated competency-based curricula and certification plans for professional and direct support workers.

Activity 1: Developed first phase (i.e., domains, competency statements, and skill standards) of a competency-based system for paraprofessionals and associate professionals, qualified professionals, and licensed professionals.

Activity 2: Following pilot demonstration funded by the NC Council on DD, Cardinal LME-MCO adopted The College of Direct Support (CDS), an online, competency-based curriculum for Direct Support Professionals. The CDS is also offered through the Community College System. Research recently demonstrated that use of the CDS was positively associated with valued outcomes for the individuals that DSPs support.

Activity 3: Through a systematic, comprehensive training plan, substance abuse prevention providers participate in training designed to assist with knowledge and skills necessary to successfully achieve the Substance Abuse Prevention Consultant Certification.

Activity 4: "Peer support is a system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful." (Mead, 2001) Peer Support Specialists are people living in recovery with mental illness and / or substance abuse and who provide support to others whom can benefit from their lived experiences. The North

Carolina Certified Peer Support Specialist Program (NCCPSS) provides acknowledgment that the peer has met a set of requirements necessary to provide support to individuals with mental health or substance abuse issues. The Division of MH/DD/SAS requires an applicant for the NCCPSS to complete an approved 40 hour Peer Support Specialist training curriculum. In January 2007, a Role Delineation Study was facilitated by CASTLE Worldwide with 16 Stakeholders to create training standards which submitted Peer Support Specialist training curriculums must meet.

Activity 5: Through support of federal MHBG funds, NC Families United has worked to recruit and train Family Partners in communities across NC (more than 300) with the LME/MCO System Of Care (SOC) Coordinators. NC Families United worked with the National Federation of Families on Children's Mental Health and the Center for Mental Health Services to draft a national certification process for Family Partners. http://www.ncfamiliesunited.org/family-partners/ and http://www.ffcmh.org/certification. Family Partners work with the LME SOC Coordinators in engaging and supporting families whose children/youth experience serious emotional disturbance (SED). Approximately 30 NC Family Partners have obtained national certification.

Activity 6: The Division of State Operated Healthcare Facilities (DSOHF) has an extensive list of competency based curricula used across facility types. Examples include North Carolina Interventions, Crisis Prevention Institute, Trauma Informed Care, Cognitive Behavioral Therapy, Motivational Interviewing, Social Thinking Curriculum, Principles of Re-Education etc. Annual training and competencies are required for all direct care workers and vary by facility type. Competency checklists are used to demonstrate competency for Peer Mentoring Program for CNAs. Competencies for professional services include but are not limited to: evidenced based practice for each discipline such as psychology, social work, pharmacists etc. DSOHF's partnership with the community is strong across facility types. For example, Riddle Developmental Center provides recertification for 45 North Carolina Intervention (NCI) trainers in the community. Wright School staff also offer regular workshops for families/caregivers, community workers, educators and other professionals. RJ Blackley provided training to facility and community providers on treatment of Veterans with substance abuse and military sexual trauma. Training is part of the recruitment strategies that are used across facility types. Facilities provide clinical training sites to Universities and Community Colleges for physicians, nursing assistants, LPNs, and RNs. Internships are provided across facility types in other areas such as occupational therapy, recreational therapy, physical therapy, psychology, social work and speech and language pathology. New direct care staff receives over 100 hours of training using various modalities including direct instruction, observation, and coaching, weekly supervision meetings, etc. For example, Neuro-Medical Treatment Centers include 24 hours of facility orientation, 57 hours actual classroom, 31 hours group home application, and 240 hours of peer mentoring for CNA staff. In-service training is provided throughout the year across all facility types.

Recommendation 10: Provide systematic training, technical assistance and incentives to all providers statewide on effective recruitment, retention and training practices.

Activity 1: The Division facilitated communication between the NC Office of Rural Health and Community Care, LMEs, and providers regarding loan forgiveness programs for the

purpose of recruitment and retention. Currently, Psychiatric providers are eligible for the loan repayment program.

Activity 2: As part of implementing behavioral prevention and promoting mental health, provider training and certification was offered at the 2013 Summer School and 2014 Winter School on evidenced-based practices including: gatekeeper suicide prevention training (ASIST - Applied Suicide Intervention Skills Training) and Mental Health First Aid (MHFA). Both trainings promote effective frontline supervisory, managerial and direct service work system-wide. This effort will continue. Both trainings provide incentives, a certificate, applicable CEUs, and competency-based skills training for practical application in agency management, community service provision and with consumers, youth and families.

Recommendation 11: Foster, encourage and support system wide training to frontline supervisors and managers on effective supervision.

Activity 1: As part of implementing System of Care (SOC) training for supervisors, LME SOC Coordinators, as well as direct service workers, participate in the Child and Family Team (CFT) training process in developing Person-Centered Plans with families for their children and youth with SED.

Recommendation 12: In order to create positive work environments, provide opportunities to empower professional and direct support workers serving consumers of publicly funded mental health, developmental disabilities and substance abuse services.

Activity 1: The NC Council on DD has funded Benchmarks, Inc. to work with the National Alliance for Direct Support Professionals (NADSP) to develop an NC Chapter of NADSP.

Activity 2: Mental Health First Aid (MHFA) training: In September 2013 over 2000 North Carolinians were trained "Mental Health First Aiders" and we had 43 Certified Instructors. As of May 2014, North Carolina had more than 3,800 people trained as Mental Health First Aiders through the efforts of 138 certified instructors. The number of MHF Aiders has doubled and the number of instructors has tripled in eight months.

Activity 3: As part of the Safer Schools initiative, working with DPS, DMHDDSAS has set the following goal to improve positive empowering de-stigmatizing experiences/environments for agencies, providers, and consumers and families. Develop and maintain resources to ensure access to training in Youth Mental Health First Aid (see http://www.mentalhealthfirstaid.org/cs/youthmental-health-first-aid). This training is for any adult or older adolescent that has regular interactions with children and youth, and is designed to help trainees recognize risk or warning signs associated with various mental health or substance abuse related crises. It also teaches helpful strategies to effectively respond to these warning signs. Youth Mental Health First Aid is taught by certified trainers in local communities. Fees are associated with the training, and the recommendation includes a call for the Center for Safer Schools, Division of Mental Health, Developmental Disabilities and Substance Abuse Services, and others to work towards seeking grants or other funding to help support training for educators, parents and volunteers. Through the local System of Care coordinators and other outreach activities involving the LMEs and their network partners,

DHHS will continue to work to expand knowledge about this resource through the Safer Schools initiative as well as through the Crisis Solutions Initiative.

Activity 4: DSOHF implemented Just Culture beginning in 2011. This change in culture focuses upon empowering employees to report problem areas, create solutions and revise systems of care that may contribute to impacts felt at the resident/patient level and that impact the overall effectiveness and efficiencies of the facility.